



Monthly Fees*: \$260 Full Time

\$54/Month each individual day

*Vouchers Accepted *Pay 40% with Free/Reduced Lunch

Start Date: _____

Days Attending: __M__T__W__Th__F

Child's Information

| | |
|---------------------------------|--------------------------|
| Child's Name: _____ | Date of Birth: _____ |
| Age: _____ | Date: _____ |
| Child's Home Address(es): _____ | |
| Home Phone Number: _____ | |
| Primary Language: _____ | Identifying Marks: _____ |
| Eye Color: _____ | Hair Color: _____ |
| Sex: _____ | Height: _____ |
| | Skin Color: _____ |
| | Weight: _____ |

Parent/Guardian Information

| | |
|------------------------------|------------------------------|
| Parent/Guardian Name: _____ | Parent/Guardian Name: _____ |
| Relationship to Child: _____ | Relationship to Child: _____ |
| Home Address: _____ | Home Address: _____ |
| Cellphone Number: _____ | Cellphone Number: _____ |
| Email Address: _____ | Email Address: _____ |
| Place of Work: _____ | Place of Work: _____ |
| Address: _____ | Address: _____ |
| Phone Number: _____ | Phone Number: _____ |

Healthcare Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Chronic health condition? If yes, please fill out the Individual Healthcare Plan attached.

Special limitations or concerns? _____

Individual Education Plan (IEP)? _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. Initial here: _____

I authorize program staff trained in the basics of first aid and/or CPR to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and secure necessary medical treatment. Initial here: _____

Include my child in video, film, or photos of program activities for the purpose of publicity, promotion, fundraising events, educational materials, and warm fuzzy memories. Initial here: _____

Child's Name: _____

Additional Emergency Contacts

Name 1: _____ Release child to? (yes/no) _____
Relation: _____ Address: _____
Cellphone: _____ Home Phone: _____ Work Phone: _____

Name 2: _____ Release child to? (yes/no) _____
Relation: _____ Address: _____
Cellphone: _____ Home Phone: _____ Work Phone: _____

Name 3: _____ Release child to? (yes/no) _____
Relation: _____ Address: _____
Cellphone: _____ Home Phone: _____ Work Phone: _____

Transportation Plan

Program Arrival: _____ Program Departure: _____
___ Walk From Classroom _____ Parent/Guardian Pick-Up
___ Parent/Guardian Drop-Off _____ Unsupervised Walk (**additional permission slip required**)
___ Bus/Van _____ Bus/Van
___ Other _____ Other _____

I give permission to the following people to pick my child up from the program:

First time pick-ups should bring photo ID. Please provide a copy of any agreement or legal order pertaining to child pick-up.

Name: _____ ___ Anytime Person Shows Up
___ Only When I Call Ahead of Time
Phone Numbers: _____

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Phone Numbers: _____

Name: _____ ___ Anytime Person Shows Up
___ Only When I Call Ahead of Time
Phone Numbers: _____

Anything else you'll like us to know?

Parent/Guardian Signature: _____ Date _____