

Washington Co. Schools  
Child Care Registration Form 2016-2017

**Student Information:**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_ Gender: Male / Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Ethnicity: White African American Hispanic Asian Other \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_ Is your child new to this school? Yes No

CHILD LIVES WITH:  Both Parents  Single Mother  Single Father  Joint Custody

Foster Care  Grandparent(s)  Guardian  Other \_\_\_\_\_

Lunch Status: Free Reduced

**Special Needs:** (i.e. allergies, medications, physical limitations, medical problems, etc.)

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**WEEKLY SCHEDULE: All rates based on a weekly schedule Monday-Thursday**

Half Day Morning (7:30-10:50)

Half Day Afternoon (10:50-3:00)

Full Day (7:30 A.M.-5:30 P.M.)

Full Day Friday (7:30 A.M.-5:30 P.M.)

After-School (3:00 P.M. -5:30 P.M.)

**Where will your child go after leaving the center?**

Attending After-school Preschool Session

Riding Bus home

Will be picked up

Transportation address for bus students: \_\_\_\_\_

Phone # for address: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Information (please circle the best way to contact you):**

- **Mother/Guardian Name** \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State\_\_ Zip Code \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone/Pager** (\_\_\_\_) \_\_\_\_\_

- **Father/Guardian Name** \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State\_\_ Zip Code \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone/Pager** (\_\_\_\_) \_\_\_\_\_

**ADDITIONAL CONTACTS:** List additional contacts for the child and check to indicate if these individuals are authorized to pick up the child and/or will serve as an emergency contact. Checking the “Lives With” box indicates that the person listed is a member of the same household. **If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student. A note must be written by the parent/guardian if anyone other than the PERSON LISTED BELOW will be picking up your child. WE CAN NOT ACCEPT PERMISSION BY PHONE. Please inform contacts that they may be asked to show ID before picking up your child.**

- **Contact one:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State\_\_ Zip Code \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Can this person pick up your child? Yes No

Can this person be used as an **Emergency Contact**? Yes No Does this person live with the child? Yes No

- **Contact two:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State\_\_ Zip Code \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Can this person pick up your child? Yes No

Can this person be used as an **Emergency Contact**? Yes No Does this person live with the child? Yes No

**List additional authorized adults (at least 18 years old) to pick up your child:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Person(s) not allowed to see and/or pick-up student per legal restrictions.  
Check box if legal restrictions are currently in effect.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**\*PLEASE READ CAREFULLY\***

**Parent/Guardian Permission for Springboard Child Care Center** I hereby give permission for the participant(s) listed on the reverse side to take part in the child care centers activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of the student listed on the front, I will notify child care staff.

**Doctor's Name** \_\_\_\_\_ **Phone ( \_\_\_\_\_ )** \_\_\_\_\_

**Address** \_\_\_\_\_ **Preferred Hospital** \_\_\_\_\_

Yes, I give my consent to the Washington County's Springboard Child Care Center to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the Washington County Child Care Center to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the Washington County School District will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement.

No, I do not give consent for my child to be photographed.

**I hereby certify that I have read and do understand the above information:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

