

PreK & K Preliminary Registration Application

2008-2009

Uxbridge Extended Day Programs

Angeles Baldanza, Director

P.O. Box 307

North Uxbridge, MA 01538

1.

[] KINDERGARTEN CHILD CARE

[] PRE-SCHOOL CHILD CARE (4 YR OLD PRESCHOOL ONLY)

Submit with a \$45 (non-refundable) registration fee per family

Child's Name _____ (male/female) _____

Mailing Address: _____ zip: _____

Birth date: _____

Parent or Guardian #1 _____ Home Phone: _____
Parent/Guardian #1's Residential Address: _____ E-mail: _____
Parent/Guardian #1's Mailing Address _____
#1's Work Phone#: _____ ext.# _____ Place of Employment: _____
Please tell us what kind of work you do. _____ Cell phone#: _____

Parents: [] Married [] Separated [] Divorced [] Single [] Partners [] Restraining Order (must be attached)

Parent or Guardian #2 _____ Home Phone: _____
Parent/ Parent/Guardian #1's Residential Address: _____ E-mail: _____
Parent/Guardian #1's Mailing Address _____
#1's Work Phone#: _____ ext.# _____ Place of Employment: _____
Please tell us what kind of work you do. _____ Cell phone#: _____

Schedule

Table with 3 columns: Schedule Description, Days (M, T, W, TH, F), and Anticipated Arrival/Pick up Time. Rows include Breakfast Club, After PM K, Before and After full day K, Half-day, Half day plus (B & A 1/2 K or Pre-K), and Full Days for Pre-K on off days.

Only one change of schedule will be permitted after August 28th. Any further schedule changes will incur a \$25 change of schedule fee. All requests for change must be in writing, and cannot be guaranteed. Change in schedule may affect availability of care.

NO DROP-IN OR HOURLY CARE AVAILABLE.

Will siblings be attending? YES _____ NO _____ If yes, How many? _____ Do you receive DTA vouchers? Yes _____ NO _____

I give the Uxbridge Public Schools permission to keep my children at school for the days listed above. In the event that my schedule changes I will notify the director of the program in writing. I also understand that my child is expected to abide by the program rules during his/her time in the child care program.

Parent signature

date

You will be notified once your application is accepted and processed. Completed forms may be mailed to the address on the letterhead.

Authorizations and File Information for Child Care

Child's Name: _____ Birth date: _____

Names and Phone Numbers of possible pick-up persons: (please include anyone who you might anticipate using as a pick-up person--we will not release child to someone not on this list without written consent--not even if you call us up and ask). These names will also be used for emergency pick ups in case you can not be reached...

| Name | telephone # | relationship |
|-------|-------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you anticipate that your child will need to take medication during his time in child care? Yes No. If yes, please note that all necessary paperwork must be on file at their respective school before we can administer medication. No over the counter medication can be given by our staff. Depending on the type of medication, and the existing staff, it is not always possible to administer medication during child care hours. We recommend that medication plans be done in such a way as to limit medication administration to school hours when a nurse is in attendance. The director of child care and the school nurse will be happy to work with families in making these decisions.

.....
In order for your child to participate fully in the curriculum and activities of the child care program, it is necessary that you complete the section below-if you have questions regarding these releases, please feel free to call the office for clarification.

My Signature below allows Uxbridge Extended Day Programs to:

Take my child on local field trips. (Walking -well supervised.) _____

(Parent Signature)

Have photos taken for Newspaper press releases/classroom boards. _____

(Parent Signature)

Allow my child to work at a computer, which is equipped with access to the Internet.

(Parent Signature)

Have access to medical records on file with the school nurse. The State of Massachusetts requires that child care programs have a full medical and developmental history of children enrolled in the program.

(Parent Signature)

Transport child via automobile (by Child Care Director, Site coordinator, Principal, or school nurse) for safety reasons or to get them to another school. (E.g.: Power goes out and children need to be transported on a snow day to another school with power). Also to transport by Police car or Ambulance to nearest hospital or safe dwelling in **case of Emergency or because of unusual circumstance**.

(Parent Signature)

Administer basic first aid for minor accidents during child care. (CPR or First Aid certified staff only).

(Parent Signature)

Notes (please note any medical problems or special circumstances that the staff should be aware of): _____

