|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Information 2019 -2020 | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | | Gender | |
| Age Grade | | |  | Ethnic Group Child lives with ***Mother father both other*** | | | | |  | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Home Address | | |  | Home Address | | | | | | |
| Work Address | | |  | Work Address | | | | | | |
|  | | |  |  | | | | | | |
| Cell phone | | |  | Cell phone | | | | | | |
| Email address | | |  | Email address | | | | | | |
|  | | |  |  | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact (relationship to child) | | |  | Secondary Emergency Contact (relationship to child) | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
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|  | | |  |  | | | | | | |
| Primary Emergency Contact (relationship to child) | | |  | Secondary Emergency Contact (relationship to child) | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
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| Medical Information | | | | | | | | | | |
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|  | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Dentist Name | | | | |  | Phone Number | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List all medications your child takes regularly, If any, Greenlee Extended Day staff will be responsible for administering medications after you and your doctor complete a ***MEDICATION REQUEST FORM*** | | | | | | | | | | |
|  | | | | | | | | | | |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
| I give permission for my child to go on field trips. I release Greenlee Extended Day and individuals from liability in case of accident during activities related to Extended Day, as long as normal safety procedures have been taken. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | |  |  | | | | |
| Director Signature | | | | |  | Date | | | | |

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| Authorizations and Acknowledgments |

I\_\_\_\_ DO \_\_\_\_DO NOT authorize my child to apply sunscreen and/or lotion while at Greenlee Extended Day

I\_\_\_\_\_ DO \_\_\_\_\_DO NOT authorize my child to appear in any media coverage approved by Greenlee Extended Day

I\_\_\_\_\_DO \_\_\_\_\_DO NOT authorize Greenlee Extended Day to transport my child

I\_\_\_\_\_DO \_\_\_\_\_DO NOT authorize my son/daughter to walk home. (4th -5th grade students ONLY) I will not hold Greenlee Extended Day, its officers, or staff for any injury or danger that occurs one my child has left the school

I\_\_\_\_\_DO \_\_\_\_\_DO NOT give consent for my child to use Greenlee Extended Day technological equipment; including but not limited to computers, printers, software, the internet (limited access), and audio visual equipment

My child’s health statement has been provided to Greenlee Extended Day Initials \_\_\_\_\_\_\_\_

My child’s immunization record has been provided to Greenlee Extended Day Initials \_\_\_\_\_\_\_\_

My child’s birth certificate has been provided to Greenlee Extended Day Initials \_\_\_\_\_\_\_\_

**I \_\_\_\_\_ will provide swimming suit, towel, water shoes, tennis shoes, extra change of clothes, water bottle, and a crib size sheet to my child. .**

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| Tuition Rates (2019-2020) |

**Open Monday – Friday 6:30 AM – 6:00 PM**

***Monthly Rates (select one)***

**3 years – Kinder 1st – 5th grade**

**Half Day (less than 5 hours per day) Half Day (less than 5 hours per day)**

**🞏 $500.00 🞏 $325.00**

**Full day (5 hours or more per day) Full day (5 hours or more per day)**

**🞏 $ 600.00 🞏 $ 400.00**

***Other Rates***

**🞏 $35.00 x hour 🞏 $75.00 x Day 🞏 CCAP / TANAF Parent fee $\_\_\_\_\_\_\_**

**🞏 Denver Preschool Program**

***Non-refundable Registration fee $30.00***

***LATE PICK UP FEE APPLY AFTER 6:00 PM DUE THE SAME DAY***

***($1.00 PER MINUTE PER CHILD)***

Authorizations from CCAP/TANAF must be provided to Greenlee Extended Day before the first day

(**Initial)**

☞ \_\_\_\_\_Payment is due the 1st week of the current month, after the 2nd week a $25.00 late fee will be charge to your account

☞ \_\_\_\_\_If payment or payment agreement is not being made by the 15th day of the current month, my enrollment will be terminated

☞\_\_\_\_\_I understand the signer of this document, am fully responsible for payment

☞\_\_\_\_\_I understand that I’ll give 2 weeks’ notice before I withdraw or change my child’s schedule. Failure to do so will result in my account being charged full price for that month

☞\_\_\_\_\_Credits or refunds are NOT issued for unused days

☞\_\_\_\_\_$25.00 administrative fee will be charged for returned checks. After one returned check, payment must be made with cash or money order.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Grade level

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date