

# Charlotte County Public Schools'

## After School and Summer Daycare

### Registration Form

**Full Name of Child:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Address of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Proof of Identity:**

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other form of Proof	Birth Date	Date Documentation Viewed	Person Viewing Documentation

Previous Schools and Daycare attended: \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Home Phone Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Employer's Address: \_\_\_\_\_

Mother's Work Phone Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Home Phone Number: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Employer's Address: \_\_\_\_\_

Father's Work Phone Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**Hospitalization/Insurance Information:**

Name of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

List the child's known or suspected allergies or any chronic or recurrent diseases or disabilities (include any known drug allergies and if so, detailed directions for giving medicines to the child):  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Proof of identity may be a certified copy of the child's birth certificate, birth registration card, notification of birth, passport, copy of placement agreement or other proof from a child-placing agency, record from a public school in Virginia, certification by a principal of a public school in the U.S. that a certified copy of the child's birth record was previously viewed. For additional information contact the contract agency.

VOLUNTARY REGISTRATION PROGRAM
CHILDREN'S RECORD

EMERGENCY CONTACT(S) - Persons to be called in case of emergency when a parent cannot be reached during the hours the child is in care.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person's authorized to visit or call for child: \_\_\_\_\_

Person's Not Authorized to visit or call for child: \_\_\_\_\_

\*\*\*\*\*

\* I hereby authorize Charlotte County Public Schools' After School/Summer Program to take the actions initialed below:

\_\_\_\_\_ I understand that the after school/summer program will not be responsible for administering any medication to any child.

\_\_\_\_\_ The after school/summer program director agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible

\_\_\_\_\_ I give authorization for the child to participate in the after school /summer program transportation and field trips.

\_\_\_\_\_ I agree to promptly pay all fees associated with child's care on a semi-month basis during the school year and weekly during the summer.

\_\_\_\_\_ I authorize the after school/summer program to obtain immediate medical care if any emergency occurs when parent/guardian cannot be located immediately

\_\_\_\_\_ I agree to promptly pick up child each day, prior to the posted closing time of the program.

\_\_\_\_\_ I have read and agree to all of the policies outlined in the after school/summer program handbook.

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I agree to place \_\_\_\_\_ in the care of Charlotte County Public School's After School /Summer Program

\_\_\_\_\_ After School Program: HOURS: 3:30 PM- 6:00 PM, Monday- Friday, and pay \$3.00 for the 1st child and \$1.50 for each additional child in the same family. I understand payments are to be made on the 15th day of the month and last day of the month. Balances not paid within 10 days will be subject to a \$10.00 late fee. Balances not paid by the next billing cycle will result in the child/ren not being able to return to the program until all balances are paid in full.

\_\_\_\_\_ Summer Program: HOURS: 8:00 AM to 5:00 PM, Monday-Friday, and pay \$13.00 for the 1st child and \$6.50 for each additional child in the same family. I understand payments are due at the end of each week and that if the balance is not paid in full my child/ren will not be able to return until the balance is paid in full.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date