

VILLAGE CARE REGISTRATION FORM

Child's Full Name _____

Birth Date: _____ Grade: _____

Current Teacher _____

Parent/Guardian Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell/Home/Work ext _____ **Please Circle!**

Phone _____ Cell/Home/Work ext _____ **Please Circle!**

Email _____ (Billing email? Yes/No)

Parent/Guardian Full Name _____

Address (If different from above) _____

City _____ State _____ Zip _____

Phone _____ Cell/Home/Work ext _____ Circle One

Phone _____ Cell/Home/Work ext _____ Circle One

Email _____ (Billing email? Yes/No)

(Next question fill out only if applicable)

Parent/Guardian with legal custody: _____

Decree on file? Yes or No (circle)

Emergency Contact's and Persons Authorized to remove child from care

Primary Emergency Contact (other than parents/guardians):

Name _____

Phone: _____ Cell/Home/Work ext _____ Circle One

2nd Phone# _____ Cell/Home/Work ext _____ Circle One

Address _____ City _____ State _____

Relationship to child: _____

Secondary Emergency Contact (other than parents/guardians):

Name _____

Phone: _____ Cell, Home, Work (circle one)

2nd Phone# _____ Cell, Home, Work (circle one)

Address _____ City _____ State _____

Relationship to child: _____

Person(s) authorized to pick up my child, besides
parents/guardians or emergency contacts:

1 _____

2 _____

3 _____

Please ask authorized contacts to be prepared to show ID

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give my permission that my child, may be given emergency treatment by the staff of **Village Care** I also give permission for my child to be transported by ambulance to an emergency center for treatment.

Parent/Guardian Signatures: _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians

Signatures: _____

Date: _____

1. ChildPhysician:_____Phone:_____
 2. Preferred Hospital:_____
 3. Insurance Company:_____Policy #_____
 4. Regular Medications:_____
 5. Allergic to any medications:_____
 7. Any other Allergies:_____
 8. Any special health/diet conditions or things we should be aware of
-

Please indicate which type of care you plan on using:

Weekly Care:

General days care is needed:

Mon.____Tue.____Wed.____Thu.____Fri._____

- A one time \$25.00 Registration fee per child is required for enrollment. This fee must accompany the registration form, which must be completed prior to the first day of care
- Registration Fee is waived for staff of The Village School
- Rates are as follows:

Up to 10 hrs a month	\$6.00 per hour
11-30 hours a month	\$5.50 per hour
31-50 hours a month	\$5.00 per hour
over 50 hours a month	\$4.50 per hour

Drop in care is available to registered families. Drop in care must be arranged no later than 10 am day of, provided there is space available. Drop in care use will be billed the same as regular use and billed at the end of the month.

We are a Title 1 school, families that qualify for free and reduced lunch may qualify for childcare subsidies. At this time we cannot submit for subsidies on behalf of families, or offer financial aid. Families are encouraged to call DHS to seek eligibility. We will gladly provide statements to anyone who needs it for an application or reimbursement.

Please let us know if there is anything you would like to share with us about your child. _____

Provider: _____ Date: _____
Parent/Guardian: _____ Date: _____
Parent/Guardian _____ Date: _____