

Argos After School Child Care

Name of Child: _____ Grade: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent's Email: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Mother's Employer: _____ Business Phone: _____

Father's Employer: _____ Business Phone: _____

Emergency Contact (other than parent)

1. _____ Phone: _____

2. _____ Phone: _____

Any special conditions, issues, disabilities, medication, allergies regarding child: _____

Emergency Medical Authorization: I understand that emergency medical treatment will be sought for life threatening injuries. I agree that my child may be transported via ambulance if needed to the closest hospital. I will be responsible for all charges not covered by insurance.

Parent's signature: _____

Child's health insurance plan: _____ ID# _____

Subscriber's name: _____

Service Fees: I agree to pay all childcare fees at the end of each week. I will be charged only for the days that my child attends. I agree to sign my child out each day. If I am late paying, I will pay the \$5.00 late fee. If I have continued nonpayment issues, my child will be dismissed from the program and any legal fees will be at my expense. Parent initials: _____

\$10 registration fee per child required with the application

3:00-4:00 \$3.00 per day

3:00-6:00 \$5.00 per day

Check days attending: Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ or varies _____

After school closes at 6:00 PM. If my child is picked up after 6:00, I understand that I will be charged \$2.00 per minute after 6:00. This fee must be paid at the time of pick up. Parent initials: _____

Photo Authorization: I give permission for my child to have his/her photo taken. Parent initials: _____

Behavior Policy: I understand that my child is expected to behave in a way that respects the staff, other children, and themselves. Continued behavior issues that put individuals or themselves in danger will result in termination of care. Parent initials: _____

Pick Up Authorization: The following individuals have my permission to pick up my child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____