

Grade:

Registration

2009-2010

Before and After School Child Care Program

Password:

Before Care 1 hr. Staff
 After Care

Student #

Child's Name: Last First Starting Date:

Teacher's Name: D/O/B: Hair Color:

Age: Sex: Height: Weight: Eye Color:

Race White Black Hispanic Native American Multiracial Asian Other

Child Lives with: Both Parents Mother Father Guardian Other

Are you a Broward County School Employee? Yes No

LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Mother's Name: HomePhone
Address: Cell Phone
 Pager
 Work

Father's Name: HomePhone
Address: Cell Phone
 Pager
 Work

Email Address:

First Contacts

Name: Phone #: Cell #:

EMERGENCY NUMBERS:

Family Doctor: Doctor Phone#:

Important medical concerns we should be aware of (conditions, medications, health history, etc.):

Medical Concerns

Medications currently taking

Special Needs

Allergies

Does your child receive any special services during the school day? Yes No

PERSONS AUTHORIZED OTHER THAN PARENTS TO PICK UP MY CHILD: (should include at least 3 names)

Name: Relationship: Phone/Cell/Pager

Name:	Relationship:	Phone/Cell/Pager
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- I understand that my child will be expected to behave in accordance with the Code of Student Conduct for Broward County Public Schools.
- I understand that payment for Before and After School Child Care Program will be made **in advance** of the child receiving childcare. Failure to pay in advance may result in dismissal from the program. **Last Pay Period**.
- I understand that it is necessary to pick up my child(ren) on time. Failure to do so may result in dismissal from the program. **Late fee of \$10.00 per 15 minute increments per child is charged.**
- I understand that if my child is on the Broward Free/Reduced meal Program, funds MAY BE available for partial After School Child Care Fees. If interested, I will request information.
- I understand that it is my responsibility to keep my own records and receipts for income tax purposes.

Signature _____ Print Name _____ Date _____

Relationship to child _____