

OFFICE USE ONLY:

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

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

2024-2025
Montgomery County Schools
District Child Care Program

STUDENT NAME: _____ DOB: _____ Grade: _____

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

Has your child attended the district child care program in the past? YES ☐ NO ☐ If yes, what school did they attend: _____ School Currently Attending: _____

Siblings enrolled in the program: ☐

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

Enrollment Status: (check one) Full Time (all 5 days): ☐ Part-Time (daily): ☐

PRESCHOOL AGE: PRESCHOOL: AM SESSION ☐ PM SESSION ☐ or HEAD START ☐

Teacher: _____ (No part-time available for preschool age children due to limited availability)

****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

PICK UP LIST

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.

Will your child receive any professional services while at the center? YES ☐ NO ☐

If the answer is yes, a release form will need to be filled out to consent for an outside source to work with your child.

Does your child have any food allergies? YES ☐ NO ☐ _____

Does your child have any dietary restrictions? YES ☐ NO ☐ _____

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/Head Start: Based on enrollment status

Child Care Hours:

SCHOOL AGE: AM Care: 6:00am – 7:15am PM Care: 2:45am – 6:00pm

PRESCHOOL/HEAD START HOURS: 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 that not giving a notice of withdraw could result in additional fee's being added to my account.

I agree to give an advance notice prior to withdrawing my child from the program.

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