

# AFTER SCHOOL CHILD CARE

For Triton Community School  
Care provided by Learning Tree Childcare

\*\$10 registration fee per child required with application

NAME OF CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENTS EMAIL: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ cell: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ business phone: \_\_\_\_\_

Father's employer: \_\_\_\_\_ business phone: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_ phone: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_ phone: \_\_\_\_\_

Any special conditions, issues, disabilities, medication, allergies regarding child: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that emergency medical treatment will be sought for life threatening injuries. I agree that my child may be transported via ambulance if needed to the closest hospital. I will be responsible for all charges not covered by insurance.

Parent's signature: \_\_\_\_\_

Child's Health insurance plan: \_\_\_\_\_ ID # \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Child's Dr. \_\_\_\_\_ phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ phone: \_\_\_\_\_

**SERVICE FEES:** I agree to pay Learning Tree Childcare all childcare fees at the end of each week. I will be charged for only days my child attends. I agree to sign my child out each day. If I am late paying I will pay the \$5.00 late pay fee. If I have continued nonpayment issues my child will be dismissed from the program and any legal fees will be at my expense. Parent initials:         

**AFTER SCHOOL PROGRAM**      3:00-4:00    \$3.00 per day  
   3:00-6:00    \$5.00 per day

Check days attending: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

The after school program closes at 6:00pm. If my child is picked up after 6:00 I understand that I will be charged \$2 a min after 6:00. This fee will be paid directly to staff staying late. PARENT INITIALS:                 

**PHOTO AUTHORIZATION:** I give permission for my child to have his or her photo taken:                                 

**BEHAVIOR POLICY:** I understand that my child is expected to behave in a way that respects the staff, other children, and themselves. Continued behavior issues that put individuals or themselves in danger will result in termination of care. PARENT INITIALS:                 

**PICK UP AUTHORIZATION:** The following individuals have my permission to pick up my child.

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_