

OFFICE USE ONLY:

Reg. Fee: \$ _____ Date: _____ CK/Money Order #: _____

Legal Docs: Special Pick-up Instructions: Immunization Exp. _____



2023-2024

**Montgomery County Schools
District Child Care Program**

STUDENT NAME: _____ **DOB** _____ **Grade:** _____

	Mother/Legal Guardian	Father/Legal Guardian
NAME		
HOME ADDRESS		
CELL PHONE #		
EMPLOYER		
WORK PH. #		

School Attending: _____ **Full Time** (all 5 days): _____ **Part-Time** (billed daily) _____

List Siblings enrolled in the program: _____

SCHOOL AGE CARE: AM Care Needed **Drop-off Time** _____ **Pick-up Time** _____ (Please list approximate times)

PRESCHOOL CARE: (check all that apply) AM Session CC: PM Session CC: **Full Day Fridays:**

BEFORE SCHOOL HOURS: _____ **AFTER SCHOOL HOURS:** _____

****If you have legal documents regarding custody of your child that prevents a parent/guardian from pick up please attach a copy with your child's application.**

EMERGENCY/PICK-UP CONTACTS (in addition to parents/guardian)

NAME	PHONE NUMBER

My child has permission to be released to the following individuals in addition to the emergency contact persons listed above. (Please notify all individuals that they will be asked to show proof of identity)

NAME	PHONE NUMBER

EMERGENCY MEDICAL INFORMATION

Child's Physician: _____ **Phone:** _____

Preferred Hospital: _____ **Phone:** _____

Medical Conditions, if any: _____

Medications child is taking: _____

**If your child needs to take medications during child care hours, you must fill out a Medication Form for each day that the medication needs to be given. All medication must be in original containers, with up to date information provided on the label.

Does your child have any special needs, or require one-on-one services? NO YES _____

Will your child receive service at the center? NO YES _____

Does your child have any food allergies? NO YES _____

Does your child have any dietary restrictions? NO YES _____

The fee schedule is as follows: Full-time After-School: \$50 per week Part-time After-School: \$12 per day
AM Child Care \$25 per week Full Day Care: \$25 per day Preschool: Based on enrollment status

I agree to be responsible for any additional costs associated with my account such as late fees, late pick-up fees, and annual registration fees, and agree to give notice upon withdrawing my child from the program.

I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

I authorize this program and its representatives to get emergency medical treatment for my child in the event of a medical emergency.

Parent/Guardian Signature

Date

The Montgomery County School System and/or staff will not be held responsible for any expense or liability incurred by accident or illness beyond that covered by insurance that is carried by the school system. Students, their parents, and employees of the Montgomery County Board of Education are hereby notified this school district does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex or handicap in employment, educational programs, vocational programs, or activities set forth in Title IX, Title VI, & Section 504. Any person having inquiries concerning the above is directed to Richard Culross, Montgomery County Board of Education, 3400 Indian Mound Drive Mt. Sterling, KY 40353/859-497-8760