

# Registration Form

All information must be filled out in order for your child to be enrolled.



**Please check one:**

- Lancaster Rec Preschool
- Kindercare Teacher/School \_\_\_\_\_

**Office use only**

Entry Date \_\_\_\_\_ Signed Contract \_\_\_\_\_  
Reg. Fee Paid \_\_\_\_\_ Health Appraisal \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street City State Zip

Birthdate \_\_\_\_\_ Siblings in Lancaster Rec Before/After School (full names) \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Employer/School Phone # \_\_\_\_\_  
Street City State Zip

Mother's Cell Phone # \_\_\_\_\_ Mother's Email \_\_\_\_\_

Mother's Employer/School \_\_\_\_\_ Employer's/School's Address \_\_\_\_\_  
Street City State Zip

Father/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Employer Phone # \_\_\_\_\_  
Street City State Zip

Father's Cell Phone # \_\_\_\_\_ Father's Email \_\_\_\_\_

Father's Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_  
Street City State Zip

Person Responsible for Payment (if different from above, list name, address & phone): \_\_\_\_\_

**In Case of Emergency (parents not available) Contact (must have at least 2 contacts):**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

**Persons to whom Preschool/Daycare personnel may release my child other than parents:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

If child lives in a one-parent home, does information need to be sent to an absentee parent? Yes No

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

**Child's Physician or source of medical care:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

List any allergies or special conditions your child may have: \_\_\_\_\_

Please list any medications your child is taking, dosage and time: \_\_\_\_\_

List Child's Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

A non-refundable registration fee of \$25 is required to register for these Lancaster Rec Programs. Make checks payable to Lancaster Rec and mail this completed form and payment to 525 Fairview Avenue, Lancaster, PA 17603. For questions, please call the Lancaster Rec at 392-2115 x138. Please call Child Care Information Services at 393-4004 for information about subsidized care.

Contract for Preschool Services

1. I agree to pay in advance for each week my child is registered. I understand that payment is due the Thursday before the week service is needed. Any fee paid after Friday at 6:00 p.m. is subject to a \$5 late fee.
2. I understand that there is an annual non-refundable \$25 registration fee for these programs.
3. I understand that fee for 2011/2012 are \$142/week. Fees for Kindercare are \$30 for five hours or more and \$21 for less than five hours. There is a sibling discount.
4. I understand that there is no return of fees paid if a child is ill or fails to attend. I agree to pay overtime fees of \$1/minute whenever I am too early or late. I also understand that I may be asked to remove my child from the program if I am habitually late or early.
5. I understand that an unpaid balance may result in denial of services and that my account will be turned over to a collection service. I understand that there is a \$20 charge for all returned checks and that checks are to be made payable to Lancaster Rec. I understand that it is my responsibility to keep statements, receipts or canceled checks for income tax purposes. Lancaster Rec's Federal ID number is 23-135-2353.
6. I understand that my child must be potty-trained.
7. I agree to walk my child into the Programs each morning and to be sure a staff member is present before releasing my child. I understand that staff are not prepared to accept my child until 6:30 a.m. I will sign my child in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
8. I understand that all forms required must be completed and on file before my child may attend. These include the registration form, the health appraisal and this contract for services.
9. I understand that staff must release children to all parents unless a court order indicating sole custody is provided to the Children's Services office at the Lancaster Rec.
10. I understand that no medication is administered unless I fill out the medication log completely. Written instructions from a physician are required for medication administered for ten or more days, or on an as-needed basis. Only site supervisors are allowed to administer prescribed medications. All medication must be in the original prescription bottle.
11. I understand that the children go on walking and van excursions. I agree that my child may participate in these trips.
12. The Lancaster Rec may use any photographs or video tape of me or my child(ren) for promotional purposes.
13. I understand that I am responsible for any damages resulting from my child's actions to Lancaster Rec property.
14. I agree to support and reinforce rules and procedures that concern the health and safety of the children. I understand that I must provide a current Health Appraisal for my child.
15. I give permission for the staff to administer basic first aid. I give my consent for Lancaster Rec to obtain Emergency Medical Care for my child.
16. I understand that my child(ren) may not attend the program with any illness that threatens the health of other children, and the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if he/she has a contagious illness.
17. I understand that these Lancaster Rec programs are licensed child care programs and that staff are mandated reporters who are required to report any evidence of suspected abuse to the County Children and Youth Agency.
18. I waive any claim for bodily injury or property damage against the School District of Lancaster, the City of Lancaster, Lancaster Township and the Lancaster Rec while my child is a participant in an Lancaster Rec program at any location.
19. I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on this registration form. I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or the health and safety of other children. The established discipline procedure will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
20. I will notify the Children's Services office at Lancaster Rec of any change on the Registration Form and will verify by signature that all information is correct in 1/2009.
21. In order to provide clients with equal access to programs and services the Lancaster Recreation Commission will provide any person or persons with Limited English Proficiency (LEP) competent, free language assistance services. These services include, but are not limited to, interpreter services, sign language and any other means necessary to provide fair and equal access to services.
22. In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your child(ren), as clients of the Lancaster Rec, have the right:
  - To be provided services by Lancaster Rec and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.
  - Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to equipment redesign, the provision of aids, and the use of alternative services delivery locations. Structural modifications shall be considered only as a last resort among available methods.
  - If you feel you have been discriminated against on the basis of your race, color religious creed, disability, ancestry, national origin, age or sex, complaints of discrimination may be filed with any of the following:

Department of Public Welfare  
 Bureau of Equal Opportunity  
 Room 521, Health & Welfare Bldg.  
 P.O. Box 2675  
 Harrisburg, PA 17105

PA Human Relations Comm.  
 Harrisburg Regional Office  
 Riverfront Office Center  
 1101 S. Front St., 5th Floor  
 Harrisburg, PA 17104

U.S. Dept. of Health & Human Serv.  
 Office of Civil Rights  
 Suite 372, Public Ledger Bldg.  
 150 S. Independence Mall West  
 Philadelphia, PA 19106-9111

Bureau of Equal Opportunity  
 Central Regional Office  
 Cameron & Maclay Street  
 Bldg. 56, Patton House  
 P.O. Box 61260  
 Harrisburg, PA 17106-1260

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Lancaster Rec Signature

\_\_\_\_\_  
 Date

Please sign after January 2012 Review	
I have reviewed my child's registration form and made any necessary corrections.	
_____ Parent/Guardian Signature	_____ Date