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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

Families will be billed for the days they attend at the end of each month, with payment due no later than the 15th 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