

**Before and After School Program:**

Before School  
 After School  
 2<sup>nd</sup> 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"/> Discovery Day 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"/> After School	<input type="checkbox"/> Pre-K Counts (3-5 years)	<input type="checkbox"/> 2 <sup>nd</sup> Wednesday	
<input type="checkbox"/> 2 <sup>nd</sup> 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)		
<b>Parent's Signature if Required for Each Item Below to Indicate Parental Consent</b>					
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