



Before & After School Program

## Registration Form

### Child's Information:

Surname: \_\_\_\_\_ First Name (Name to be Used) \_\_\_\_\_

Male/ Female \_\_\_\_ Age: \_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_

### Program Requested:

- a) Full-time before and after care
- b) Before Care
- c) After Care
- d) Part-time (please indicate the days below)

\_\_\_\_\_

Enrollment Month/Year: \_\_\_\_\_

### Family Physician:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

### Parent/Guardian:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status: \_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Employment Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Employment Address \_\_\_\_\_

**Do Both Parents have Access to the Child?**

**YES**

**NO**

(If no, court orders must accompany application.)

**Please list three (3) people who are permitted to pick up your child and/or be contacted in the event of an emergency:**

Child will not be released to anyone other than the parent/guardian(s) or those listed below without the written/verbal consent of the Parents. Photo identification will be required until we come to recognize individuals picking up.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**What we need to know about your child:**

1. Allergies: \_\_\_\_\_

2. Special diet: \_\_\_\_\_

3. Medical condition: \_\_\_\_\_

4. Rest requirement: \_\_\_\_\_

5. Exercise restriction: \_\_\_\_\_

**Brothers, Sisters or Others living in the home:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Siblings who are also registered with Firm Foundation:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Are we permitted to photograph your child in the classroom?** YES NO  
In indicating your consent, you are permitting Firm Foundation to use your child's photograph promotionally.

**We permit Firm Foundation to transport our child to school.** YES NO

**We permit Firm Foundation to transport our child from school.** YES NO

**We have notified our child's school that our child is registered with Firm Foundation and have made the necessary arrangements for our child to be picked up by Firm Foundation at the end of the day.** YES NO

**We understand that in the event that the main method of transportation is not an option, we permit our child to be transported by secondary means.** YES NO

**We understand that lunch service is not provided at Firm Foundation and that on PA days and during Camps we are expected to send along a healthy, peanut-free lunch with our child stored in a thermal lunch bag.** YES NO

**We understand that due to the nature of the program format, outdoor time is not offered on a consistent basis unless otherwise permitted by a club.** YES NO

We have read all the terms and conditions as outlined in the Parent Handbook and sign, committing to having been fully advised of the program guidelines.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY:**

Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Reg/Deposit Payment method: \_\_\_\_\_ Payment Plan: EFT or Pre-Auth Credit