

WHITE BEAR LAKE AREA SCHOOLS
4 Year Old Child Care CONTRACT – 2012-2013

A non-refundable registration fee of \$35.00 must accompany this registration. Make checks payable to: Community Services.

Child's LEGAL Name: Last _____ First _____ Middle Initial _____

Birth Date: _____ (*Child must be 4 years old by Sept. 1, 2012*) Male: _____ Female: _____ Start Date: _____

Do you wish to receive a receipt for your payments? Yes _____ No _____ Site: Lakeaires _____ Otter _____ Hugo _____

Child lives with: (check all that apply) Both Parents _____ Father Only _____ Mother Only _____ Joint Custody _____ Guardian _____

FEES will be paid by (check all that apply) Both Parents _____ Financial assistance agency _____ Parent co-pay _____

*** Extended Day accepts only one primary address * ALL PHONE numbers must include AREA CODES ***

PARENT/GUARDIAN – Primary Address
Relationship _____
Name _____
Address _____
City _____ Zip _____
Home Phone(____) _____ Work(____) _____
FAX(____) _____ Cell Phone(____) _____
E-Mail Address _____

2ND PARENT/GUARDIAN
Relationship _____
Name _____
Address _____
City _____ Zip _____
Home Phone(____) _____ Work(____) _____
FAX(____) _____ Cell Phone(____) _____
E-Mail Address _____

Which parent is to be called in case of an emergency?

Minimum of 2 days per week

DAYS MUST BE THE SAME EACH WEEK.

Check which days you will use: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Check which component of time you will use: Check only one.

6:30 AM – 6:00 PM \$38.00/day _____ 6:30 AM – 12:30 PM \$23.75/day _____

9:00 AM – 3:30 PM \$26.50/day _____ 12:00 PM – 6:00PM \$23.75/day _____

List two people who can be contacted in case of an emergency when you cannot be reached

Name _____ Phone # _____ Relationship to child _____

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In case of a medical emergency, your child will be transported by the police or paramedics to the nearest emergency facility.

Does your child regularly take medication? Yes ___ No ___ If yes, name medication _____ Administered for _____

Extended Day cannot administer medication without written permission from a parent/guardian and physician.

Please list any special circumstances that we need to be aware of such as allergies, special diets, special services received: _____

Persons other than parents who are authorized to pick up your child: _____

I have received, read and understand the terms and conditions of the Extended Day Family Handbook, and I agree to these terms and conditions.

Signature of Parent/Guardian _____

_____ Date

Please return all registration materials and fees to: Community Services, 4855 Bloom Ave., White Bear Lake, MN 55110