

Please list other children in your family:

Child's name: _____ Age: _____ Male/Female

Child's name: _____ Age: _____ Male/Female

Child's name: _____ Age: _____ Male/Female

GENERAL INFORMATION:

Family's Religion: _____

Name of home church: _____

Is your child baptized? _____ Yes _____ no

How many days a week would you like to have your child attend our Before & After School program? (Ex. 2,3) **Which days** of the week?

_____ / _____

What time of the day would your child be in attendance? (Ex: 7a.m. – 5 p.m.)

Arrival Time: _____ Departure Time: _____

Which week would you like your child to begin our Before & After program?

Has your child been enrolled in any childcare program? _____ yes _____ no

If yes, name of center? What kind of program?

Does your child have any allergies: _____ yes _____ no

Allergic to: _____

Does your child take any daily medications we should be aware of? _____ Yes _____ no

Name of Medication: _____

MEDICAL/EMERGENCY Information

Name of child's physician: _____

Address _____ Phone Number _____

Preferred Hospital Name: _____

Address _____ Phone Number _____

Anything we should be aware of to help the doctors? (allergies/ conditions.) _____

Please list an **Emergency Contact Person** in case we cannot get a hold of the parents/guardians

Name _____ Relationship to You _____

Address _____

Phone/Cell # _____

AUTHORIZATION:

I hereby give my consent for emergency medical care or treatment for my child,

_____ to be used if I cannot be reached by phone or other methods.
(child's name)

_____ yes _____ no

I give my permission for my child to participate in field trips and other activities during operating hours including, but not limited to, walks to the park, trips to the public library etc. (Specific details will come home for each trip)

Transported by car/bus _____ yes _____ no

Walking _____ yes _____ no

I hereby give my permission for my child to use sun block and bug spray when in attendance at the childcare. _____ yes _____ no (Parents will supply and label all lotions with their child's name, which will be stored in the classroom at our center.)

I understand that the childcare may take my child's photograph during the school year for use in hallway displays, posters, advertising, promotions, use on the website, and/ or for classroom projects.

_____ yes _____ no Reason: _____

Is there anything else you would like us to know about your child? Hobbies/ Interests?

FINANCIAL POLICIES:

I hereby understand that all weekly tuition fees must be paid in full by the Friday of each week during the school year _____ yes, _____ no /Initials _____

I hereby understand that failure to pay the weekly tuition fees will result in the suspension of my child(ren) from the before & after school program until tuition has been paid in full or other arrangements made with the Director. _____ yes _____ no /
Initials _____

I hereby understand that a cancellation fee will be assessed to me of \$10.00 per child for the cancellation of a scheduled day of attendance for our "No School Day" program, with or without notice to the center.

_____ yes _____ no / Initials _____

Parents should check the **St. Lucas School Calendar** for days our entire center will be closed for Holidays and Teacher Continuing Education. Please begin to make arrangements for the care of your child on those days now. Notes will be sent home during the year, for any additional days our center may be closed.

Any other things you would like us to know about your child?

PARENT'S SIGNATURE: _____ **DATE:** _____