



SCHOOL AGE CHILD CARE REGISTRATION FORM SY26-27

Please print **clearly** in blue or black ink.



CHILD INFORMATION

DATE	REQUESTED START DATE
LEGAL NAME (LAST, FIRST, MIDDLE INITIAL)	Student ID #
DATE OF BIRTH (MM/DD/YYYY) ____/____/____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY GRADE: _____
HOME ADDRESS	CITY, STATE, ZIP
PREFERRED PHONE NUMBER () _____-_____	CELL PHONE NUMBER () _____-_____

HOME SCHOOL/CHILD CARE SITE:
 BAES BES@MHES CES@PPES DES@PAC HES@PPES MHES MES PAC PPES
 SLES@MES SES WHES

CHILD CARE SESSIONS REQUESTED:
 A.M. SESSION P.M. SESSION AM & PM DROP-IN AM DROP-IN PM

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN INFORMATION

NAME:	NAME:
CELL PHONE NUMBER () _____-_____	CELL PHONE NUMBER () _____-_____
WORK PHONE NUMBER () _____-_____	WORK PHONE NUMBER () _____-_____
EMAIL ADDRESS	EMAIL ADDRESS

PERSON RESPONSIBLE FOR PAYMENT

HOME MAILING ADDRESS (If different from Child's Home Address)

FOR NEW FAMILIES:

Does your child have an IEP? If so, please submit with application
 Does your child have a 504 plan? If so, please submit with application

Receipt of application will be confirmed by email. The application must be **complete** to be processed:

1. All submitted childcare forms will be reviewed for completeness. IEP or 504 submitted with application if applicable. You will receive an email if anything is missing. If a slot is available, you would be required to pay the annual non-refundable registration fee, \$60.00 individual or \$100.00 family, due within 5 days to claim the spot.
2. All new incoming children must have a new physical or contact the school directly to transfer a copy of the existing physical with immunizations before entering Child Care.
3. The security deposit (equivalent to 2 weeks' tuition) is due by July 31, 2026. The first week's tuition is due August 19, 2026.
4. If your application is complete, but a spot is not available, you will be notified and added to our waitlist.