High Mount School District #116
Pre-K Extended Care
Information Form

Child's Full Name:_____ Nickname:_____

Address:_____ City:_____ State:____ Zip:_____

Telephone:_____ Birthday:_____ Sex: Male or Female

Father or guardians' name:_____ Home phone:_____

Address:_____ City:_____ State:_____ Zip:_____

Employer:_____ Address:_____ Phone:_____

Mother or guardian's name:_____ Home phone:_____

Address:_____ City:_____ State:_____ Zip:_____

Employer:_____ Address:_____ Phone:_____

I authorize the following adult(s) to pick up my child(ren) from the Pre-K extended care. **(Children will not be released to anyone not listed on this form).** Teenage children may not pick up siblings. Be sure to list yourself.

Parent/guardian:_____ Phone:_____ Relationship:_____

Parent/guardian:_____Phone:_____Relationship:_____

Name:_____Phone:_____Relationship:_____

Name:_____Phone:_____Relationship:_____

Name:_____Phone:_____Relationship:_____

Name:_____Phone:_____Relationship:_____

(OVER)

EMERGENCY MEDICAL INFORMATION

Student's Name:_____
Special health conditions of student: (seizure disorder, diabetes, allergic to stings, asthmatic, food allergies or dietary restrictions, restrictions to activities, etc.)

_____
_____

Medications:_____

Physician of choice:_____ Phone:_____

Dentist of choice:_____ Phone:_____

Hospital of choice:_____ Phone:_____

If you and the physician of choice, as indicated above, cannot be reached in an emergency and if in the judgment of the program authorities, immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician and accept the fees involved? YES__ NO___

_____ _____
Signature of parent/guardian Date

Attendance schedule

___ **AM Care:** Mon., Tues., Wed., Thurs., Fri.

___ **All-day Care:** Mon., Tues., Wed., Thurs., Fri.

___ **PM Care:** Mon., Tues., Wed., Thurs., Fri.
Please indicate above the days that your child will attend. These times will help the staff to prepare activities based on anticipated group size, and are not binding. Please note that pick up time is not to exceed 6:00p.m.. On days where changes are made in the normal routine, PLEASE SEND A NOTE OR CALL THE LATCHKEY STAFF.

The fee schedule is attached. Please indicate below if you will be paying the weekly price or the monthly price. Payments are due every Friday before the new week begins. Monthly payments are due the first of each month. Upon registering your child a $15.00 registration fee is due.
WEEKLY FEE_____ OR MONTHLY FEE____