

DELAYED OPENING CHILDCARE



(If your child is enrolled Extended Day please simply fill out child's name and sign/date the bottom.)

Child's name _____ Birthdate _____

Grade _____ Teacher _____ Home Phone _____

Street address _____

Marital status _____ Custody status _____

Mother's name _____ Cell Phone _____

Work Phone _____

Father's name _____ Cell Phone _____

Work Phone _____

IF PARENTS CANNOT BE REACHED DURING PROGRAM TIME, CONTACT:

Name: _____ Relationship: _____ Phone: _____

Family doctor _____ Phone _____

Allergies (list symptoms and treatment): _____

If there are any special conditions, medical or otherwise, that the supervisors need to be aware of, please describe in detail, in writing, and attach to this form at the time of enrollment.

The above child has my permission to participate in Park and Recreation's Delayed Opening Childcare program. I realize that the Recreation Department does not provide accident insurance and I accept full responsibility. I also give my permission for the program's supervisor or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency. I understand photos may be used by the Park and Recreation Department unless I notify them in writing. I am in receipt of the Delayed Opening Childcare program's introductory letter and agree to follow the program's policies and procedures.

Parent's signature _____ Date: _____

Printed name _____