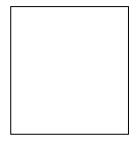


## ENROLLMENT/REGISTRATION INFORMATION PACKET



Date of Registration:		Date of Withdrawal:			
CHILD INFORMATION Child Full Name (Last, First, Middle Initial): Nickname:	Age:	Sex:	Date of Birth:		
Child's Primary Language:					
Child's Home Address:			rione.		
Parent/Guardian Marital Status: Single Married Div			□ Mother □ Father □ Both □ Guardian		
PRIMARY CONTACT AND RELEASE PERSONS	S				
Parent/Guardian #1:	Relationsh	Relationship to Child:			
Home Phone:	Cell Phone	Cell Phone:			
Home Address:	Home Em	ail Address:			
Driver's License Number/State:					
Employer:	Employer's	Address:			
Work Phone/Extension:	Work Hou	Work Hours:			
Parent/Guardian #2:	Relationsh	Relationship to Child:			
Home Phone:	Cell Phone	Cell Phone:			
Home Address:	Home Em	Home Email Address:			
Driver's License Number/State:					
Employer:	Employer's	Employer's Address:			
Work Phone/Extension:	Work Hou	'S:			
AUTHORIZATION FOR PROGRAMS:  Program:  Infant/Toddler (12 -24 months)	6 Months) □F	rimary (3-6 Years)	□School age children (5-12 Years)		
My child is normally in care on the following Days and Times:					
□ Extended Day (6.30AM-6.30PM)	☐Academic day (8.30AM	-3.00PM)	□3 Day □2 Day		
□ Monday					

AUTHOR	IZATION FOR MEA	ALS:		
I, □ None	□ AM snack	Lunch	□PM snack	understand that the following <b>meals</b> will be served to my child while in care;
	IZATION FOR WAT			o participate in the following water activities:
□Splash P	ad	ay		
				M THE Elementary Schools Elementary schools for children enrolled in our Before and After care
	School Name			
Grade				Home Room
His/her i	L THAT APPLY: immunization record is nd Hearing screening r			immunizations and/or tuberculosis test are current.
-	as permission to: chool the permission to Before	o: After	□Both	□None
Ride a b	ous to school from the Sous from school to the Soused to the care of his/holing(s):	Seedlings Montes ner sibling(s) unde	ssori School er the age of 18.	
The school You will be		anged, supervised all trips. These i	d special trips for th	IPS se children away from the school that do not require bus transportation. sking walks and infants strolling in their buggy. I give the school the
Parent/Gua	ardian Signature:			Date:
I give the so	chool the permission to			D AND OLDER ONLY es of field trips that require bus transportation and/or transportation
to/from his/l	her local school.			
By signing I	oelow, I affirm that my	child is at least	4 years old and 40	pounds or more.
In case of "Emergency of medical for these p	y Contact and Releas treatment. Additionally ersons, check the "Re	nnot be reached se" box, as the p r, please list the elease Only" box	d, please list the persons listed will a persons you would be. For the safety of	persons you would like us to contact (in order of priority). Check the also be authorized to pick-up or accompany the child for the purposed like to be authorized for pick-up only on a given day (i.e. babysitten of your child, we will request all authorized release persons with who on at the time of pick-up.
				2

Mandatory: Name #1:	Relationship to Child:			
Home Phone:				
Home Address:				
Employer:				
Work Phone/Extension:				
☐ Emergency Contact & Release ☐ Release Only				
Optional: Name #2:	Relationship to Child:			
Home Phone:	Cell Phone:			
Home Address:	Gov Issue Photo ID Type:			
Employer:	Employer's Address:			
Work Phone/Extension:	Work Hours:			
☐ Emergency Contact & Release ☐ Release Only				
Optional: Name #3:	Relationship to Child:			
Home Phone:	Cell Phone:			
Home Address:				
Employer:				
Work Phone/Extension:				
☐ Emergency Contact & Release ☐ Release Only				
be released without prior authorization. In the event y authorization in writing, we will use your personal information of the second of the s	oick up your child, you must notify school staff in advance, in writing. Your child will not you call a pick-up authorization into the school because you are unable to submit your rmation from this packet to verify your identity.  ured access to enter the building and sign in your child according to state child care			
licensing regulations. To ensure the safety of our sch you must pick up your child after closing time, you w	nool's staff and children, please do not share your secured access with anyone else. If ill be charged a late fee per every 15 minute or portion of 15 minute period, per child, ng regulations, we may be required to contact local authorities after a certain amount of			
Parent/Guardian Signature:	Date:			
X				