

Grade:

Registration

2011-2012
Before and After School Child Care Program

Password:

Before Care 1 hr. Staff Summer Camp
 After Care Non School

Summer
Camp
Session

Student # Home School:

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:	<input type="text"/>	HomePhone	<input type="text"/>
Address:	<input type="text"/>	Cell Phone	<input type="text"/>
	<input type="text"/>	Cell Phone Provider	<input type="text"/>
	<input type="text"/>	Work	<input type="text"/>

Father's Name:	<input type="text"/>	HomePhone	<input type="text"/>
Address:	<input type="text"/>	Cell Phone	<input type="text"/>
	<input type="text"/>	Cell Phone Provider	<input type="text"/>
	<input type="text"/>	Work	<input type="text"/>

Email Address:

First Contacts	Name:	<input type="text"/>	Phone #:	<input type="text"/>	Cell #:	<input type="text"/>
EMERGENCY NUMBERS:	Family Doctor:	<input type="text"/>	Doctor Phone #:	<input type="text"/>		

Can your child be photographed? Yes No

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

Does your child have any medical concerns? Yes No If Yes,

Does your child have allergies? Yes No If Yes,

Does your child take any medications? Yes No If Yes,

Does your child have any special concerns we need to be aware of? Yes No If Yes,

Does your child have any special needs we should be aware of? Yes No If Yes,

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

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

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, my child will be expected to behave in accordance with the Code of Student Conduct for Broward County Public Schools.
- I understand, all payments for Before and After School Child Care Program must be made in advance of the child receiving childcare. Failure to pay in advance will result in dismissal from the program. **"Last Day to Pay" is given to parents/guardians upon registration.**
- I understand, it is necessary to pick up my child(ren) on time. Failure to do so may result in dismissal from the program. **A late pick-up fee of up to \$15.00, per 15 minute increments, per child may be charged.**
- I understand, if my child is on the Broward Free/Reduced meal Program, funds may be available for partial After School Child Care Fees. It is my responsibility to request this information and provide necessary documents for the application.
- I also understand, it is my responsibility to keep my own records and receipts for income tax purposes.

Signature <input type="text"/>	Print Name <input type="text"/>	Relationship to child <input type="text"/>	Date <input type="text"/>
Signature <input type="text"/>	Print Name <input type="text"/>	Relationship to child <input type="text"/>	Date <input type="text"/>