

School Age Child Care Supplemental Enrollment Form **Precious In His Sight Learning Ctr**

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information					
Child's Information					
Child's first name		Child's middle name		Child's last name	Child's nickname
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language	
Child's home address			City	State	Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade	School phone
School address			Drop off time		Pick up time
Child will be attending: <input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care					
My Child is allowed to walk (3 rd grade and older*): <input type="checkbox"/> To School from Child Care <input type="checkbox"/> From School to Child Care					
*Note: Early Childhood Education Program is not liable for the child until he/she arrives at the program or after the child has left the program to walk to/from school.					

After School Activities Information

Complete the information below to provide us with details about after school activities your child is participating in. Please complete a separate Transportation and School Activity form for each activity.

Transportation and After School Activity					
My child is transported to school via:			My child is transported from school via:		Bus #:
Parents are responsible for informing child care center in writing if your child(ren) will be participating in an after school activity:					
Child participates in the following after school activities (list all):					
Type of Activity:					
Day of the week child is attending activities (circle all that apply): M Tu W Th F					
Time period of activity: Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:					

Transportation and After School Activity					
My child is transported to school via:			My child is transported from school via:		Bus #:
Parents are responsible for informing child care center in writing if your child(ren) will be participating in an after school activity:					
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Time period of activity: Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:					

Your child's safety is our number one priority. **Early Childhood Education Program** will not release children from the program without the above information **in writing**.

Primary Parent/Guardian/Sponsor Signature

Date