




Application for Child Care

Summer 2020

To DOWNLOAD a copy of the application, please place your mouse on the document and then click on the downward facing arrow  located in the upper left hand corner of this document

School: _____ Date of Enrollment: _____

Request:

Summer Day Care
Grade Level: _____

This application must be accompanied by a \$20.00 non-refundable registration fee.

Child's First & Last Name _____ Birth date _____ Age _____ Male Female

Address _____ City _____ State _____ Zip _____

Mother/Guardian First & Last Name _____ Pager/Cell _____

Address (if different than child's) _____ Phone (h) _____

Employer _____ Phone (w) _____

Father/Guardian First & Last Name _____ Pager/Cell _____

Address (if different than child's) _____ Phone (h) _____

Employer _____ Phone (w) _____

Person Responsible for Child Care Payments (Payments are due every Monday) _____

Emergency Contact other than **PARENT** _____ Relationship _____

Address _____ Phone (h) _____ Phone (w) _____

MEDICAL INFORMATION

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.)?

Please list and be specific _____

Please list all illnesses, chronic or handicapping problems, etc. _____

Any behavior or special considerations: Yes No

If yes, please explain: _____

MEDICAL CONTACT INFORMATION

FAMILY DOCTOR _____ Phone # _____

Address _____ City _____ State _____ Zip _____

DENTIST _____ Phone # _____

Address _____ City _____ State _____ Zip _____

HOSPITAL PREFERENCE _____ Phone # _____

Address _____ City _____ State _____ Zip _____

INSURANCE COMPANY _____

Policy Holder _____ Policy Number _____

BOTH SIDES MUST BE COMPLETED AND SIGNED TO REGISTER



Summer 2020

Child's First & Last Name: _____

**A late fee will be charged for each child not picked up by 6:00 pm.
The late fee is \$5.00 for each ten minutes or fraction thereof after closing.**

AUTHORIZED people who MAY sign for this child:

1. _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

2. _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

3. _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

4. _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

UN-AUTHORIZED people who MAY NOT sign for this child:

1. _____

2. _____

3. _____

If a child is not present within the **first five days of summer care**, this application is **void**. If you wish to enroll your child at a later date, there will be another **\$20.00 registration** fee, provided there is space available at the daycare site.

CHILD MAY NOT START PROGRAM UNTIL DIRECTOR APPROVES APPLICATION

If applications are mailed, this office is not responsible for applications not received or received after available spots have been filled. Children must be registered EACH SCHOOL year in order to attend program.

I have received and agree to follow the rules, guidelines, procedures and policies described in the parent information handbook. I understand the fee structure for the Person County School System daycare program, and will pay according to the prescribed payment plan. The health history I provided is correct. In the event that neither I nor the family physician can be contacted in an EMERGENCY, I agree that the operator may authorize a physician of his or her choice to provide emergency care. The terms herein shall serve as the parent/guardian authorization release, and assumption or risks for claims arising from incidents surrounding child care programs for my child.

PARENT/GUARDIAN AUTHORIZATION

Signature of Parent or Guardian _____ Date _____

Director Approval _____ Date _____

For office use only:
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