

Registration Date: _____

(Each child must have a registration)

Price per hour: 1 child- \$3.50 2 children-\$ 5.00 3 children- \$ 7.00 each additional child- \$ 2.33

Child Information

Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Home Phone: _____

Gender: Male Female Date of Birth: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ Last Name: _____

Address: _____

Home Phone: () _____

Business Phone: () _____

Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Please circle which phone number should be used to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Business 1 2 3

Do you wish to be added to the Extended Day parent roster? Yes No

Father/Guardian First Name: _____ Last Name: _____

Address: _____

Home Phone: () _____

Business Phone: () _____

Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Please circle which phone number should be used to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Business 1 2 3

Do you wish to be added to the Extended Day parent roster? Yes No

Photographs: May we take photos of your child for special projects we do? Yes No

Please circle the days your child will be utilizing our program:

As needed 2Hr delays only Monday Am Pm/Both Tuesday Am Pm/Both Wednesday Am Pm/Both

Thursday Am Pm/Both Friday Am Pm/Both

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Medications: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Vision: _____ Phone: _____

Please list **three emergency contacts** to take your child from the program in the event of an emergency.

1. Name: _____ Phone: _____

Address: _____ Cell Phone: _____

2. Name: _____ Phone: _____

Address: _____ Cell Phone: _____

3. Name: _____ Phone: _____

Address: _____ Cell Phone: _____

Permission to provide first aid and transportation to an emergency care facility if needed:

Parent/Guardian Signature: _____

If you do not want your child transported to an emergency care facility or provided first aid, please describe procedures to follow:

Parent/Guardian Signature: _____

Please list **three authorized pickup** people to take your child from the program in the event that you are not able to pick up: (This is in addition to your emergency pick ups)

1. Name: _____ Phone: _____
Address: _____ Cell Phone: _____

2. Name: _____ Phone: _____
Address: _____ Cell Phone: _____

3. Name: _____ Phone: _____
Address: _____ Cell Phone: _____

Please list anyone that is **NOT** allowed to pick up your child from the program:

Name: _____
Name: _____
Name: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Parent's Signature: _____ Date: _____

Thank You!