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**GREEN TOWNSHIP SCHOOL DISTRICT  
CHILD CARE REGISTRATION**

**(A \$25.00 per child non-refundable registration fee must accompany registration)**

**GENERAL INFORMATION:**

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

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Email address \_\_\_\_\_

**EMERGENCY INFORMATION:**

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Emergency Contact #1 \_\_\_\_\_ Phone: \_\_\_\_\_

\*Emergency Contact #2 \_\_\_\_\_ Phone: \_\_\_\_\_

\*Emergency Contact #3 \_\_\_\_\_ Phone: \_\_\_\_\_

\*Emergency Contact #4 \_\_\_\_\_ Phone: \_\_\_\_\_

\*Should be an adult living locally who can assume responsibility for your child/children.

\*Children may attend the Childcare Program on the days they are physically at school.

Daily rate of \$5.00 a day for before care.

Daily rate of \$20.00 a day for after care, additional siblings will be charged at \$10.00 a day each

**My child(ren) will be attending**  **Before Care**  **After Care**  **Both**

Families will be billed for the days they attend at the end of each month, with payment due no later than the 15<sup>th</sup> of the following month.

**SIGNATURES:** I hereby understand agree to the fees and regulations attached to this registration form and presented in our Child Care Manual (copy available on line or upon request.)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**GREEN TOWNSHIP SCHOOL DISTRICT**

**CHILD CARE PROGRAM**

**HEALTH HISTORY**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

Please provide as much information in this section as possible.

Present Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Special care required: \_\_\_\_\_

Any known **Allergies**: \_\_\_\_\_

Asthma: \_\_\_\_\_

Medicine taken regularly: \_\_\_\_\_

Chronic or Recurring Illnesses: \_\_\_\_\_

Epi-Pen and Inhalers must be provided by the Parent/Guardian.

Has your Doctor certified that your child can self-administer his/her inhaler and/or Epi-Pen?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**A nurse is not available for the AfterCare program.**

**The Child Care Staff will NOT administer medications, including over the counter medications.**

Family Physician: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date