

Holy Family Before and After School Program  
130 Chapel Drive  
Syracuse, NY 13219  
(315) 484-7852  
Application for Enrollment

I \_\_\_\_\_ agree to enroll my child in the Holy Family Childcare program. I have read and understand all the terms and conditions listed in the parent handbook. I agree to follow the policies mentioned in the parent handbook and acknowledge that failure to comply with these policies may result in termination of contract.

Child's Name (s): \_\_\_\_\_

Start date begins on \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ Both \_\_\_\_\_

Please circle the days of the week your child will be attending the program:

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

Holidays/Vacations

Time of arrival: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

School your child attends: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Weekly Tuition \$ \_\_\_\_\_ (please refer to attachment with rates)

\*\* All billing is done Monthly; receipts will be given at the end of the year upon request (or monthly if requested upon payment).

Additional Information:

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form at registration.

Holy Family Before and After School Program  
2014-2015

Parent Contact Information

Child's Name:

Birth date:

Grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Parent contact info:**

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

**Emergency contacts:** The following people are authorized to pick up my child or be contacted in case of an emergency when the parent cannot be contacted.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

**Authorized pick-up list:** The following people are authorized to pick my child up when the parent is unable to do so.

\_\_\_\_\_  
\_\_\_\_\_

Emergency Information

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any disabilities or special needs? \_\_\_\_\_

Does your child have any physical limitations? \_\_\_\_\_

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent, or we need to get immediate medical care. Our procedure is to call 911 and have the child transported by ambulance. By signing below you give permission for our staff to act on your behalf.

I hereby give consent for my child(ren), listed above, to be taken to the nearest emergency center when he/she is ill or injured, by the director or other appointed staff when it is deemed necessary.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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If the weather is nice, we may take a walk through the neighborhood or to Shove Park on a day when school is closed (summer, breaks, holidays, etc.).

I give my child, \_\_\_\_\_, permission to participate in walks to Shove Park and through the neighborhood on days. I understand that my child may participate in walks to Shove Park or through the surrounding neighborhood on days when school is closed.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Photography:

\_\_\_ I give permission for my child's picture to be taken and used for **publicity purposes**.

\_\_\_ My child may be identified by name

\_\_\_ My child may not be identified by name

School Photography Use

\_\_\_ I give permission for my child's picture to be taken for **Holy Family's** (Childcare, Parish, and School) use only

(such as, but not limited to, collages, bulletin boards, kids projects, website)

\_\_\_ My child may be identified by name

\_\_\_ My child may not be identified by name

\_\_\_ I do not wish for my child's picture to be used for publicity purposes or Holy Family's use.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form at registration.**