# Cole R-1 After School Child Care Program

Child(ren)'s Name(s) ____________________________________________________________
Mother's Name __________________________________
Mother's Work Number__________________ Mother's Cell Number _________________
Father's Name ___________________________________
Father's Work Number __________________ Father's Cell Number __________________

**Emergency Contact Information (other than parents):**
Name _______________________________________________________
Relationship ___________________________
Home Number ______________________ Work Number ______________________
Cell Number ________________________

**Medical Information:**
Hospital Preference ____________________________________________________________
Insurance Company ____________________________________________________________
Policy Number ________________________________________________________________

**Persons Authorized For Pickup:**

1. ________________________________________________________________________
2. ________________________________________________________________________
3. ________________________________________________________________________
4. ________________________________________________________________________
5. ________________________________________________________________________
6. ________________________________________________________________________

**Days of Attendance**
**After Care Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____**
**All payments will be made by the 5th of each month or a $10.00 late fee will apply.**

**I further understand that there is no reduction in tuition for an emergency, vacation, illness or whenever my child is absent for any reason.**

**If I should decide to take my child out of the program, I will give a two week notice in writing to the director and I am responsible for paying for the two weeks.**

**I have read the above statement and agree to the terms listed above.**

**Child's/Children's Name(s) ______________________________________________________**
**Parent Signature ______________________________________ Date ______________________**