



**AUTHORIZED PICK-UP (other than parents):**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**CHILD SPECIFICS:**

Health Card Number: \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

Allergies (Please describe allergies, specify if life-threatening or not):

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

Epipen: Yes \_\_\_ No \_\_\_

Dietary restrictions (allergies/religious): \_\_\_\_\_

Health Issues (Please list any pertinent health needs or conditions of your child such as lengthy illness, vision/hearing problems, etc.):

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

Medications (Please list name of medication and reason):

\_\_\_\_\_

Other relevant information: \_\_\_\_\_

**ATTENDANCE OPTION (please indicate):**

September to June \_\_\_ Plus July \_\_\_ Plus August \_\_\_ Year-round \_\_\_

Full-time 9:00 – 3:15 \_\_\_

Extended AM (pre-care) 7:30 – 9:00 \_\_\_

Extended PM (after-care) 3:15 – 5:30 \_\_\_

Payment Plan: Option A: lump sum \_\_\_ Option B: monthly \_\_\_

**SIGNATURES:**

\_\_\_\_\_  
Mother/Female Guardian

\_\_\_\_\_  
Father/Male Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\* Application must be accompanied by a non-refundable \$150 fee.

\* Toddlers must be able to walk prior to enrolling.