

OFFICE USE ONLY:

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

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

2025-2026

Montgomery County Schools

District Child Care Program

STUDENT NAME: _____ DOB _____ Grade (Fall): _____

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

Has your child attended the district child care program in the past? YES ☐ NO ☐

If yes, what school did they attend: _____

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

Siblings enrolled in the program: _____

SCHOOL AGE CARE: AM Care Needed ☐ Drop-off Time _____ Pick-up Time _____ (Please list approximate times)FULL DAY CARE: (days that school is closed) YES ☐ NO ☐PRESCHOOL CARE: (check all that apply) AM Session CC: ☐ PM Session CC: ☐ Full Day Fridays: ☐

****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

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 printed on the label.

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

If the answer is yes, a release form will need to be filled out to give permission for them to work with your child.

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

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

I understand and agree to the following:

- Parent/Guardian is responsible for additional costs added to their account, such as late payment fees, late pick-up fees, and annual registration fees.
- Student will be dismissed from the program if a current immunization isn't provided within the first 30 days of enrollment. Immunization must stay current during enrollment period, or a new immunization must be provided immediately upon expiration.
- A two-week notice must be given upon withdrawing child from the program. Additional cost could be applied to your account if a notice isn't provided. Any remaining balances left owed will need to be paid immediately upon child being withdrawn 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