



Address \_\_\_\_\_

Work phone \_\_\_\_\_ ext. \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

	SCHEDULE				
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

My work days vary weekly. (Please give a sample above)

My child will begin the program on (date) \_\_\_\_\_

#### RELEASE INFORMATION

The following persons are authorized to pick up my child:

Name \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

I hereby give my permission to the staff of Byron Elementary Child Care to secure emergency medical care and/or emergency surgical treatment for my child \_\_\_\_\_

If she/he becomes ill or is injured while in care. Non-emergency medical treat or elective surgery is not included in this authorization.

Parent signature \_\_\_\_\_ date \_\_\_\_\_

I hereby give permission to the staff at Byron Elementary Child Care to photograph my child for school publications/newspapers, news releases etc.

Parent signature \_\_\_\_\_ date \_\_\_\_\_

#### OTHER INFORMATION

In the space below please list any other information you think might help us to better understand and care for your child. All information given will be treated confidentially.

BYRON ELEMENTARY CHILD CARE  
ATTENDANCE AND ABSENCE

The child care program is funded entirely by the fees the parents pay for our services. We strive to keep costs at a minimum while maintaining a high quality program. Our greatest expense is staffing the program and our staffing schedule is determined by the number of children registered to be in attendance at any particular time. Therefore, it is very important to have accurate information for us to keep costs down while insuring the safety of the children.

On a weekly basis parents are to pre-register the student's time and days of the attendance for the coming week. \*\*If a child is not pre-registered we reserve the right to refuse service if our staff to child ratio will be compromised.\*\*

ON FRIDAY PRIOR TO THE ENROLLMENT WEEK WE WILL CONSIDER YOUR SCHEDULE ACCURATE AND YOU WILL BE BILLED FOR THE DAYS YOU HAVE CONTRACTED. YOU MAY ADD HOURS AS LONG AS WE HAVE SPACE BUT NO CREDIT WILL BE GIVEN FOR ABSENCES OR TIME LOST.

If your child is ill you MUST call the Child Care before you child is scheduled to arrive. Please do not assume the school office will notify us of a child's illness or absence. We take the responsibility of caring for your child very seriously. If we are not notified of an absence, we will make every effort to find your child when they do not arrive as expected. \*\*In the event that you have neglected to notify us of an absence or schedule change and we have unnecessarily had to try and locate your child you will be billed \$5.00 in addition to the minimum charge for the scheduled day.\*(\*

I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Parent's signature \_\_\_\_\_

Child's name \_\_\_\_\_

**BYRON ELEMENTARY CHILD CARE HEALTH  
STATEMENT**

My child, \_\_\_\_\_ is in good health and free and from any communicable diseases or illness. I accept responsibility for the state of his/her health while in Child Care. I understand that a physical and required immunizations records must be on file with the Child Care Program and/or the Elementary Office. I give my permission for the Byron Elementary Child Care to obtain a copy of the required health data I have previously submitted to the Byron Elementary School. If my child does not attend Byron Elementary School, I understand that I must supply the Child Care with a health appraisal signed by my child's doctor and a copy of my child's immunization records.

Please list any special health concerns (IE asthma, ADHD, diabetes, sensitivity to bee stings, etc.)

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Please list all known allergies:

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Attach a copy of your child's immunization record unless we have one on file. Children not previously enrolled at Byron Elementary School or Child Care MUST submit a completed/signed Health Appraisal within 30 days.

Parent's signature \_\_\_\_\_ date \_\_\_\_\_

Eagles Nest  
2016-2017 REGISTRATION AGREEMENT

1. I enrolling my child (listed below) in the Byron Elementary Child Care program for the entire 2016-2017 school year unless unforeseen events make withdrawal necessary. In the event withdrawal becomes necessary, I will give a two week written notice.
2. I give my permission for my child to participate fully in the Child Care program including: program evaluations, photographs, publicity, videotaping, field trips and other activities. I will be given advance notice of all field trips and may choose whether or not my child will attend on those days.
3. I am responsible for payment WEEKLY. Late payments are subject to a \$2.00 late fee if the entire previous week's balance due is not paid by Tuesday at 6:00 PM. Checks may be made payable to: Byron Area Schools. A \$25.00 service fee may be assessed for checks returned by the bank. I further agree to make all payments in person or through another responsible adult and not to send payments with my child.
4. My child may be disenrolled if payments for services are not made promptly each week.
5. My child will not be released to any person(s) not listed on the Child Information Card.
6. I must see that my child is signed in and out daily. I may make special arrangements with the Child Care staff if my child arrives or leaves by school bus.
7. If my child is having problems in the program, steps in our Discipline Policy will be followed. (See Handbook).
8. The Byron Elementary Child Care maintains the right to terminate child care if it is determined that placement is unsatisfactory.
9. If bad weather or other emergencies force the cancellation of Byron Elementary School, the Child Care may also be closed (see Handbook).
10. I have received a copy of the Parent Handbook. I agree to all of the policies and Procedures outlined in the Parent Handbook.

I give my child, \_\_\_\_\_ permission to go on field trips with Byron Elementary Child Care. I understand that I will be notified in advance where and when field trips will take place.

Signature \_\_\_\_\_

My child has permission to apply sunscreen that I will supply.

Signature \_\_\_\_\_

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_