

Montgomery Co. Schools District Child Care



STUDENT NAME: _____ DOB _____ Grade (in the fall): _____

	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 Attending in the Fall: _____ Full Time (all 5 days) ☐ Part-Time (3 days or less) ☐

List Siblings enrolled in the program: _____

Program Hours: 6:00 am – 6:00 pm Cost: Full-Time (all 5 days) \$125 Part-Time (3 days or less) \$75

Estimated Drop Off Time: _____ Pick-up Time: _____

****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) *must present a valid photo ID.

NAME	PHONE NUMBER

PICK UP LIST (All individuals must present a valid photo ID)

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 give 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 ☐ _____

Does your child have allergies to any types of sunscreen? YES ☐ NO ☐

(A permission form must be completed in order for staff to apply sunscreen to your child during the summer)

I understand and agree to the following:

- Field Trip permission forms must be completed for every child in order for them to participate in field trip activities.
- Parent/Guardian is responsible for any additional costs associated with the child's account such as late payment fees & late pick-up fees.
- A two-week notice must be given upon withdrawing children from the program. Failure to give a notice could result in additional fees being applied to the child's account. Any remaining balances will need to be paid immediately upon withdrawing your child.

I authorize this program and its representatives to seek 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