

CROWN POINT COMMUNITY SCHOOL CORPORATION
CHILD CARE PROGRAM
2015-2016

APPLICATION FOR ENROLLMENT

Student Name _____ Date of Birth _____
Grade ____ Teacher _____ School Student Attends _____
Parent Name _____

In order to formally apply for Child Care Program, a \$10.00 yearly, non-refundable family enrollment fee must be met. All checks should be made payable to Eisenhower Child Care, Jerry Ross Child Care (for Winfield students), Lake Street Child Care (for MacArthur students), Solon Robinson Child Care, or Timothy Ball Child Care.

PLEASE CHECK ALL CHILD CARE NEEDS THAT APPLY TO YOU:

Before School, 6:00 – 8:55 a.m. Fee \$7.00

Payment is due by 6:00 p.m. on the Thursday of the week prior to services.

A. Full Time (Every day: Monday through Friday)

B. Part Time (Selected Days on a Regular Basis) Please circle the days that your child(ren) will attend.

Mon. Tue. Wed. Thur. Fri.

After School, 3:45 – 6:30 p.m. Fee \$7.00

Payment is due by 6:30 p.m. on the Thursday of the week prior to services.

A. Full Time (Every day: Monday through Friday)

B. Part Time (Selected Days on a Regular Basis) Please circle the days that your child(ren) will attend.

Mon. Tue. Wed. Thur. Fri.

If the Child Care Program site is not the child's home-school, the school corporation will transport the child to the program site every day school is in session for safety. Parents will pick their child up at the Program Site. Any modification to this protocol must be approved by the Transportation Department, 663-1465.

I have read and understand the Child Care Program Procedures and Regulations

Parent Signature _____ Date _____

**EMERGENCY INFORMATION SHEET
CHILD CARE PROGRAM
2015 -2016**

Date _____

Child's Name _____ Birth Date _____

Nickname _____ School Attending _____ Grade _____

Name of Parents/Guardians _____

Address _____

Phone _____ Mother's Cell Phone _____

Email _____ Father's Cell Phone _____

Mother's Place of Employment _____

Address _____ Phone _____

Father's Place of Employment _____

Address _____ Phone _____

Doctor's Name _____

Address _____ Office Phone _____

Emergency Names & Phone Numbers (If you cannot be reached)

Name	Relationship	Phone Number

Who may pick up your child? No one other than these individuals will be allowed to pick up your child unless we are notified.

Name	Relationship	Phone Number

Please list foods your child is unable to eat (medical reasons, etc.)

Please list medical conditions, unusual injuries, operations or traumatic experiences the child has had.

Please list any other information which may help us to work more effectively with your child.

I _____ have read and understand the Child Care Program
(Parent’s name, Please Print)

policies/regulations and the emergency dismissal procedures.

Parent/Guardian’s Signature _____

Date _____

IMPORTANT
TRANSPORTATION
NOTICE

Complete this form to arrange for transportation to or from an address different than your home. Transportation to a private day care center is provided on am or pm routes only if the location of the facility is within the home elementary boundary. The pick up/drop off location must be on an every day (5 day) basis. For any changes made during the school year, please return this form two (2) days before the effective date. We will not be able to make the change the same day the form is returned.

Student Name _____

Home Address _____

Parent Name _____

Phone Number _____ Grade _____

School _____

Effective date _____

If your child will be picked up to go to school from an address that is different from your home address (must be every day), please list below:

Person/place (day care facility, etc.) _____

Address _____

If your child will be dropped off from school at an address that is different from your home address (must be every day), please list below:

Person/place (day care facility, etc.) _____

Address _____

Office personnel: Please fax to Transportation Department 662-3635