



## APPLICATION FOR CHILD CARE FALL 2010/SPRING 2011

**ENROLLMENT DATE** (*First day student is to attend program*) \_\_\_\_\_

EVERY SCHOOL DAY (full time)     FEWER THAN 10 DAYS PER MONTH (part time)

AFTER SCHOOL

BEFORE SCHOOL

\*Available at limited sites. Check with our office to determine if before school is offered at your site.

### PLEASE PRINT NEATLY.

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADE 2010-11 \_\_\_\_\_ SCHOOL ATTENDING 2010-2011 \_\_\_\_\_ Male  Female

CHILD'S ADDRESS \_\_\_\_\_  
Street Name Apartment or Space #

HOME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Code

PARENT DAYTIME E-MAIL ADDRESS(ES) \_\_\_\_\_

MOTHER/FATHER HOME TELEPHONE # (If different from above) (\_\_\_\_\_) \_\_\_\_\_

MOTHER/FATHER ADDRESS (If different from above) \_\_\_\_\_  
Street Name City State Zip Code

MOTHER'S NAME \_\_\_\_\_ LAST 4 DIGITS OF SS # \_\_\_\_\_  
 Are you the custodial parent?  Yes  No  Shared custody

FATHER'S NAME \_\_\_\_\_ LAST 4 DIGITS OF SS # \_\_\_\_\_  
 Are you the custodial parent?  Yes  No  Shared custody

GUARDIAN'S NAME \_\_\_\_\_ LAST 4 DIGITS OF SS # \_\_\_\_\_  
 (If applicable)

ADDRESS OF GUARDIAN \_\_\_\_\_  
 (If different from above) Street Name City State Zip Code

### PARENT or LEGAL GUARDIAN CONTACT & EMPLOYMENT INFORMATION:

MOTHER'S EMPLOYER \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ WORK HOURS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ WORK HOURS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**EMERGENCY INFORMATION:**

*OTHER THAN PARENTS*, IN CASE OF EMERGENCY PLEASE NOTIFY \_\_\_\_\_  
PHONE #s (area code, work, home, cell) \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_

PLEASE LIST BELOW THE NAMES OF PEOPLE ***OTHER THAN PARENTS*** AND EMERGENCY CONTACT LISTED ABOVE WHO ARE PERMITTED TO PICK UP YOUR CHILD.

NAME	PHONE #S (area code work, home, cell)	RELATIONSHIP TO CHILD
NAME	PHONE #S (area code, work, home, cell)	RELATIONSHIP TO CHILD
NAME	PHONE #S (area code, work, home, cell)	RELATIONSHIP TO CHILD

PLEASE LIST ANY PERSON WHO IS NOT ALLOWED TO PICK UP YOUR CHILD.

\_\_\_\_\_

COURT CUSTODY/RESTRAINING ORDERS FILED FOR THIS CHILD (must provide copy)

**CHILD’S MEDICAL & DEVELOPMENTAL INFORMATION:**

PHYSICIAN \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ HOSPITAL PREFERENCE \_\_\_\_\_

In planning our programs to meet your child’s needs, we must have pertinent information, including any medical, behavioral and cognitive assessments. We also need to be aware of any services provided to your child during the day.

PLEASE CHECK IF CHILD HAS ANY OF THE FOLLOWING:

- |   |                      |                                    |                             |
|---|----------------------|------------------------------------|-----------------------------|
| _____ Diabetes  | _____ Frequent colds | _____ Earaches                     | _____ Developmental delays  |
| _____ Stomach Aches   | _____ Epilepsy       | _____ High Fevers                  | _____ Toileting assistance  |
| _____ Hearing Aid   | _____ Glasses        | _____ Special Needs                | _____ Physical disabilities |
| _____ ADHD  | _____ Autism         | _____ Other (please specify _____) |                             |
| _____ IEP or 504 Plan (if so, <b>provide copy of current plan</b> so we can provide consistent direction, etc.) |                      |                                    |                             |

PLEASE EXPLAIN CONDITIONS/TREATMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY MEDICATIONS THE CHILD IS CURRENTLY TAKING \_\_\_\_\_  
\_\_\_\_\_ DOSAGES \_\_\_\_\_  
\_\_\_\_\_

