



**The Gap Program Enrollment and Registration Form**

ICCP \_\_\_\_\_ Withdrawn \_\_\_\_\_

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

School/ Grade/ Teacher \_\_\_\_\_ Kindergarten students: Color \_\_\_\_\_

Health conditions, allergies, special needs, etc. \_\_\_\_\_ Receiving any special services? IEP; PSR; 5 04 Plan; ICCP; Other \_\_\_\_\_

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

School/ Grade/ Teacher \_\_\_\_\_ Kindergarten students: Color \_\_\_\_\_

Health conditions, allergies, special needs, etc. \_\_\_\_\_ Receiving any special services? IEP; PSR; 504 Plan; ICCP; Other \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation to child \_\_\_\_\_ SSN # \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation to child \_\_\_\_\_ SSN # \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

Emergency/Contact Information: Persons other than parent authorized to pick up child from GAP in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**ONLY FOR ELEMENTARY SCHOOL SCHEDULES**

Please circle days and sessions needed for childcare. Minimum attendance: 2 sessions per week  
Morning Session (1st-5th) M T W TH F  
Afternoon Session (1st - 5<sup>th</sup>) M T W TH F

**ONLY FOR FREDERICK POST KINDERGARTEN SCHEDULES**

Please circle your child's session  
Purple AM Session: Monday 9:20 am to 11:45 Tuesday - Friday 8:45-11:45am  
Green PM Session: Monday-Friday 12:20-3:05pm  
Blue Session: Monday 9:20 am to 3:05 pm Wednesday 8:55am to 11:45 am & Thursday 8:55am to 3:05 pm  
Red Session: Tuesday 8:55 am to 3:05 pm, Wednesday, 12:20 pm to 3:05 pm & Friday 8:55 am to 3:05 pm  
Days attending GAP (Please circle) M T W TH F  
Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Please read carefully and initial the appropriate responses:  
\_\_\_\_\_ 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.  
\_\_\_\_\_ 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 give consent for my child to view television programs and videos that are developmentally appropriate and possess educational value. I understand that all Programs must be previewed and approved by authorized staff members prior to use at the site.  
\_\_\_\_\_ I understand that my child may be given the opportunity to use the computer lab while in GAP and I authorize my child to use the internet under Gap staff supervision.  
\_\_\_\_\_ I will notify the site coordinator of program withdrawal or any schedule changes and I will keep the changes at a minimum of one time a month.

**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 20th of each month, regardless of my child's attendance, unless other arrangements have been approved. I understand that a \$10.00 late fee may be charged if I do not pay by the 20th 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 \_\_\_\_\_

Program Start Date \_\_\_\_\_ Withdraw Date \_\_\_\_\_ Monthly fees: Child #1 \_\_\_\_\_ Child #2 \_\_\_\_\_ Child #3 \_\_\_\_\_ Registration Fee \_\_\_\_\_