

PEARCE 4 KIDS CHILD CARE CENTER

Morning Care & After School Registration 2017 - 2018

Please complete all 3 pages of this registration form / A \$40 registration fee should accompany this form.

CHILD'S INFORMATION

Name: _____ DOB: _____

_____ Street Address _____ City _____ Zip

Home Phone: _____ Grade: Fall '17 _____ School: _____

MOTHER'S INFORMATION

Name: _____ Home Phone: _____

_____ Street Address _____ City _____ Zip

Work Phone: _____ Cell Phone: _____

Employer: _____ E-Mail Address: _____

(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

FATHER'S INFORMATION

Name: _____ Home Phone: _____

_____ Street Address _____ City _____ Zip

Work Phone: _____ Cell Phone: _____

Employer: _____ E-Mail Address: _____

(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

Please check if you are a:

Pearce Church Employee Pearce 4 Kids Employee Roberts Wesleyan College Faculty/Staff Employee

How did you hear about Pearce 4 Kids: Suburban News Gates-Chili Post Sign Board CCCSD Concert Program Referral

Other _____

Referring Family: _____

FOR OFFICE USE ONLY

Morning Care MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

After School MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

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

PROGRAM ATTENDING

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

Morning Care: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**
(6:30 am– 9:00 am)

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

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).

I give my permission for my child's picture to be taken and used on the official Pearce 4 Kids Facebook public fan page (no names will be published on internet sites without written consent by a parent).

I give my permission for my child's picture to be taken and used on P4K blogs and/or P4K electronic newsletters (these will be accessible to P4K families only and no names will be published without written consent by a parent).

Signature

Date

Pearce 4 Kids Child Care Center
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North Chili, NY 14514
585-594-1833
www.pearce4kids.org