



SUMMER 2018 APPLICATION FOR CHILD CARE

CHILD'S INFORMATION

Child's First and Last Name:			Date of Birth:		
Home Address:			Sex:	Age:	Grade: (Going into)
Town:	State:	Zip:	Home Phone:		

MEDICAL INFORMATION

Child's Physician:	Phone:
Child's Dentist:	Phone:
ALLERGIES or SPECIAL DIET:	SPECIAL ACTIVITY or HEALTH NEEDS:
REGULAR MEDICATIONS: Please contact the Director for the appropriate forms before your child begins. Regular medications (inhalers, epi-pens) need to be on site prior to your child's first day of attendance.	

PARENT/GUARDIAN INFORMATION

Name:	Name:
Home Address: (If different from child)	Home Address: (If different from child)
Home Phone:	Home Phone:
Cellular/Pager:	Cellular/Pager:
Email: (Please indicate primary) <input type="checkbox"/>	Email: (Please indicate primary) <input type="checkbox"/>
Employer:	Employer:
Work Address (Street, Town, State, Zip code):	Work Address (Street, Town, State, Zip code):
Work Phone:	Work Phone:

CHILD CARE NEEDED: Please indicate if Full Time (FT) or Part Time (PT) care is needed for each day.
 For Part Time (5 hours or less each day) specific time must be noted at time of enrollment.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Time of Day
June 25 th – June 29 th						
July 2 nd – July 6 th			PROGRAM CLOSED			
July 9 th – July 13 th						
July 16 th – July 20 th						
July 23 rd – July 27 th		Full - Waiting List Available	Full - Waiting List Available	Full - Waiting List Available		
July 30 th – August 3 rd						
August 6 th – August 10 th						

EMERGENCY CONTACTS/AUTHORIZED PICK UP LIST: List *AT LEAST five (5)* people to contact when you cannot be reached. All persons are also authorized to take your child from the program, including yourself and spouse, if applicable.

	<u>NAME</u>	<u>PHONE AND ADDRESS</u>	<u>RELATIONSHIP TO CHILD</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

- I understand that my child will be released **ONLY** to those listed above and agree to amend my list as needed in writing. I also understand that when my child has been released to one of the above named people, his or her welfare is no longer the responsibility of the Guilford Before and After School Care Program.

Parent or Guardian Signature Date

PLEASE SIGN THE FOLLOWING STATEMENTS INDICATING YOUR AGREEMENT:

- I give permission for the Guilford Before and After School Care Program to photograph my child while involved in child care activities. Photographs may be placed on our bulletin boards and website for parent and children viewing. I understand that my child's identification (name and age) will not be disclosed.

Parent or Guardian Signature Date

- My child has permission to go on walking field trips while attending the Guilford Before and After School Care Program.

Parent or Guardian Signature Date

- I give my permission for the staff to access the health records that I have provided to the Program for my child.

Parent or Guardian Signature Date

- The staff has permission to evaluate simple injuries and apply first aid if necessary. In the event of serious injury or illness and if I cannot be reached, my child [_____] has permission to be treated by his/her Physician [_____], the Program’s physician/dentist consultant, by the medical personnel if 911 is called or hospital emergency services. If 911 are called and transportation by ambulance is necessary, I give my permission for that transport.

Parent or Guardian Signature

Date

PARENT – PROVIDER CONTRACT

My child, _____, is enrolled in the Guilford Before and After School Care 2018 Summer Program.

- I will provide a copy of my child’s current physical exam prior to enrollment if a current one is not on file.
- I understand that if my child has an allergy, they will be unable to attend the program until all appropriate paperwork and proper medication with labels are received by the Guilford Before & After School Care Program.
 - *PLEASE NOTE: Authorization forms must state “Child Care Personnel” to be accepted by GBASC*
- I agree to pay two week’s fee with the submission of this application.
- I agree to pay ALL appropriate child care fees at the beginning of each week during which care is provided.
- I agree to pay late pick up fees, if they are assessed, in accordance with the policy.
- I understand that fees are due for all days contracted for regardless of whether or not my child attends.
- I agree to provide a two-week notice prior to withdrawing from the program and will be responsible for payment for these two weeks.
- In addition to any bank charges I will be charged a \$25 fee for returned checks due to insufficient funds.

I have read and agree to follow the policies and procedures as outlined in the Parent Handbook. Also, at the time of enrollment the discipline policy, behavior management, health, medication administration and schedule changes have been explained and discussed by the Program Director.

Parent or Guardian Signature

Date

The Guilford Before and After School Care Program agrees to provide written notification of all changes in policies and two weeks notice for any change in fees.

Program Director’s Signature

Date