



ADVENTURES REGISTRATION S.Y. 24-25

Parent/Guardian MUST Provide email and phone information

Family Main Email: _____

Email is used for billing, emergency notifications and to access the web payment account

Child's Legal Name: First _____ Middle _____ Last _____

Gender: M F Birthdate: ____/____/____ Current Age: _____ Preferred Name: _____

Start Date: _____ Military Family: Y / N

Parent/Guardian 1: _____ Primary Phone _____

Email Address: _____ Alt Phone _____

Mailing Address _____ City _____ Zip _____

Parent/Guardian 2: _____ Primary Phone _____

Email Address: _____ Alt Phone _____

Family Type: (circle one) One Parent Two Parent Foster Other _____

County of Residence: _____ Secondary Language _____

REQUIRED: In the event of an emergency or if we are not able to reach a parent, please provide the name and phone number of at least two Emergency Contacts and / or people authorized to pick up your child.

Name and Relationship to Child	Telephone Number & Address	Circle one or both
	() -	Authorized to pick up / Emergency Contact
	() -	Authorized to pick up / Emergency Contact

Please list anyone that is NOT allowed to pick up your child

Name	Document on file / Date	Parent / guardian Signature / Date

- I have read, understand and agree to abide by all policies / procedures / rates stated in the Handbook provided. Handbooks are available on site or can be viewed on the school website Yes _____ No _____
- My child may participate in field trips off site with prior parent notification. PG-rated movies will be shown occasionally. I allow my child to participate in these activities. Yes _____ No _____
- My child may have his/her picture and/or name in publications, presentations, newspaper articles, brochures, social media and other related publicity promoting ISD 2170 Community Education Programs. Yes _____ No _____
- In the case of an accident, sudden illness, or emergency ISD 2170 staff has my permission to obtain medical assistance or ambulance service if necessary. Yes _____ No _____
- My child may participate in supervised use of the computer and internet as part of the ISD 2170 Community Education program. Yes _____ No _____
- I agree to allow staff to apply sunscreen and/or insect repellent as needed (parent provided) Yes _____ No _____

I understand that the ISD 2170 District and Community Education cannot be held responsible for unforeseen circumstances or events that may occur during this time. While Community Education strives to provide accurate information, I understand that the Community Education Staff will use their best judgment and training in providing a safe experience for all of the participating students while leading such activities. I understand that if there are repeated violations to the expectations outlined in the handbook, the district may revoke child care services.

Print Name Parent / Guardian

Signature

Date

Other Children in the Home

Name	DOB	Gender	Current Age	Comments
		M F		
		M F		
		M F		

Attendance Contract**Expected Schedule for Childcare** Childcare Start Date: _____
☐ Full Time (Mon - Fri)

 ☐ Part time

 ☐ Drop in only

☐ AM Child care 7am-7:50am

 ☐ PM Child Care 3pm-5:30pm

See the Childcare Handbook for information regarding programming less than full time time.

Check the days your child will be attending childcare and enter the expected drop off and pick up times:

Days attending	Drop Off Time	Pick Up Time	<u>READ THE HANDBOOK FOR ANY INFORMATION:</u> <ul style="list-style-type: none"> Fees are based on your child's schedule Early Release days require a pre-registration No School days require pre-registration Early Release days will be billed for the day after and require a payment due by the end of the month
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			

- I understand that the first month's fees are due in advance of care.
- I understand that fees for care are due in advance of the care, by the end date of the month prior to care.
- I understand that I am responsible to pay for care regardless of attendance, sickness or program closure.
- Changes to your child's schedule requires a written two weeks' notice.

Signature _____

Date: _____