City of Wilton Manors

NON –SCHOOL DAY PROGRAM APPLICATION ENROLLMENT 2012-2013

Student Information:

Full Name: _____

Last First Middle Nickname

Child's Address: _____

Date of Birth: _____Gender: _____ Password: _____

Teacher's Name: _____ School Attending: _____Age: ___Grade:____

Languages spoken at home: _____ Email Address: _____

****

Family Information: Child Lives With: _____

Mother's Name/Guardian: _____Father's Name/Guardian: _____

Address: _____ Address: _____

Home Phone: _____ _____ Home Phone: _____

Employer: _____ Employer: _____

Cellular Phone: _____ Cellular Phone: _____

Work Phone: _____ Work Phone: _____

Person who has Custody: _____

Person Responsible for paying child's Fees: _____

****

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____Address: _____Phone: _____

Insurance Co: _____Policy #:_____

Please list allergies, special medical or dietary needs, or other areas of concern:

_____

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Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

_____

Name Address Work# Home# Relationship

_____

Name Address Work# Home# Relationship

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Media Release:

I understand that my child may appear or be photographed in the newspaper, on television, on city websites, publications, or other communication tools to promote The City of Wilton Manors.

Signature of Parent/Guardian _____**Date**_____

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Late Fee Policy:

I understand that late fees will be charged if my child is not picked up on time and all fees must be paid in full before my child returns to the program.

Signature of Parent/Guardian _____**Date**_____

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Behavior Policy:

I understand that if my child disrupt the daily operation of the program or becomes a disciplinary problem, he/she will be asked to withdraw from the program without a refund.

Signature of Parent/Guardian _____**Date**_____

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By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian _____**Date**_____

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School's Day Out Program 2012-2013 (Staff Use Only) Please provide date of payment and staff initials

September 17_____ September 26_____October 26_____

November 6_____January 18_____ March 22 _____ May 27_____

Winter Camp 2012

December 24_____December 26 _____ December 27_____

December 28_____December 31_____ January 2_____

January 3_____ January 4 _____

Total Fee Paid: _____ ***Date:*** _____ ***Staff:*** _____

Spring Camp 2013

March 25_____March 26_____March 27_____ March 28_____

March 29_____

Total Fee Paid: _____ ***Date:*** _____ ***Staff:*** _____