

Woodbine Community Schools

Summer Daycare Registration / Contract

Student Information

Child's Name <small>(Last, First, Middle Initial)</small>	Female _____ Male _____	Birth Date: <small>(mm/dd/yy)</small>
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Parent's Information

Guardian/Father's Name	Cell Phone:	Work Phone:
Guardian/Mother's Name	Cell Phone:	Work Phone:

Emergency Contact

Name:	Cell Phone:	Work Phone:
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Medical Information

Doctor's Name:	Address:	Phone:
Dentist's Name:	Address:	Phone:

Preferred Hospital:

Please list any health conditions and/or medications your child has/takes:

Please list any food and/or environmental allergies your child has:

Permission Form (Please mark with an X)

_____ Yes, I give the Daycare staff permission to apply sunscreen to my child.

_____ I will provide sunscreen for my child.

_____ Yes, I give the Daycare staff permission to apply bug spray to my child for outings and field trips.

_____ I will provide bug spray for my child.

_____ Yes, the Daycare staff has permission to take my child's picture.

_____ Yes, my child(ren) has permission to ride in a school operated bus to any outing that requires transportation. (You will be notified of all outings beforehand)

_____ Yes, I give the Daycare staff permission to allow my child to swim in the 4' 6" depth of the pool. _____ No, I do not give the Daycare staff permission to allow my child to swim in the 4' 6" depth of the pool.

Yes, I give the Daycare staff permission to allow my child to swim in the lazy river. No, I do not allow the daycare staff to let my child swim in the lazy river.

Yes, I have a CREW center pass. No, I do not have a CREW center pass.

Parent/Guardian Signature:

Date:

Summer Attendance

Monday	Tuesday	Wednesday	Thursday	Friday
In _____ Out _____	In _____ Out _____	In _____ Out _____	In _____ Out _____	In _____ Out _____

Please list individuals who are allowed to pick your child up. Identification will be required.

Name	Relationship	Phone Number
1		
2		
3		

I give permission for my child to leave school with the individuals listed above. I understand that it is my responsibility to notify the school in writing of any changes. Initials _____

I agree to pay \$65.00 per week for 20 hours or less of attendance. Initials _____	I agree to pay \$130.00 per week for 20 hours or more of attendance. Initials _____	I agree to pay Drop-in rate of \$4.50 per hour. Initials _____
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I agree to pay a one time flat rate of \$25.00 to assist with special activities and field trips. Initials _____

Parent/Guardian Signature:

Date: