

**CINNAMON STREET BEFORE SCHOOL/ AFTER SCHOOL PROGRAM**

**REGISTRATION AND EMERGENCY INFORMATION**

LICENSE NUMBER 4548

**TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes. You must also either complete a new form annually, or update this form annually by following the instructions on the reverse side of this form.

**\*There is a registration fee of \$10.00 per child due upon registration\***  
**\*Current immunizations due upon enrollment- CSEECF Fax # 863-6010\***

DATE OF ENROLLMENT \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL. # \_\_\_\_\_

**IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

**INDICATE WHERE PARENT/GUARDIAN CAN BE REACHED WHILE CHILD IS IN CARE. INCLUDE NAME OF BUSINESS IF APPLICABLE, ADDRESS, AND PHONE NUMBER, PLUS ANY SPECIAL INSTRUCTIONS, I.E. PAGER, CELL PHONE, ETC.**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ HOURS: \_\_\_\_\_ PHONE# \_\_\_\_\_ HOURS: \_\_\_\_\_

Special Instructions for reaching parent/guardian: \_\_\_\_\_

 **Go Green – E-mail Address:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON** You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child **if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program.** Examples, if your child was sick or injured and you were not accessible, if you experienced sudden illness or were injured between work and picking up your child, or there was a need to evacuate the school building.

NAME \_\_\_\_\_ NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME RELATIONSHIP PHONE # NAME RELATIONSHIP PHONE #

**MEDICAL INFORMATION**

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

\_\_\_\_\_

CHILD'S USUAL PHYSICIAN: \_\_\_\_\_ PHONE# \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

I hereby give permission for the staff of **Cinnamon Street Child care** to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by program personnel as soon as possible regarding any emergency involving my child.

In case of a medical emergency, I prefer my child be transported to \_\_\_\_\_

**HOSPITAL**

\_\_\_\_\_

**PARENT OR GUARDIAN'S SIGNATURE**

**DATE SIGNED**

**PICK UP POLICY** : Child needs to be picked up by 6:00 pm by an approved person on the emergency contact list. Anyone not on time for pick-up will be billed \$15 per quarter hour.

\_\_\_\_\_

**PHOTOGRAPH / QUOTES – VIDEO RELEASE**

I hereby give permission for the staff of **Cinnamon Street Childcare** to photograph or record my child.

Yes  No

I hereby give permission for the photographs & quotes to be published in the **Cinnamon Street** newsletter.

Yes  No

I hereby give permission for the photographs & quotes to be published in a local newspaper.

Yes  No

I hereby give permission for the photographs/videos to be published to a website.

Yes  No

I hereby give permission for the photographs/videos to be used on NCTV.

Yes  No

\_\_\_\_\_

**PARENT OR GUARDIAN'S SIGNATURE**

\_\_\_\_\_

**DATE SIGNED**

**PERMISSION TO EXPLORE off site SCHOOL GROUNDS**

Time may be planned to extend the afterschool experience into the wooded area immediately surrounding the center.

I hereby give permission for my child to participate in these local field trips.

\_\_\_\_\_

**PARENT OR GUARDIAN'S SIGNATURE**

\_\_\_\_\_

**DATE SIGNED**

**Weekly Attendance**

Please check the days your child will be attending the Before or After School or Both program at \_\_\_\_\_.

\_\_\_\_ WEEKLY ATTENDANCE (M-F) = \_\_\_\_ \$47.00 \_\_\_\_\_ WEEKLY BEFORE SCHOOL (M-F)  
(my -after school - weekly tuition) (School) (\$30 weekly)

-- OR --

\_\_\_\_ Monday( \_\_am \_\_pm)

\_\_\_\_ Tuesday( \_\_am \_\_pm)

\_\_\_\_ Wednesday( \_\_am \_\_pm)

\_\_\_\_ Thursday( \_\_am \_\_pm)

\_\_\_\_ Friday( \_\_am \_\_pm)

# of days per week x \$10 per day = \$ \_\_\_\_\_ (my weekly tuition)

\*AM program is billed \$6 per morning on an as you come basis \*PM program is billed whether your child is in attendance or not\*

By signing below I understand that payment for my child's attendance in the Cinnamon Street program is due each Monday. Checks should be made to Cinnamon Street.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**Office Notes**