



Enrollment and Registration Form (Elementary 1st-5th)

Office Use Only

School _____ Grade _____ Session _____ S/D _____ W/D _____ ICCP _____

Child's Information

Child #1

Last Name First Name M.I

Birth Date Age School Grade Teacher

Health Conditions, allergies, special needs, etc. Receiving any special Services? IEP; PSR; 504 Plan; Other

Child #2

Last Name First Name M.I

Birth Date Age School Grade Teacher

Health Conditions, allergies, special needs, etc. Receiving any special Services? IEP; PSR; 504 Plan; Other

Parent/Guardian Information

Parent/ Guardian #1

Full Name Relation to Child

SSN# DOB Email

Street Address City State Zip code

Cell # Home # Employer and Work #

Parent/Guardian #2

Full Name Relation to Child

SSN# DOB Email

Street Address City State Zip code

Cell # Home # Employer and Work #

Emergency Contacts

Name Relation to Child Phone #

Name Relation to Child Phone #

Immunizations _____ Monthly Fees: Child # 1 _____ Child#2 _____ Registration Fee _____



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Please circle days and sessions needed for childcare: Minimum attendance: 2 sessions per week

Morning Session	M	T	W	Th	F
Afternoon Session	M	T	W	Th	F

Please read carefully and initial the appropriate responses

_____ I have read, understand, and agree to abide by the written policies set forth in the Policies and Procedures and the Billing and Payment Policy.

_____ I understand and agree with the GAP program hours and days off. A GAP calendar will be available.

_____ I will notify the site coordinator of program withdrawal or any schedule changes. I will keep changes at a minimum of one time a month.

_____ Permission is given to GAP to use photographs (individual or group, still or video) or written work of my child for program promotion, newspapers, news bulletins, Magazines, movies, TV, displays and training materials.

Child Care Agreement

I understand that my child must attend at least 2 sessions per week to participate in the program. I agree to pre-pay my GAP monthly fees by the 10th of each month, regardless of my child’s attendance, unless other arrangements have been approved. I understand that a \$10 late fee may be charged if I do not pay by the 10th of each month. If payments are not made by the payment deadline of each month, I understand that my child could be dropped from the program. Upon such time that I no longer require child care service, I agree to give prior written notice on a change form available at each site with site coordinator. I understand that I may continue to be billed for childcare service if I fail to notify GAP. I have read, understand, and agree to abide by the written policies set forth in the Policies and Procedures and the Billing and Payment Policy.

Medical Authorization

In case of injury or sudden illness, I hereby give authority to 911 immediate emergency services to render aid for my child’s health and safety. I understand that any expense for this service will be my responsibility.

I understand that I must give a copy of my child’s childcare immunization records or exemption form with this registration form to GAP staff before my child can attend.

Parent/Guardian’s Signature _____ Date _____

Immunizations _____ Monthly Fees: Child # 1 _____ Child#2 _____ Registration Fee _____