



Monarch Before and After Care Registration Form 2011 - 2012 School Year

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| Office Use Only: Date Received: _____ POC Eligible: _____ POC Amount: _____ |
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Please complete a separate registration form for EACH child that will need care. Please write legibly in black ink.

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| Care Need: Before & After: _____ Before Only: _____ After Only: _____ Occasional: _____ |
| Child's Name: _____ Date: _____ Last Name First MI |
| Birth Date: _____ Gender: M F (circle one) |
| Grade: _____ Teacher Name & Room #: _____ |

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|---|
| Child Resides with: Mother _____ Father _____ Both _____ Other: _____ (Name/Relationship) |
| Legal Custody of Child: Mother _____ Father _____ Both _____ Other: _____ (Name/Relationship) |
| Mother/Guardian's Name: _____ Cell Phone: _____ |
| Home Address: _____ Home Phone: _____ _____ |
| Work Address: _____ Work Phone: _____ _____ |

Emergency Contact Information:

Should an emergency occur and you cannot be reached, please provide the names, addresses and telephone numbers for 2 individuals (age 18 or older) who would assume responsibility for your child.

If at any time, emergency medical treatment is necessary for my child, I give my consent for it to be provided, I understand that every effort will be made to contact the parent and/or the emergency persons listed below:

Name: _____ **Phone:** _____

Address: _____ **Relationship to child:** _____

Name: _____ **Phone:** _____

Address: _____ **Relationship to child:** _____

Names of person(s) authorized to pick-up child and relationship (please note that photo identification of these individuals is **required** to release your children):

1. _____
Name Relationship to Child

2. _____
Name Relationship to Child

3. _____
Name Relationship to Child

4. _____
Name Relationship to Child

Does your child have any special needs (daily or emergency medication): (circle one) Yes or No
If yes, please list and describe: _____

Family Physician/Dentist Information:

Physician Name: _____ **Phone:** _____

Dentist Name: _____ **Phone:** _____

Fees:

Before **and** After Care = \$85.00/per week/child

Before **or** After Care = \$60.00/per week/child

Drop In/Occasional Care = \$15.00 for before care or \$20 for After Care

Purchase of Care is accepted. It is your responsibility to apply for and maintain benefits. If your benefits cease, fees will be charged and you will be responsible for payment.

Payment is due every Monday. A \$25.00 late fee will be charged for payments received after 5:30PM on Monday. If different arrangements are required, please speak with Ms. Surell Jones, 302-324-8901 x 278. \$1.00 per minute past 6:30PM will be charged and is due at pick-up time.

Please make checks/money orders payable to **Family Foundations Academy**.

If fees are not paid, grade reports, field trips and other privileges will be revoked until balance is paid in full.

Purchase of Care:

Do you qualify for Purchase of Care? (circle one) Yes or No

If yes, please attach the authorization letter from the Division of Social Services.

Authorization to Enroll:

By signing below, I agree that I have read and understand the policies, procedures, and fees for the Before and After Care Program at Family Foundations Academy and wish for my child to be enrolled. The person(s) financially responsible must sign below before any care will be provided. The first week of fees is due upon registration submission.

If yes, please attach the authorization letter from the Division of Social Services.

Mother: _____ **Date:** _____

Father: _____ **Date:** _____

Guardian: _____ **Date:** _____