

Child's Information

Address:	Name:	DO	B:	Gender: MF
Parents/Guardian 1 Information Name:	Grade Entering:			
Name:	Address:	City/State/	/Zip Code:	
Cell Number: Work Number: Home Number: City/State/Zip Code: *EMAIL, PHONE NUMBERS, AND ADDRESS IS REQUIRED! Parents/Guardian 2 Information Name: Email: Cell Number: Work Number: Home Number: City/State/Zip Code: *EMAIL, PHONE NUMBERS, AND ADDRESS IS REQUIRED! Emergency Contacts *Emergency Contacts *Emergency Contacts must be filled out and must be different that parent/guardians. Contact 1:		Parents/Guardian 1 Info	<u>rmation</u>	
Address:	Name:	Email:		
Address:	Cell Number:	Work Number:		
Address:	Home Number:			
Parents/Guardian 2 Information Name: Email: Cell Number: Work Number: Home Number: Address: City/State/Zip Code: *EMAIL, PHONE NUMBERS, AND ADDRESS IS REQUIRED! Emergency Contacts *Emergency Contacts *Emergency contacts must be filled out and must be different that parent/guardians. Contact 1: Name: Relationship to Child: Address: Contact 2: Name: Relationship to Child:			/Zip Code:	
Name: Email: Work Number: Work Number: Home Number: City/State/Zip Code: *EMAIL, PHONE NUMBERS, AND ADDRESS IS REQUIRED! Emergency Contacts *Emergency contacts must be filled out and must be different that parent/guardians. Contact 1: Name: Relationship to Child: Number: Email: Address: Relationship to Child:	*EM	AIL, PHONE NUMBERS, AND ADI	DRESS IS REQU	IRED!
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Address:	Cell Number:	Work Number:		
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Contact 1: Name: Relationship to Child: Number: Email: Address:		Emergency Contac	<u>ets</u>	
Name: Relationship to Child: Number: Email: Address: Contact 2: Name: Relationship to Child:	*Emergency	y contacts must be filled out and must be	e different that pare	ent/guardians.
Number: Email: Address: Contact 2: Relationship to Child:	Contact 1:			
Address: Contact 2: Name: Relationship to Child:	Name:	Relationship	to Child:	
Contact 2: Name: Relationship to Child:	Number:	Email:		
Contact 2: Name: Relationship to Child:	Address:			
	Contact 2:			
Number: Email:	Name:	Relationship	to Child:	
	Number:	Email:		



Authorized Pick Up

3				
	Health Information			
Doctors Office & Physician's Name:				
Number:	_			
Preferred Hospital:	Number:			
Dental Care Office: Number:				
Does your child have any allergies? Yes (plea	ase explain): No:			
Does your child have any disabilities, medica concerns? Yes (please explain): No:	al conditions, that require prescription medication or any special			

*Note that only emergency medications such as inhalers, epi pens, and nebulizers will be administered. Your child's Physician, Physician's Assistant, or Nurse Practitioner must fill out the OCFS required medical statement document.

Emergency Closings

If you would like to be notified by text of emergency closings, field trip updates, notice of any changes of the program, or any other important information, please see the attached Remind APP form to sign up. (note: standard text messaging charges may apply based on your policy with your cell phone carrier/provider)



Getting to Know Your Child & Family

Child's favorite foods:
Snacks your child would enjoy:
Juices/drinks you child enjoys:
Favorite TV show or movie character:
Favorite activities:
Favorite book:
Additional information:
As a parent, what are you expecting out of the child care program?
As a parent, what are you expecting out of the child care staff & supervisors?
What is your preferred method of contact? (e.g. text, email, phone call, face-to-face contact)
Is there any additional information that you feel we should be aware of to better serve your family's child care needs?



