



# GRACE

## CHRISTIAN SCHOOL

### EXTENDED CARE ENROLLMENT FORM

#### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

#### PARENT INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Child lives with:  Both Parents  Father  Mother  Other \_\_\_\_\_

Child's Legal Guardian:  Both Parents  Father  Mother  Other \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

- Parents will be contacted first in any situation. If we cannot reach you, please give us the following information of someone else we can call:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION/ CONSENT-TO-TREAT FORM

Child's Name: \_\_\_\_\_  
Last First Middle

Please list any known allergies (e.g. food, insect bites, medications)

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

### PRIMARY MEDICAL INSURANCE:

Company: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### SECONDARY MEDICAL INSURANCE:

Company: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I GIVE PERMISSION to Grace Christian School Extended Care to authorize appropriate emergency medical treatment as recommended by a physician or EMS personnel during my child's participating in this daycare program.

I REFUSE TO ALLOW Grace Christian School Extended Care to authorize appropriate emergency medical treatment as recommended by a physician or EMS personnel during my child's participating in this daycare program. Grace Christian School Extended Care is NOT RESPONSIBLE for any harm this causes my child.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

## PICK UP AUTHORIZATION INFORMATION

Persons authorized to pick up child other than parents or emergency contact:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## EXTENDED CARE POLICIES AND PROCEDURES CONTRACT

1. Extended care is open from 12:00 P.M. – 6 P.M. Monday through Friday. There is a \$4.00 minimum charge per day. A late charge of \$1.00 per minute will be charged for each minute the child is in the center past 6:00 P.M.
2. Extended care will be closed the same dates that the school is closed. Extended care is available on early dismissal days.
3. Parents are allowed access to extended care any time their child is in attendance.
4. Children will not be allowed to leave with anyone other than their parents or persons designated by the parent. Any change must be submitted in writing.
5. Children are required to wear socks and shoes at all times.
6. Toys are not allowed to be brought from home. We are not responsible for lost or damaged toys.
7. If your child becomes ill, he/she will not be allowed to stay in extended care. Parents will be called to pick the child up immediately.
8. If your child is involved in an accident or has an illness requiring immediate medical attention, a staff member will call 911 for transportation to the nearest hospital. Parents will be notified after emergency services have been contacted.
9. No medication may be given without prior arrangement with the Extended Care Supervisor.

I HAVE READ AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES OF GRACE CHRISTIAN  
SCHOOL EXTENDED CARE.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date