

BEFORE & AFTER SCHOOL PROGRAM

2018-2019 Registration Form General and Emergency Pickup Information

All sections of this form must be completed
PLEASE PRINT

School Name: _____

Please check the program in which the student(s) will enroll:

Full-time (4-5 days/week)	Part-time (1-3 days/week)
<input type="checkbox"/> Before and After Care*	<input type="checkbox"/> Before and After Care*
<input type="checkbox"/> After Care*	<input type="checkbox"/> After Care*
<input type="checkbox"/> Before Care*	<input type="checkbox"/> Before Care*

*Please see attached weekly rate schedule

CHILD INFORMATION

Child (1) First Name: _____ Last Name: _____

Circle One: BOY GIRL Date of Birth: ___/___/___ Grade: _____

In order to best meet past your child's needs, we require that you list any special needs that your child may have, such as physical limitations, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

Child (2) First Name: _____ Last Name: _____

Circle One: BOY GIRL Date of Birth: ___/___/___ Grade: _____

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

Child (3) First Name: _____ Last Name: _____

Circle One: BOY GIRL Date of Birth: ___/___/___ Grade: _____

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

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Registration Form- Page 2**

Office Use Only:

Received by: _____
Date: _____

Entered in EZCare
 Registration fee payment received

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian:

*Person listed as Primary Guardian will be the sole person authorized to request changes to information and/or cancellation of care as well as responsible for payment.

Parent/Guardian First Name: _____ Last Name: _____

Relationship: _____

Authorized to Pick-up: Circle One YES NO

Address: _____ City, State, Zip Code: _____

Home Number: _____ Work Number: _____ Cell Number: _____

E-Mail: _____ Allow for Texts (Y or N): _____

Secondary Parent/Guardian:

Please check box if secondary parent is authorized to make changes to childcare account or if responsible for payment

Parent/Guardian First Name: _____ Last Name: _____

Authorized to pick up: Circle One YES NO

Address: _____ City, State, Zip Code: _____

Home Number: _____ Work Number: _____ Cell Number: _____

E-Mail: _____ Allow for Texts (Y or N): _____

EMERGENCY CONTACT / AUTHORIZED PICK-UPS

****MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN THE PARENTS LISTED ABOVE**
LOCAL PERSON OTHER THAN THOSE LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY IF PARENT/LEGAL GUARDIAN CANNOT BE REACHED: (The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.)**

Emergency Contact (1) Name: _____

Phone Number: _____ Relationship: _____

Emergency Contact (2) Name: _____

Phone Number: _____ Relationship: _____

Emergency Contact (3) Name: _____

Phone Number: _____ Relationship: _____

Physician Name: _____ Phone Number: _____

*I have received, read, and acknowledged the **Parent Handbook** including **Discipline Procedures, Fees and Payment Policies, Payment Schedule (located on the school's website), Late Payment Fee information** and the **Late Pick-Up Fee** of \$10.00 per child starting at 6:30PM upon registering my child in the Before and/or After Care Learning Programs.*

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____