

SCHOOL AGE CHILDCARE PROGRAM 2011-2012

Registration Information for _____

Address same as: Mother
 Father

Start Date: _____ (First day of school is 8/29/11)

DOB: _____

Number of Children Enrolled _____

Entering Grade: _____

Gender: Male Female

Does your child have a disability?

Yes No

(See "Eligibility" section of the Parent Handbook)

Disabilities:

Food Allergies:

Drug Allergies:

MOTHER

FATHER

Name: _____

Name: _____

Address: _____

Address: _____

C,St.,Zip: _____

C,St.,Zip: _____

Home: _____ Mobile: _____

Home: _____ Mobile: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

C,St.,Zip: _____

C,St.,Zip: _____

Work: _____ Ext _____

Work: _____ Ext _____

Local Emergency Contacts And Authorized Pick Up Persons Other Than Parents

Name	Address	Home #	Mobile #	Work #

Court Order for Release:

If you have a court order restricting the release of your child please check **yes** and provide us with a **certified copy**.

Yes No

Program Information

- Full Time AM
- Full Time PM
- 4 Mornings/Month
- 8 Mornings/Month
- 4 Afternoons/Month
- 8 Afternoons/Month

Half_Day Yes No

Day_Off Yes No

Day_Off Bridge Valley

Location Butler

Cold Spring

Medical Provider

Physician _____

Address _____

Phone _____

Insurance _____

Group/Plan # _____

Home School _____

Child Care School _____

Payment Information

Bill To:

- Mother
- Father

Method of Payment

- Cash
- Check
- Credit Card

Credit Card Authorization

- Charge Monthly
- Charge Registration Fee Only
- Charge First Month and Registration Fee Only

CC # _____

Exp _____ **Amt** _____

I authorize the above charge(s) as indicated: _____ Date _____