LIST ALLERGIES AND ALLERGY SYMPTOMS:

- |                  |                   |                                    |                                   |
|------------------|-------------------|------------------------------------|-----------------------------------|
| _____ Asthma     | _____ Hay Fever   | _____ Hives                        | _____ Food (please specify) _____ |
| _____ Runny Nose | _____ Watery Eyes | _____ Other (please specify) _____ |                                   |

**PRINT CHILD'S FULL NAME** \_\_\_\_\_

**PLEASE SIGN AND DATE THE FOLLOWING:**



All the information on this application is completed accurately. I know that complete and accurate information is necessary to best serve my child. I understand that it is my responsibility to notify Community Education of any changes in employment, residence, phone numbers and any emergency information that may change.

\_\_\_\_\_  
Initials

I hereby authorize Community Education to seek medical treatment for my child in the event of an emergency, including transportation by ambulance to the nearest hospital. *I understand that I am solely responsible for any medical expenses including ambulance transportation*, which my child may incur for any injuries, including those resulting from on-site injuries or off-site on an approved field trip. I hereby release Community Education from any and all claims or causes of action for any injuries sustained by my child at the program.

\_\_\_\_\_  
Initials

I give permission for my child to participate in Community Education field trips, whether by walking a short distance or being transported from school on field trips, outings or other center-sponsored activities. I hereby release Community Education from any and all claims or causes of action for any injuries sustained by my child in being transported to or from school. A separate, signed permission slip is needed for bus trips.

\_\_\_\_\_  
Initials

I have received a copy of the Parent Handbook from Community Education and understand the contents within that handbook and I agree to abide by the provisions therein.

\_\_\_\_\_  
Initials

Occasionally a newspaper or television station visits to promote children's activities. Community Education has a web site that illustrates educational programs. I agree to allow my child to participate in these activities.

\_\_\_\_\_  
Initials

Community Education works with the school districts to provide consistent direction for children. I hereby authorize any school district or educational agency in which my above-named child, is or has been enrolled to release copies of all of my child's records in its possession to Bowling Green-Warren County Community Education. This authorization includes my consent to any school district's or educational agency's release of any and all of my child's education records to Community Education which would otherwise be protected from disclosure under the Family Educational Rights and Privacy Act 20 U.S.C. §1232.

\_\_\_\_\_  
Complete Signature\*

\_\_\_\_\_  
Date

\*My initials above represent my legal signature and constitute a legal agreement.

**ACCOUNT INFORMATION 2010/2011:**

PRINT CHILD'S NAME: \_\_\_\_\_

ADULT RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

SOCIAL SECURITY NUMBER OF ADULT RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

FULL-TIME ENROLLMENT: In order to provide quality care at a reasonable cost, Community Education School Age Program enrollment consists of the purchase of a position. Tuition is calculated on an annual basis. It is not to be considered hourly, weekly or even monthly care. However, in order to be consistent, we divide the program into equal monthly payments for full-time care. Full-time tuition is to be paid every month, regardless of the number of days school is in session or number of days attended.

I understand that full-time fees are due the 1st of each month, regardless whether school is in session, and a late fee of \$20 will be assessed on the 7th of each month.

PART-TIME ENROLLMENT: I understand that part-time fees are due upon receipt and that a late fee of \$20 will be added to my account on the 26th of each month.

DELINQUENT ACCOUNTS: I understand that my child's enrollment will be terminated and my account turned over for collection if it is in default. I will be responsible for all costs related to collection, including legal fees.

SIGNATURE OF ADULT RESPONSIBLE FOR ACCOUNT \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

*This page is to be kept confidentially at the Community Education office  
at 1227 Westen Avenue.*

*It does NOT go to the program site.*

<b>FOR OFFICE USE ONLY</b>	
DATE PAYMENT RECEIVED	_____
CASH PAYMENT AMOUNT	_____
CHECK PAYMENT AMOUNT	_____ CHECK # _____
RECEIPT #	_____
PAYMENT FOR:	REGISTRATION FEE _____
	OTHER (please specify) _____