

Before and After School Program:

Before School
 After School
 2nd Wednesday of Each Month

Child's Elementary School: _____
 Teacher's Name: _____

Lancaster Rec Center:

McCaskey Child Care Center:

Wickersham Elementary:

Summer Camps:

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Full Day Preschool | <input type="checkbox"/> Infant (6 weeks – 12 months) | <input type="checkbox"/> Pre-K Counts | <input type="checkbox"/> Camp Optimist |
| <input type="checkbox"/> Pre-K Counts | <input type="checkbox"/> Younger Toddler (1-2 years) | <input type="checkbox"/> Wrap Around | <input type="checkbox"/> Kindergarten Boot Camp |
| <input type="checkbox"/> Wrap Around | <input type="checkbox"/> Older Toddler (2-3 years) | <input type="checkbox"/> Before School | <input type="checkbox"/> Sports of All Sorts |
| <input type="checkbox"/> Before School | <input type="checkbox"/> Preschool (3-5 years) | <input type="checkbox"/> After School | <input type="checkbox"/> Discovery Day Camp |
| <input type="checkbox"/> After School | <input type="checkbox"/> Pre-K Counts (3-5 years) | <input type="checkbox"/> 2 nd Wednesday | |
| <input type="checkbox"/> 2 nd Wednesday | | of Each Month | |

| | | |
|---|---------------------------|--|
| Name of Child | | |
| Fee Amount | Per-Day-Week | Day Payment to be Made |
| \$ | | |
| Services to be Provided as Part of the Day Care Fee : Breakfast & Lunch (Preschool/Pre-K Counts/McCaskey), Snack (Preschool/McCaskey/Before & After School) Lunch & Snack (Summer Day Camps), Learning Centers (All), Homework Help (Before & After School) Observations & Assessments (All) | | |
| Child's Arrival Time | Child's Departure Time | Person(s) Designated by Parent to Whom Child May be Released |
| Late Fee | Per Min-Hour | |
| \$1.00 | Per Minute | |
| Extra services to be provided at an additional fee, if applicable. | | |
| I, the parent/guardian: <input type="checkbox"/> Received complete written program information at the time of enrollment. <input type="checkbox"/> Agree to update the emergency contact parental consent form information whenever changes occur or every 6 months at a minimum. <input type="checkbox"/> Agree to follow all policies and procedures as outlined in the Lancaster Rec Child Care Family Handbook <input type="checkbox"/> I give permission for my child to be photographed during normal program hours, field trips or activities. I understand that these photographs may be used in promoting the Lancaster Recreation Commission, either in print or on the internet. | | |
| Signature - Lancaster Rec Representative | | Signature – Parent or Guardian |
| Date | | Date |
| Date of Child's Admission | Date of Child's Withdrawl | |

Emergency Contact/Parental Consent Form

| | | | | | |
|--|---------|------------------|---|------------------|-------|
| Name | Age | Sex | Race | Birthdate | Grade |
| Complete Address | | | Siblings in Lancaster Rec Child Care | | |
| Primary Name/Legal Guardian | | | | Home Phone # | |
| Complete Home Address | | | | Cell Phone # | |
| Employer Name | | | | Business Phone # | |
| Complete Employer Address | | | | Email Address | |
| Secondary Name/Legal Guardian | | | | Home Phone # | |
| Complete Home Address | | | | Cell Phone # | |
| Employer Name | | | | Business Phone # | |
| Complete Employer Address | | | | Email Address | |
| In Case of Emergency (parents not available) contact person(s) to whom my child may be released: | | | | | |
| Name | Phone # | Complete Address | | | |
| Name | Phone # | Complete Address | | | |
| Marital Status of Custodial Parent(s) or Guardians: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced | | | | | |
| Are there any custody issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ | | | | | |
| Person Responsible for Payment (if different from above, list address and phone): <input type="checkbox"/> Self <input type="checkbox"/> CCIS <input type="checkbox"/> Other | | | | | |
| Name of Child's Physician/Medical Care Provider | | | | Phone # | |
| Complete Address | | | | | |
| Special Disabilities (f any) | | | Allergies (including medication reaction) | | |
| Medical or Dietary Information Necessary in an Emergency Situation | | | Medication, Special Conditions | | |
| Additional Information on Special Needs of Child | | | Hospital Choice | | |
| Health Insurance Coverage for Child or Medical Assistance Benefits | | | Policy Number (required) | | |
| Parent's Signature if Required for Each Item Below to Indicate Parental Consent | | | | | |
| Obtaining Emergency Medical Care | | | Admin. Of Minor First-Aid Procedures | | |
| Walks and Trips | | | Swimming | | |
| Transportation | | | Apply Sunscreen | | |

Signature of Parent or Guardian

Date

Six-Month Review: Signature of Parent or Guardian

Date