

Reg. Fee: \$ _____
Check/Money Order #: _____



2020-2021
Montgomery County Schools District Child Care Program
Child Care Application

Student's Name: _____
Last First Middle/Nickname

Parent/Guardian's Names (please list both parent/guardian names if applicable): _____

Mailing Address: _____ DOB: _____ Grade: _____

School: _____ Homeroom Teacher: _____

Red Team or Blue Team _____ List Siblings enrolled in the program: _____

Annual Registration Fee: \$20.00 per family (please submit check or money order with this application)

Home Phone # _____ Mom's Cell # _____ Dad's Cell # _____

Mothers Work # _____ Supervisor/Ext: _____ Place of Employment _____

Fathers Work # _____ Supervisor/Ext: _____ Place of Employment _____

List four other persons who should be contacted in case of an emergency and/or to pick-up your child.
(Aside from parent/guardians, only people listed below will be permitted to pick your child up from the after-school program)

Name: _____ Name: _____

Phone # _____ Cell # _____ Phone # _____ Cell # _____

Name: _____ Name: _____

Phone # _____ Cell # _____ Phone # _____ Cell # _____

We/I authorize any of the persons listed above as contacts to pick my child up from the District Child Care Program. We/I understand that anyone not listed above **WILL NOT** be permitted to pick my child up without written consent.

Signature: _____ Date: _____
Mother, Father, or Legal Guardian

The Montgomery County School System and/or staff will not be held responsible for any expense or liability incurred by accident or illness beyond that covered by insurance that is carried by the school system. Students, their parents, and employees of the Montgomery County Board of Education are hereby notified this school district does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex or handicap in employment, educational programs, vocational programs, or activities set forth in Title IX, Title VI, & Section 504. Any person having inquiries concerning the above is directed to Richard Culross, Montgomery County Board of Education, 640 Woodford Drive Mt. Sterling, KY 40353/859-497-8760.

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EMERGENCY MEDICAL INFORMATION

List physical handicaps, restrictions, and/or impairments: _____

Family Physician: _____ Phone: _____

Pediatrician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Is your child allergic to any medication or foods? Yes _____ NO _____ if so, please list _____

Medical Conditions, if any: _____

Medications child is taking: _____

If your child needs to take medications during child care hours, you must fill out a Medication Form for each day that the medication needs to be given. All medication must be in original containers, with up to date information provided on the label. Please ask site supervisor if you need more detail regarding the medication form.

****A copy of your child's current up-to-date immunization MUST be provided to the site-supervisor within 30 days of your child's enrollment.**

**CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT
AND CHILD'S MEDICAL INFORMATION**

In presenting my son/daughter for diagnosis and treatment

Name: _____ for _____
 Mother Father Legal Guardian Son Daughter

Of _____ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I acknowledge that no guarantees that have been made to me as to the effect of such examination or treatment on child's condition.

I hereby give my consent to Montgomery County Schools District Child Care Program who will be caring for our child _____ for the period **AUGUST 2020** to **AUGUST 2021**, to arrange for routine or emergency medical/surgical/dental care and treatment necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment rendered during this period. Initial: _____

I agree that I have read the entirety of this form, and certify that I understand its content. Initial: _____

I have been given a copy of the District Child Care handbook, as well as the 2020-2021 Fee Schedule. I understand my rights and obligations as a parent, and agree to the terms and conditions outlined by the program. In the event that I withdraw my child from the program, I agree to give the District Child Care Staff proper notice prior to doing so. I understand that failure to do so could result in additional fees being charged to my account. I agree to discuss the rules and regulations of the program with my child so that he/she understands the expectations of the child care program.

Parent/Guardian Signature

Date