

Our Space School Age Care Enrollment Information

Child's Name _____ Birth Date _____ M _____ F _____

Child's Primary Address _____

City, State, Zip _____ Home Phone _____

How did you hear about Our Space? _____

Parent's/Guardian's Name _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Place _____ Business Phone _____

Business Address _____ City, State, Zip _____

Email: _____

Parent's/Guardian's Name _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Place _____ Business Phone _____

Business Address _____ City, State, Zip _____

Email: _____

Additional Person(s) authorized to pick up child, that can also be contacted if a parent cannot be reached a) in an emergency or b) if child requires immediate medical attention:

#1 Name(s) _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Address _____ City, State, Zip _____

#2 Name(s) _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Address _____ City, State, Zip _____

Is there anyone that IS NOT AUTHORIZED to pick up child? If so, please list. (A court order copy may be necessary.)

HEALTH CARE INFORMATION:

Child's primary doctor/clinic _____

Address _____ Phone _____

Child's primary dentist/clinic _____

Address _____ Phone _____

Preferred Hospital/Emergency Facility _____

Address _____ Phone _____

Does this child have any allergies? If so, please list. _____

Specific dietary, medical, and/or special needs child has: _____

Does this child have an Individual Education Plan (IEP)? _____

If so, a copy must be submitted to the Center with this enrollment form. Our Space will develop an Individual Child Care Program Plan to complement the child's current IEP.

Attendance Information

Child's Elementary School: _____ Child's Grade: _____

Projected Schedule – please **circle** the days and times your child will attend.

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
Kgtn Block AM	Kgtn Block AM	Kgtn Block AM	Kgtn Block AM	Kgtn Block AM
Kgtn Block PM	Kgtn Block PM	Kgtn Block PM	Kgtn Block PM	Kgtn Block PM
Full Day (out of school time)	Full Day (out of school time)	Full Day (out of school time)	Full Day (out of school time)	Full Day (out of school time)

Beginning Date _____ Person responsible for tuition: _____

EMERGENCY PROCEDURES

- I give consent to Our Space staff to administer emergency first aid to my child if necessary. I understand that if necessary, 9-1-1 will be called and, my child may be transported to receive emergency care. An Our Space staff will remain with the child, if a parent/guardian is unavailable. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance. I give consent for the emergency contact persons listed to act on my behalf until I am available.
- If there is an emergency of another nature (due to weather, environmental issue, etc.), Our Space staff will act according to center policy.
- I have received a copy of the Our Space Program Policies and Procedures booklet, and I agree to comply with these policies and procedures while my child is enrolled in Our Space programs.

I understand the above procedures, and give Our Space staff permission to follow these procedures.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Additional Permissions:

- My child has permission to use Our Space’s van transportation. I understand that the vehicles have the required insurance and the staff drivers have the required training and drivers’ licenses.
- My child has permission to go on walking field trips to Central Park, the Hopkins Library, and the Hopkins Activity Center Gym.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

- I understand that my child may be photographed while at Our Space for projects, scrapbooks, and bulletin boards.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

- Sunscreen and lotion may be applied to my child by Our Space. Please check one:

_____ My child may use the Our Space supplied products. OR

_____ I will provide products for my child.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____