

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 above-mentioned policies and acknowledge that failure to comply with these policies may result in termination of contract.

Child's Name (s): _____

Start date _____ 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 rate sheet)

** All billing is done Monthly; receipts are given at the end of the year (receipts can be monthly upon request)

Additional Information:

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Please return all completed forms along with the \$30.00 non-refundable fee to the main office or the Before and After School office. Please return this form at registration.

2021-2022 Holy Family Before and After School Program

Application for Enrollment

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: _____

Parents are:

Married _____ **Divorced** _____ **Separated** _____ **Please provide custody paperwork if needed**

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: 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 signature: _____ Date: _____

Director's Signature: _____ Date: _____

Please return this form at registration.

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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.