

21st CENTURY EDU-CARE CENTER - "WHERE IT'S EDU-CARE, NOT DAYCARE! <u>Toddler and Preschool Program</u>

Registration fees of \$25 per family	y are due on tl	he day of enrollme	nt:
Does your child have an IEP?	Yes No		
Does your child have a medical co (Our staff does not administer medi a physical care plan and medication	cations. Howev	ver, if the meds are s	self-administered,
For enrollment, please check pref	erences.		
Toddler Program (5:30 A.M Toddler Program (3:15 PM Drop-In Care \$10 per hour (D	12:00 AM)	Weekly - \$198	
Preschool Program (5:30 A.M. Preschool Program (3:15 PM Drop-In Care \$12 per hour (Drop-In Care \$12 pe	I 6:30 PM) - 12:00 AM)	Weekly - \$178 Weekly - \$178	
Payment Type: Private Pay (Must Title XX (Must inclu			
First Day of Attendance Male: Female: Child's Name:			
Child's Name: First Ethnicity: African American Home Address:	Caucasian	le Hispanic Other S Phone	Specify
Home Address: Home Number State: Zip Code:	City:	County	<u> </u>
Nickname student may prefer: Siblings in Program: Yes No_	If yes, pri	_ Student likes and continuous name(s)	lislikes:
Drop-off Time: Pick-up child)	Time:	_ (Late fees are asser	ssed @ \$1 per minute per
Who does the child live with? Mo	ther Fatl	her Both	_ Other
If the child lives with mom or dad, o No	does the absent	parent have shared	or joint custody? Yes

Does this parent have permission	on to remove the child	I from the center?	Yes No
(If it is your desire that the absen			
provide			·
the center with the legal documen	ntation that states they	are not authorized to	remove the child
from the center)	-		
Parent Information: If you're a	Title XX client, you ar	e required by Frank	In County to submit
weekly		0.1 . 1 . 1 . 1	. 1 (21 11
schedules if your hours vary. The	e center will require a c	opy of that schedule	to be on file weekly.
Mother / Guardian	Cell 1	Phone	
Mother / Guardian Work Address		City	State
Zip		-	
Employer Work Phone Number	Dep	artment	
Work Phone Number	Extension	l	
Employment Hours : Must Prov	ide Copy of Weekly So	hedule if Varies	
Monday: Tuesday:	Wednesday:	Thursday:	Friday:
Saturday:			
School Schedule:			
Monday: Tuesday:	Wednesday:	Thursday:	Friday:
Saturday:			
Father / Guardian	Cell Phor	ie	
Work Address		City	State
Zip		- · J	
Employer	D	epartment	
Work Phone Number	Extension	- -	
Employment Hours: Must Prov	ide Copy of Weekly So	chedule if Varies	
Mandayı Tuaşdayı	Wadnaadaya	Thursday	Ewidaya
Monday: Tuesday:	weunesday:	Inursuay:	Friday:
Saturday:			
School Schedule:			
Monday: Tuesday:	Wednesday:	Thursday:	Friday:
Saturday:		v <u></u>	
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Child's Release and Emergency Contact

(PLEASE PROVIDE A MINIMUM OF TWO CONTACTS OTHER THAN THE PARENTS)

(You are granting permission for your child to be picked up by these people without notification or contact in case of emergency). All persons must show picture identification at the time of pick Local emergency contacts are adults and persons aged 16 and older.

Sharon Woods Park (Routine Permission) I give my permission/I do not give my permission is granted on (date) during their hours of enrollment at the 21st Century Edu-Care Center. During this time, student will not have access to water two feet or more in depth My student is not a years and 40 pounds. My child will accompany his/her class on all routine field trips away from the center additional written permission form. Your signature below indicates that you understand and agree with this policy.	Name	Emergency contact only _	Both release and Emergency Contact
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Signature of Latent / Guardian	Signature of Parent	/ Guardian	

walk to and f	rmission/ I do not give my permission for my child to rom Columbus Metropolitan Library 5590 Karl Road Columbus, OH 43229 during 10:00AM - 3:00PM Monday - Friday. This permission is granted on (date) and is valid until withdrawn in writing. During this time, my student will not
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