



SCHOOL AGE PROGRAM REGISTRATION FORM 2014-2015

CHILD'S NAME: _____ DATE OF BIRTH: _____

WHAT SCHOOL DOES YOUR CHILD ATTEND? _____ BUS # _____

PARENT/GUARDIAN NAME _____ PARENT/GUARDIAN NAME _____

HOME ADDRESS _____ HOME ADDRESS _____

WORK ADDRESS _____ WORK ADDRESS _____

HOME PHONE # _____ HOME PHONE # _____

WORK/CELL # _____ WORK/CELL# _____

MAILING ADDRESS _____ POSTAL CODE _____

MAIN CONTACT EMAIL ADDRESS _____

DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL CONCERNS? (ALLERGIES, ANY MEDICATIONS-even if not taken at the program, DISABILITIES)*ANAPHYLACTIC ALLERGIES REQUIRE FUTHER DOCUMENTS- please contact the School Age Program Office

DO YOU HAVE CONTACT WITH ANY OTHER AGENCIES IE, (COMMUNITY LIVING, HANDS) IF SO PLEASE SPECIFY _____

PLEASE SIGN BELOW TO ALLOW FOR CONSENT TO VIEW YOUR CHILD'S RECORDS

DOCTOR/CLINIC'S NAME _____ ADDRESS _____

DR's PHONE # _____ IMMUNIZATION RECORDS MUST BE ATTACHED

TEACHER'S NAME _____ GRADE (in fall 2014) _____

CIRCLE DAYS OF THE WEEK YOUR CHILD WILL BE ATTENDING THE PROGRAMS:

BEFORE SCHOOL PROGRAM \$6.25 per day

Please circle: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AFTER SCHOOL PROGRAM \$10.50 per day

Please circle MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

****Please submit \$5 registration fee per family**** START DATE _____

WHO MAY PICK YOUR CHILD UP FROM THE PROGRAM? (PLEASE LIST FULL NAMES)
IMPORTANT: MUST BE 18 YEARS OF AGE OR OLDER

PLEASE NOTE CUSTODY ARRANGEMENTS IF APPLICABLE: DOCUMENTATION REQUIRED

WHO MAY WE CONTACT IN EMERGENCY OR ILLNESS IF PARENT CANNOT BE REACHED?

1. NAME _____ PHONE # _____
2. NAME: _____ PHONE # _____

ANY OTHER INFORMATION IN REGARDS TO YOUR CHILD

I give permission for _____ to participate in the School Age Program offered by Macaulay Tree House Day Nursery. I have received, read and understand, and will abide by the policies and procedures as presented in the Macaulay Tree House School Age Program Handbook.

Consent to photograph: I give permission to Macaulay Tree House to photograph my child for use by Macaulay Tree House and the participating families only:

(please circle) **YES** **NO**

Parent/Guardian Signature _____ **Date:** _____

Supervisor Signature _____ **Date:** _____

Discharge date: _____

Supervisor Signature: _____

Macaulay Tree House School Age Programs



****Please note: In order for your child(ren)'s registration form(s) to be accepted and processed **ALL** areas of this form need to be filled out and **post dated** payments need to be attached****