Acknowledgement

*Initial the statements below as your acknowledgement that you have read to the following:

Progr	ram Terms:
1.	I give consent to the enrollment of the child listed in the Program and have been advised of the
polici	ies regarding administration of fees, transportation, and the services provided by the facility, and the OCFS
regula	ations under which it operates.
2.	I give consent for my child to take part in neighborhood trips (library, park and playground) under
prope	er supervision.
3.	Photo Release: May we use your child's photo for Program publications, i.e. website? Yes No
4.	In case of accident or injury, I authorize any and all emergency, medical, dental or surgical care and
hospi	talization as advised by physicians or hospital necessary for the proper health and well-being of my child.
5.	I have provided information on my child's special needs (allergies, diet, disability, and/or medical
inform	mation) as may be necessary to assist the Program to properly care for my child in case of emergency.
Finan	cial:
6	I understand this contract requires me to pay weekly regardless of holidays or closings. Days
CAN	NOT be made up. If the Program is closed due to weather or power outages, there are NO adjustments
in fee	es for the week.
7.	I understand that tuition is due on Monday for the service week.
8.	I understand there is a \$10.00 fee for all returned checks.
9.	I understand that the Program has the right to request cash or money orders after the FIRST returned
check	\mathcal{L}
10	I understand that late tuition will result in a \$5/week late fee and continued late payments could lead to
termi	nation.
11	I understand that the center operates from 7:00 a.m. to 6:00 p.m. Any parents picking up later than 6:00
p.m. 1	must pay a late fee, as listed, and is due by the date of their next scheduled tuition payment: \$15 for every 15
minu	tes past 6:00 p.m.



Summer 2019 Attendance

Please indicate which week(s) your child will be attending the Program

Full time prices (weekly): 1st Child = \$185.00 Each additional Child = \$170.00

Part time prices (3 days max): 1st Child = \$45.00 per day Each additional Child = \$40.00 per day

Field Trip Days Only (PT): \$50.00 per day

A \$10.00 NON-REFUNDABLE deposit per week must be paid at the time of registration (per family).

The weekly full time tuition includes field trips!

Attending (please circle the days they will be attending)

<u>Week 1: June 27 – June 28</u>		M	Т	W	TH	F	
<u>Week 2: July 1 – July 5</u>		M	Т	W	TH	F	
<u>Week 3: July 8 – July 12</u>		M	T	W	TH	F	
<u> Week 4: July 15 – July 19</u>		M	T	W	TH	F	
<u> Week 5: July 22 – July 26</u>		M	T	W	TH	F	
<u>Week 6: July 29 – August 2</u>		M	T	W	TH	F	
<u>Week 7: August 5 – August 9</u>		M	T	W	TH	F	
Week 8: August 12 – August 16		M	T	W	TH	F	
Week 9: August 19 – August 23		M	T	W	TH	F	
Week 10: August 26 – August 30		M	T	W	TH	F	
Parent/Guardian Name Printed							
Parent/Guardian Signature				Date	<u>!</u>		



Waterford School Age Child Care Summer 2019 Registration Form Summer 2019 Field Trip Permission Slip

Please check the following field trips your child is attending.

	Via Aquarium	July 3rd	Week 2
	Grafton State Park	July 10th	Week 3
	Regal Cinema	July 17th	Week 4
	Liberty Ridge Farms	July 24th	Week 5
	Children's Museum of Science	August 1st	Week 6
	Sparetime Bowling	August 7th	Week 7
	Billy Beez	August 14th	Week 8
	Indian Ladder	August 21st	Week 9
	Pirates Hideout	August 28th	Week 10
	the field trip, if they are signed up. I acknowledge that there may be a our everyday location. I will submit any required waivers I understand that if I do not give the be allowed to attend. I understand that my child needs to may not be allowed to attend. I understand if my child misses the Trip or the program for that day.	o or they miss the bus, I am additional risks for my child or paperwork necessary a vere required waivers or paper to be dropped off 15 minute bus for the field trip, they we have the second of the	still responsible for paying the price of attending field trips, as we are not at week before the scheduled field trip. rwork a week before, my child may not s before the departure time, or they will not be allowed to attend the field and them to the program, unless stated
	otherwise by staff.	. a.p., i will not be able to se	na alem to allo program, amoso stated
Child	Name(s):		e:
Date:		Parent Signature: _	



