

Family Name (please print)

remaining escrow bal. _____
additional escrow pd. _____ check # _____
program balance _____ date _____

Toledo Christian School After Care Program Registration

Child's name	Date of birth	Teacher	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mother: _____
Address: _____

Father: _____
Address: _____

Home Phone: _____

Home Phone _____

Emergency #: _____

Emergency #: _____

This child resides with: _____

Program Use Schedule (please check one)

_____ Care will be needed weekly: M T W Th F Approximate time: 3:00 - _____
_____ Care will be needed occasionally.

Pick up information

My child will be picked up by:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____

Our **code word** is _____ We will not be submitting a code word. _____

The following people **do not** have permission to pick up or have contact with my child (A copy of any court orders must be attached.) _____

Medical Information

Allergies: _____ Medications: _____

Chronic illnesses _____

Additional information (activity limitations, emotional problems, homework help, other special needs)

Emergency Contacts: (Please list in order of preference. Child's guardian will always be notified)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ Policy Number _____

Hospital Preference _____

Permission Forms

(Please initial your preference for each of the following)

Permission to Transport and Treat

_____ In case of emergency you have permission to treat and/or transport my child for emergency care.
_____ In case of emergency do not transport my child .

Videos

After Care will occasionally view videos. Because many of the children's movies are rated PG parental-permission is requested. All movies are previewed and conservatively evaluated before being shown.

_____ My child has permission to view PG movies.
_____ My child does not have permission to watch PG movies.
_____ Call me for permission when showing a PG movie.

Homework

_____ My child is required to do homework during homework time.
_____ My child will do homework outside of After Care.

Parent Participation Agreement

(Please read the following policy and sign before returning your registration)

I am registering my child for the After Care Program and agree to abide by the following policies.
I will:

- Sign my child out from the program in proper fashion by 6:00 pm.
- Contact the After Care staff if I must make a last minute change in my care schedule.
- Report information changes to the registration form.
- Share concerns and information about my child with the staff leader.
- Work with the program staff to resolve any possible problems in a God honoring fashion.
- Pay in full, on a weekly basis, for care received.
- Pay a late payment charge of \$20 if my weekly charge is not fully paid by 6:00 on Friday or the last day of school preceding a vacation.

(Signature of Parent/Guardian)

(Date)