The Pen Ryn SCHOOL

Extended Day Care Program 2015-2016

Nursery through Grade 8 Registration Form

CHILD'S NAME ______________________________GRADE_______ BIRTHDATE__________________

CHILD'S NAME ______________________________GRADE _______ BIRTHDATE__________________

CHILD'S NAME ______________________________GRADE _______ BIRTHDATE__________________

ADDRESS ____

MOTHER'S NAME____(H)________________________

(C)________________________

(W)________________________

FATHER'S NAME____(H)________________________

(C) ________________________

(W)________________________

PHYSICIAN'S NAME ________________________________PHONE NUMBER ____________________

ADDDRESS ____

FULL TIME: MONDAY – FRIDAY PLAN:

(Circle the plan best for you.)

TIME	PLAN #	PRE-PAID MONTHLY	PRE-PAID (Half Yr.) SEPT.-JAN.	PRE-PAID (Half Yr.) FEB.-JUNE	PRE-PAID FULL YEAR
3:30 – 4:30	1	$ 114.00	$ 570.00	$ 570.00	$1,140.00
3:30 – 5:30	2	$ 227.00	$1,135.00	$1,135.00	$2,270.00
3:30 – 6:00	3	$ 284.00	$1,420.00	$1,420.00	$2,840.00

For full time children attending the program you may pre-pay monthly, semi-annually or annually in Plans #1 #2 #3.

These plans are based on every school day with a discount for being prepaid.

The payments for the "Monthly Plan" *must* be made *one week* in advance of each month.

The payments for the "Half-Year Plan" and the "Full-Year Plan" *must* be made *two weeks* before the term begins.

In addition, the first child pays the full payment, additional siblings are eligible for a 25% discount.

MORNING EDC – MONDAY-FRIDAY

7:00-8:00 AM $8.00 daily

7:30-8:00 AM $4.00 daily

Morning EDC will be billed monthly.

"AS NEEDED"/ BILL MONTHLY PLAN:

$8.00 an hour (we bill in half-hour increments)

If you don't need care every day but you do need specific days, check off the days you need or As Needed:

Monday _________ Tuesday _________ Wednesday _________ Thursday _________ Friday _________ As Needed _________

IN CASE OF EMERGENCY, WHO SHOULD BE CONTACTED FIRST, SECOND, THIRD?

Name Address Relationship Phone Number

FIRST CONTACT: ____ ____________

SECOND CONTACT: ____ ____________

THIRD CONTACT: ____ ____________

PERTINENT HEALTH HISTORY

1. Please give any pertinent health history. ____
____
2. Allergic Reactions: i.e., poison ivy, insect stings, penicillin, aspirin, etc. Give details and advise EDC of emergency treatment required. **(Please note: The EDC Program does not administer medications.)** ____________________
____
____
3. Suggestions from parents: ____
4. In the event that your child needs hospital treatment, they will be taken to Frankford Hospital Bucks Co. Should you not want your child taken there, please indicate the name of the hospital you desire. ____________________

HEALTH INSURANCE PROVIDER: ____________________**POLICY NUMBER:** ____________________

The Pennsylvania Code for Child Day Care Centers currently requires date of last dental visit.

DATE OF LAST DENTAL EXAM.

Child's Name		Grade	Date
	______________________	________	____________
	______________________	________	____________
	______________________	________	____________

Please authorize the people who will pick up your child(ren): "Other Than Parents"

Name	Relationship	Phone Number

The Pennsylvania Code for Child Day Care Centers currently requires parent's signature for each item below to indicate parental consent.

1. **The EDC staff has my permission to transport or call 911 for EMERGENCY MEDICAL CARE for my child.**
2. **The EDC staff has my permission to administer FIRST AID to my child if necessary.**

Parent/Guardian Signature____

The Pennsylvania Code for Child Day Care Centers currently requires a YEARLY physical examination be completed for all EDC students. EDC physical forms are available in the office. Please have your physician fill it out with the most recent exam information over the summer and return it to the Pen Ryn Office attention of the EDC before the beginning of school along with this Registration Form.

SIGN HERE FOR SEPTEMBER – DECEMBER.
Parent/Guardian Signature ____ **Date** ____________

TO BE SIGNED IN JANUARY AFTER RETURNING FROM BREAK.
I HAVE REVIEWED/UPDATED THIS FORM:
Parent/Guardian Signature ____ **Date** ____________