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| --- | --- | --- | --- |
| **Enrollment Date:** | **Date Child Left Care:** | **Member ID #** | **Expiration Date:**  **August 31, 2020** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CHILD’S INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILD’S NAME: **First**: | | | | | | | |  | | | | | | | | | | | | | | | | **Middle:** | | |  | | | | | | | | | | | | | | | | | | | | | **Last:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | | | |  | | | | | | | | | | | | | State: | | | | | | | | | | |  | | | | Zip Code: | | | | | | |  | | |
| Home Phone: | |  | | | | | | | | | | | | Work Phone: | | | |  | | | | | | | | | | Cell Phone: | | | | | | | | |  | | | | | | | | | | | | | | | | | Email: | | | | | | | |  | | | | | | | | | | | | | | | |
| Current School Attending: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Grade: | | | | | |  | | | | | | Age: | |  | | | | | Date of Birth: | | | | | | |  | | | | | | | | | | | | | | | Gender: | | | | |  |
| Ethnicity: 🞎 African American 🞎 Caucasian 🞎 Hispanic 🞎 Native American 🞎 Asian 🞎 Multi-Racial 🞎 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Child Day Care Program/Schools Attended: *Please provide name:* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Walker 🞎 Pick Up 🞎 | | | | | | | | | | | | | | | | | | | 🞎Before Care 🞎 Both  🞎After Care | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARENT(s) / GUARDIAN(s) INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Guardian**: *(Having Legal Custody of Child)* | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mother’s Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | | | | | | | | | | State: | | | | | | | |  | | Zip Code: | | | | | | | |  | | | | |
| Home Phone: | |  | | | | | | | | | | Work Phone: | | | |  | | | | | | | | | | | | | Cell Phone: | | | | | | |  | | | | | | | | | | | | | | | | Email: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Father’s Name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | |  | | | | | | | | | | | | | | | | | State: | | | | | | |  | | | | Zip Code: | | | | | | |  | | | |
| Home Phone: | | |  | | | | | | | | | | Work Phone: | | | |  | | | | | | | | | | | | | Cell Phone: | | | | | | | |  | | | | | | | | | | | | | | | Email: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Family Setting: 🞎 Lives with both parents 🞎 Lives with Mother 🞎 Lives with Father 🞎 Lives with Grandparent(s) 🞎 Lives with Guardian/Foster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # Family Members in Household: | | | | | | | | |  | Active Military: | | | | | | | | | | 🞎 Yes | | | 🞎 No | | | Branch: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Start Date: | | | | | | | | | | | | |  | | | | | | |
| **EMERGENCY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***\*\*\*SHOT RECORD & UPDATED PHYSICAL MUST ACCOMPANY REGISTRATION FORM OR CHILD WILL NOT BE ALLOWED TO ATTEND AS PER STATE REGULATIONS\*\*\**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Physical: | | | | | |  | | | | | | | | | Medication: | | | | | | |  | | | | | | | | | | | | | | | | | | | | Any Restrictions: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Can Child Swim: | | | | | |  | |
| **Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***List Two (2) Contacts if Parent(s)/Guardian(s) Cannot Be Reached & Authorized To Pick Up Your Child(ren):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | Phone: | | | |  | | | | | | | | | | | | | | | | Relation: | | | | |  | | | | | | | | | | | | | | | Address: | | | | | | | |  | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | Phone: | | | |  | | | | | | | | | | | | | | | | Relation: | | | | |  | | | | | | | | | | | | | | | Address: | | | | | | | |  | | | | | | | | |
| **CONFIDENTIAL INFORMATION: *The following information is necessary for our records and the funding our Organization receives. The answers you provide are confidential. Your cooperation is both appreciated and necessary*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Household Income: 🞎 $0-$10,000 🞎 $10,001-$20,000 🞎 $20,001-$30,000 🞎 $30,001-$40,000 🞎 $40,001-$50,000 🞎 $50,001-$60,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive any of the following: 🞎 **SSI** 🞎 **TANF** 🞎 **FOOD STAMPS** 🞎 **GENERAL ASSISTANCE**  🞎 **FREE SCHOOL LUNCH** 🞎 **REDUCED SCHOOL LUNCH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| **AGREEMENTS**   1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center. 2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. 3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. | | |
| **SIGNATURES**  BY SIGNING I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. | | |
|  |  |  |
| Print Name of Parent/Guardian | Signature of Parent/Guardian | Date |
| **APPLICATIONS MUST BE COMPLETE TO BE ELIGIBLE FOR MEMBERSHIP** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY**  **IDENTITY VERIFICATION**  ***IF PROOF OF IDENTITY IS REQUIRED & A COPY IS NOT KEPT, PLEASE FILL OUT THE FOLLOWING:*** | | | | | | | | | | | | | | | | | |
| **Birth Certificate Information** | | | | | | | | | | | | | | | | | |
| Place of Birth: |  | | | | Date of Birth: | | | | |  | | | | | | | |
| Birth Certificate Number: | | |  | | Date Issued: | | | | |  | | | | | | | |
| Other Form of Proof *(Report Card)*: | |  | | | | | | Person Viewing Documentation: | | | |  | | | Date: | |  |
| **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | |
| Amount Paid: |  | | | | | | Date Paid: | | | |  | | | Staff Initials | |  | |
| **ORIENTATION INFORMATION** | | | | | | | | | | | | | | | | | |
| Date Orientated: |  | | |  | |  | | | Staff Name: | | | |  | | | | |

Forms to bring or fill-out during parent orientation

**MEMBERS CHECKLIST:**

🞎 Child Registration Form – All fields completed

🞎 Emergency Contact Completed (Two Names Given with Phone Numbers)

🞎 Birth Certificate – Updated Physical – Immunization Record Attached**(Bring to Orientation)**

🞎 All Southside Boys and Girls Club permission slips, forms (signed & dated) Attached

🞎 Incomplete Applications \*\*RTFD Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Applications Completed: Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_