



# Application for Child Care

School Year 2018-2019

School: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

**Request:**

- Before Only (6:00 - 8:00 am)      Grade Level: \_\_\_\_\_
- After Only (3:00 - 6:15 pm)
- Before and After     Drop - In ( One or Two days or Occasionally )

This application must be accompanied by a **\$20 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 before attending): \_\_\_\_\_

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**



**School Year 2018-2019**

Child's First & Last Name: \_\_\_\_\_

**A late fee will be charged for each child not picked up by 6:15pm.  
The late fee is \$5.00 for each ten minutes or fraction thereof after closing.**

**My child may be photograph Yes  Or No**

**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 two-weeks of school**, 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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