



# SUMMER REGISTRATION

<i>Staff Use Only</i>		
Site (circle):	Clear Creek	Poulsbo
Date Received:	_____	
Received by:	_____	
Group:	_____	

Child's First Name: _____	Last Name: _____
School: _____	Age: _____
Child Resides With: _____	Gender: _____ Birth Date: _____
Father/Guardian: _____	Home Phone: (____) _____
Address: _____	Cell Phone: _____
Employer: _____	Work Phone: _____
Mother/Guardian: _____	Home Phone: (____) _____
Address: _____	Cell Phone: _____
Employer: _____	Work Phone: _____

Additional persons authorized to pick-up child (*must be at least 18 years old; ADDRESS REQUIRED*)

Name	Full Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____

Persons RESTRICTED from picking up OR visiting (*please attach legal documentation if available*)

\_\_\_\_\_

Physician Name : _____	Date of Last Physical Exam: _____
Physician Address: _____	Phone: _____

Does your child have limitations, medical concerns, or behavioral concerns of which we should be aware?

\_\_\_\_\_

If any of the following apply, contact Main Office for specifications:

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ (*if administering on-site, additional forms required*)

**Participation Release:** I give permission to Martha & Mary to transport my child to and from the site on field trips and other activities (additional permission form to be signed day-of).

**First Aid:** I give Martha & Mary staff authorization to administer first aid and emergency treatment by a qualified staff member of Martha & Mary as necessary.

**Medical Treatment:** In the event I cannot be reached, I give Martha & Mary staff permission to obtain medical care for my child. I give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I will accept any expenses incurred.

**Photography:** I give permission for my child to be photographed while in care, and understand that Martha & Mary will attempt to receive my consent for any photos used for publicity purposes.

**Policy:** I acknowledge that I have received and read the parent information packet for the M&M Kids' Club and agree to abide by the policies stated therein.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> New Registration <input type="checkbox"/> Continued Enrollment <input type="checkbox"/> Full Registration Fee Paid <input type="checkbox"/> Complete Immunization Official Form <input type="checkbox"/> Sunscreen Received <p style="text-align: right;"><i>Office Use Only</i></p>
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Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child's Youth T-Shirt Size: \_\_\_\_\_ Summer Site: POULSBO CLEAR CREEK

**FINANCIAL AGREEMENT**

**Responsible Party:** I agree to pay the monthly Child Care fees no later than the 24<sup>th</sup> of each month of care. I understand a late fee of \$20 will be assessed if payment is not made on time. I understand that returned checks or drafts will be assessed a \$35 fee that will be added directly to my account. Accounts not made current by the last day of the month are in default. At that time, my child's enrollment will be suspended and child care will not be available until full payment is made (including late fees, drop-in fees, co-pays, and any other fees). Martha & Mary will not be responsible for unbalanced ledgers due to parent/guardian disputes. If a bill is paid by more than one party, the division of the fees is strictly the responsibility of the parties involved. A complete Fee Schedule has been supplied to me and I understand the costs involved.

Upon application, an advance payment of 50% of one month's tuition is required. This payment is applied to the first month's charges and is non-refundable if the child does not attend. Past due accounts bear interest in the amount of 12% per annum. Should the account be referred to an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and all collection expenses.

**Check one:**     **Private Pay**  
 **DSHS:** If receiving DSHS funding for Child Care, an award letter must be attached.  
                     DSHS Caseworker: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUMMER SUNSCREEN CONSENT**

Sunscreen is considered a medication and therefore needs proper parental authorization to administer on-site. We ask that all parents apply a coat of sunscreen to their child before dropping off at the school. We will apply a coat of sunscreen midday (or at a different time if the parent desires). Please complete below:

Type of Sunscreen Provided: \_\_\_\_\_

Duration Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Child is allowed to self-administer under staff supervision and help if necessary? \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note: Sunscreen must be labeled with your child's first and last name.  
 Siblings (unless in the same group) must have separate bottles of sunscreen.

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_