FIRM FOUNDATION
Before & After School Program

Registration Form 2020-2021

Child's Information:

Surname: _____ **First Name (Name to be Used)** _____

Male/ Female ___**Age:** _____ **Date of Birth (Month/Day/Year)** _____

School: _____ **Grade:** _____ **Teacher:** _____

Program Requested:

a) Full-time before and after care
b) Before Care
c) After Care
d) Part-time (please indicate the days below)

_____

Enrollment Month/Year: _____

Family Physician:

Name: _____ Phone # _____

Address: _____

Parent/Guardian:

Surname: _____ First Name: _____

Marital Status: ____ Home Phone: _____ Cell Phone: _____

Street Address: _____

Town: _____ Postal Code: _____

E-Mail: _____ Occupation: _____

Business Phone: _____ Place of Employment: _____

Employment Address _____

_____

_____

Parent/Guardian:

Surname: _____ First Name: _____

Marital Status: ____ Home Phone: _____ Cell Phone: _____

Street Address: _____

Town: _____ Postal Code: _____

E-Mail: _____ Occupation: _____

Business Phone: _____ Place of Employment: _____

Employment Address _____

_____

Do Both Parents have Access to the Child? **YES** **NO**

(If no, court orders must accompany application.)

Please list three (3) people who are permitted to pick up your child and/or be contacted in the event of an emergency:

Child will not be released to anyone other than the parent/guardian(s) or those listed below without the written/verbal consent of the Parents. Photo identification will be required until we come to recognize individuals picking up.

1. Name: _____ Relationship: _____
   Home Phone: _____ Business Phone: _____

2. Name: _____ Relationship: _____
   Home Phone: _____ Business Phone: _____

3. Name: _____ Relationship: _____
   Home Phone: _____ Business Phone: _____

What we need to know about your child:

1. Allergies: _____
2. Special diet: _____
3. Medical condition: _____
4. Rest requirement: _____
5. Exercise restriction: _____

Brothers, Sisters or Others living in the home:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Siblings who are also registered with Firm Foundation:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Are we permitted to photograph your child in the classroom? **YES** **NO**
In indicating your consent you are permitting Firm Foundation to use your child's photograph promotionally.

We permit Firm Foundation to transport our child to school. **YES** **NO**

We permit Firm Foundation to transport our child from school. **YES** **NO**

We have notified our child's school that our child is registered with Firm Foundation and have made the necessary arrangements for our child to be picked up by Firm Foundation at the end of the day. **YES** **NO**

We understand that in the event that the main method of transportation is not an option, we permit our child to be transported by secondary means. **YES** **NO**

We understand that lunch service is not provided at Firm Foundation and that on PA days and during Camps we are expected to send along a healthy, peanut-free lunch with our child stored in a thermal lunch bag. **YES** **NO**

We understand that due to the nature of the program format, outdoor time is not offered on a consistent basis unless otherwise permitted by a club. **YES** **NO**

We have read all the terms and conditions as outlined in the Parent Handbook and sign, committing to having been fully advised of the program guidelines.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date _____

OFFICE USE ONLY:

Date of Admission: _____ Date of Withdrawal: _____

Registration Fee Paid: _____ Deposit Amount: _____

Reg/Deposit Payment method: _____ Payment Plan: EFT or Pre-Auth Credit