REGISTRATION FORM

STUDENT INFORMATION

Child's Name: _____ Child's _____

DOB: _____ DOB: _____

Address 1: _____

Address 2: _____

PARENT INFORMATION

Parent's Name :_____ Mother ☐ Father ☐

Phone: Work :_____ Cell :_____

Email : _____

Parent's Name :_____ Mother ☐ Father ☐

Phone: Work :_____ Cell :_____

Email : _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Emergency Contact #1 Name :_____

Cell :_____

Emergency Contact #2 Name :_____

Cell :_____

Authorized person to whom your child may be released (**OTHER THAN PARENTS**) :

1._____ 2._____

EMERGENCY CARE INFORMATION

Family Doctor : _____ Phone Number:_____

Are your child's immunizations up to date? Yes ☐ No ☐

Does your child have any allergies? Yes ☐ No ☐

If yes, please list, along with possible reactions:

_____

Does your child have health concerns or take regular medication? Yes ☐ No ☐

If yes, explain: _____

I give the permission to provide emergency Child First Aid care, to contact 911 if needed and pay the fee Yes ☐ No ☐

OUT OF SCHOOL CARE PROGRAM

Choose: **Before** ☐ **After** ☐ **Before & After** ☐

- **Before:** The monthly fees are **230$**. This program runs from 7am to 8:30 am and includes 9 PD days.
- **After:** The monthly fees are **350$**. This program runs from 3:20 to 6 pm (12:30 pm to 5pm on Friday and PD days) and includes 9 PD days.
- **Before & After:** The monthly fees are **435$.** Including 9 PD days.

- **Professional day (Pd Days):** 65$
- **Non-refundable annual registration fees to reserve your spot:** 50$ per family

Monthly fees are due on the 1st of the month and no credit is provided for missed days**. A penalty of 15$ for the first 15 minutes\child and 30$ for every 15 minutes interval thereafter will be charged if the children are not picked up by 6pm (5pm on Friday and Pd days).**

REGISTRATION DATE AND SIGNATURE

I hereby declare that the information I have provided is correct, that I have read and understand the Registration Form, agree to pay all registration fees and follow the stated guidelines and policies.

_____ _____

Signature Date