

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 through FACTS****

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.

**2023-2024 Holy Family Before and After School Program
Application for Enrollment**

Child's Name:	Grade:	Birth Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 incase 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 signature: _____

Director's Signature: _____

Please return this form at registration

Holy Family Childcare Application for Enrollment

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)

___ 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