

Tiger Kid's Club 2016-17 REGISTRATION FORM



Today's Date: _____

1. **Child's Name** _____ Age _____ Sex _____

Address _____ City _____ Zip _____ Birthdate _____

School attending _____ Grade _____ Teacher _____ Room _____

Describe any special dietary needs, medical problems, allergies, etc., we need to be aware of:

2. **Child's Name** _____ Age _____ Sex _____

Address _____ City _____ Zip _____ Birthdate _____

School attending _____ Grade _____ Teacher _____ Room _____

Describe any special dietary needs, medical problems, allergies, etc., we need to be aware of:

CHILD LIVES WITH: _____ Both Parents _____ Mother _____ Father _____ Other

Parents and/or Guardians responsible for child(ren):

1. **Mother's** full name _____

Home address _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Name of employer _____ Work hours _____

Work address _____ City _____ Zip _____

2. **Father's** full name _____

Home address _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Name of employer _____ Work hours _____

Work address _____ City _____ Zip _____

Persons other than parent(s) to notify in case of emergency when parent cannot be reached

[These people also need to be authorized for pick-up of child(ren)]:

1. Name in full _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Relationship to child(ren) _____

2. Name in full _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Relationship to child(ren) _____

Besides those above who else is authorized to pick up child(ren):

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

4. Name _____ Relationship _____

Explain any special circumstances regarding release of child(ren):

Bendle Public Schools Tiger Kid's Club Latch Key is licensed through the State of Michigan Department of Human Services, Lansing, Michigan, License #DC250022673.

Emergency Information:

Child's physician or health clinic name _____

Office hours _____ Phone number _____

Address _____ City _____ Zip _____

Hospital preferred for emergency treatment _____

Health Insurance name _____

Health Insurance number(s) _____

Medical Verification:

I, _____ certify that my
(Parent's Name)

child(ren), _____
(Child or Children Name)

is/are in good health and is/are able to participate in the Tiger Kid's Club Latch Key program without restrictions. I also certify that all my child's immunizations are up-to-date.

Parent Signature _____ Date _____



I hereby give permission to Bendle Public School's Tiger Kid's Club Latch Key licensed by the State of Michigan Department of Human Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

I hereby understand and grant permission for my child(ren) to use all of the equipment including the playground which may or may not comply with guidelines in the 1997 handbook for Public Playground Safety, and to participate in all of the activities of the Bendle Public Schools Tiger Kid's Latch Key Program.

I, also, hereby grant permission for my child(ren) to be included in pictures connected with the Tiger Kid's Club program.

I am aware that this center has onsite a licensing notebook of all inspection reports, special investigation reports, and all related corrective action plans.

I have received a copy of the Parent Handbook which outlines policies, procedures and fees including reasons for dismissal from the program.

I hereby claim that all information given here is true and all policies are understood in regard to the Tiger Kid's Club program.

Signature of Parent/Guardian _____ Date _____

Bendle Public Schools Tiger Kid's Club Latch Key is licensed through the State of Michigan Department of Human Services, Lansing, Michigan, License #DC250022673.

Payment Information:

Prepayment: Latch key service is paid a week in advance and is **due every Friday by 6:00 pm** or child(ren) cannot return to Latch Key until payment is made. A late fee will also be accessed upon return (see below). Make checks payable to Community Education.

Times: 6:30 am until bussed to school and after school until 6:00 pm.
Tiger Kid's Club is open on early release days at no additional charge. Parents are required to provide a lunch.

Tiger Kid's Club is not in operation when school is closed. Exceptions may be made for some non school days depending on student attendance, and additional charges may apply.

Registration fee: \$20.00 for the first child/\$30.00 per family-paid annually at registration and is nonrefundable.

Flat Fee: \$30.00 per week for first child/\$50.00 per week for 2nd child. (This includes early release hours).
♦ A late fee of \$15.00 will be assessed for payments made after Friday at 6:00 pm.
♦ If child(ren) are absent for more than two weeks (without prior notification to staff), they will automatically be removed from the latch key registration list and will need to re-register before returning to the program. If student remains registered a \$5.00 fee per week is required to hold their spot in the program. If your child(ren) are sick, please inform staff.
**Those families on DHS assistance are responsible for covering all costs incurred that are not covered by the State.

Late pick up: \$1.00 for each minute past 6:00 pm.
♦ There will be a \$15.00 charge assessed for returned checks.
♦ Parents are responsible for saving receipts for tax purposes, and also for notifying community education of any address, phone number, or attendance changes.
♦ Fees are subject to change with prior notification.

(Tiger Kid's Club is a self-supporting program operated by Bendle Community Education)

Please indicate the day(s) and time(s) your child will be attending the Tiger Kid's Club:

<u>Day</u>	<u>Morning Arrival</u>	<u>Afternoon Pickup</u>
Monday	_____ am	_____ pm
Tuesday	_____ am	_____ pm
Wednesday	_____ am	_____ pm
Thursday	_____ am	_____ pm
Friday	_____ am	_____ pm

Date child will start attending: _____

Will child(ren) be attending early release days? _____ Yes _____ No

Office Use Only: Amount Paid: \$ _____ Method: _____ Date: _____ Initials: _____