For Office Use Only

Child's Name:								
Weeks Attending:	1 2	3	4	5	6	7	8	9
# of Weeks Attending:			Total l	Depos	sit Ow	ed:		
Paid by: Cash	Ch	eck:#			On	line P	ayme	nt
Date Paid:								
Staff Signature:								
		Rec	<u>eipt</u>					
Child's Name:								
Weeks Attending:	1 2	3	4	5	6	7	8	9
Total Deposit Owed:	Pa	aid by:	Cash	Ch	eck: #	‡	Or	nline Payment
Date Paid:			Paid	by: _				





Field Trip Information

	Trip 1 (week 2): Via Aquarium						
>	Date: 7/3/19 Time: 9:15 AM-5:00 PM						
\triangleright	Trip includes: The bus ride, viewing of aquarium, and museum demonstrations.						
>	What will we be doing? Exploring the aquarium, viewing demonstrations, and eating lunch.						
	Trip Checklist (bring on trip):						
	Lunch (cold) Water Extra \$, gift shop (optional)						
	Trip 2 (week 3): Grafton Lake State Park						
>	Date: 7/10/19 Time: 9:00 AM-4:00 PM						
\triangleright	Trip includes: The bus ride & admission to the state park.						
>	What will we be doing? Eating lunch, swimming, & beach games.						
	Trip Checklist (bring on trip):						
	Lunch Water Sneakers Sunscreen Bathing S	Suit					
	Extra Clothes Towel Bug spray Beach Toys						
	Extra \$, snack bar (optional)						
	Trip 3 (week 4) : Regal Cinema						
\triangleright	Date: 7/17/19 Time: 9:00 AM-1:00 PM						
\triangleright	Trip includes: The bus ride and movie						
\triangleright	What will we be doing? Watching kid friendly movie.						
	Trip Checklist (bring on trip):						
	Lunch Water Extra \$, for snacks (optional)						
	Trip 4 (week 5) : Liberty Ridge Farms						
\triangleright	Date: 7/24/19 Time: 9:00 AM-5:00 PM						
\triangleright	Trip includes: The bus ride & admission to the state park.						
\triangleright	What will we be doing? picking blueberries, hay rides, maze, and farm tour.						
	Trip Checklist (bring on trip):						
	Lunch Water Sneakers Sunscreen						
	Extra Clothes Towel Bug spray Extra \$ (optional)						



☐ Trip 5 (week 7) : Spare Time					
➤ Date: 8/7/19 Time: 10:00AM-	2:00 PM				
	s of pizza, a drink. bowling shoes, & 1.5 hrs of bowling.				
What will we be doing? Bowling, eating	ng lunch.				
Trip Checklist (bring on trip):					
Lunch (if doesnt like pizza)	Socks Extra \$ for arcade & laser tag (optional)				
Trip 6 (week 8): Billy Beez					
➤ Date: 8/14/19 Time: 9:15 AM-7	2:00 PM				
Trip includes: Bus ride and 3 hours of	fgames				
➤ What will we be doing? Eating lunch,	games, play place.				
Trip Checklist (bring on trip):					
Lunch (cold)	Zater Socks Extra \$				
Trip 7 (week 9) : Indian Ladder Farm	S				
➤ Date: 8/21/19 Time: 9:0	00 AM-3:00 PM				
Trip includes: The bus ride, picnic are	 Trip includes: The bus ride, picnic area, all day admission, & lunch (hot dog, burger, or chicken 				
tenders, with fries & 16 oz. drink, & id	ce cream sandwich).				
What will we be doing? Eating lunch,	going on rides, & swimming.				
Trip Checklist (bring on trip):					
Lunch (cold) Water	Sunscreen Bug spray				
Extra \$ (optional)					
Trip 8 (week 10): Pirates Hideout					
➤ Date: 8/28/19 Time: 11	:30 AM-3:00 PM				
Trip includes: Bus ride, mini golf, and	ice cream.				
What will we be doing? mini golf and	eating ice cream.				
Trip Checklist (bring on trip):					
Water Sunscreen _	Bug spray				
Everyday Checklist:					
Here are the things to make sure you bring \boldsymbol{v}	vith your child every day:				
LunchTowel	Sunscreen				
Water (a lot)Extra Clo					
Bathing suit (without this or extra clo	othes, they will not be allowed to play in the water games)				