

PEARCE 4 KIDS CHILD CARE CENTER

Morning Care & After School Registration

2010 - 2011

Please complete all 3 pages of this registration form

CHILD'S INFORMATION

Name: _____ DOB: _____

Street Address City Zip

Home Phone: _____ Grade Fall '10 _____ School: _____

MOTHER'S INFORMATION

Name: _____ Home Phone: _____

Street Address City Zip

Work Phone: _____ Cell Phone: _____

Employer: _____ E-Mail Address: _____

FATHER'S INFORMATION

Name: _____ Home Phone: _____

Street Address City Zip

Work Phone: _____ Cell Phone: _____

Employer: _____ E-Mail Address: _____

FOR OFFICE USE ONLY

__ Morning Care	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
-----------------	--------	---------	-----------	----------	--------

__ After School	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
-----------------	--------	---------	-----------	----------	--------

Registration Fee Paid: \$ _____ Check No. _____ Date: _____

Parent Agreement: _____

PROGRAM ATTENDING

My child will attend Pearce 4 Kids (please circle all that apply):

Morning Care: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**
(6:30 – 8:50am)

After School Care: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**
(3:15 – 6:00pm)

RELEASE INFORMATION

My child may be released to the following people (please do not list parents)

Name _____ Relationship _____

Work Phone _____ Home Phone _____

Cell Phone _____

Name _____ Relationship _____

Work Phone _____ Home Phone _____

Cell Phone _____

Name _____ Relationship _____

Work Phone _____ Home Phone _____

Cell Phone _____

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Hospital Affiliation _____

Insurance Carrier _____ Policy # _____

Dentist's Name _____ Phone _____

Allergies _____

ADD/ADHD: ___ Yes ___ No Other behavioral issues _____

Special food/activity instructions _____

EMERGENCY INFORMATION

In the event that we cannot reach either mother/father (or guardian), please list the persons we may call:

Name _____ Relationship _____

Work Phone _____ Home Phone _____

Cell Phone _____

Name _____ Relationship _____

Work Phone _____ Home Phone _____

Cell Phone _____

PARENTAL AGREEMENT

I, the undersigned, hereby enroll my child in the Pearce 4 Kids Child Care Center beginning _____. It is understood that Pearce 4 Kids assumes the responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached.

In addition:

- I give consent for my child to take part in field trips or excursions away from the facility under proper supervision.
- I agree to pay the full amount of tuition by the first of each month. Fees are due prior to the month care is given.
- I understand that failure to pay by the first of the month will result in a late fee and possible suspension of enrollment privileges.
- I further understand that overtime fees will be charged if I am late picking up my child at a rate of \$10.00 per child, in 10 minute increments, and an additional \$2.00 for every minute after 6:20pm.

Signature

Date

PHOTOGRAPH PERMISSION

Please check all that apply:

I give my permission for my child's picture to be taken and used in the classroom and on bulletin boards in the hallway at Pearce 4 Kids.

I give my permission for my child's picture to be taken and used in publicity about Pearce 4 Kids (no full names will be used without written consent by a parent).

Signature

Date

Pearce 4 Kids Child Care Center
4322 Buffalo Road
North Chili, NY 14514
585-594-1833
www.pearcechurch.org/pearce4kids