

# Winter Break Childcare Registration For Toddler – 8<sup>th</sup> Level Students

Available December 21, 22, 28 and 29 from 7:00am-5:00pm

*Payment Due With Registration Form*

*\$60/day for Toddlers*

*\$50/day for Primary & Elementary*

Please make check payable to **Anna Sitter** – return form/payment to Admin. Office

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **Circle Dates needed: 21 22 28 29**

Child's Name(1) \_\_\_\_\_ Room # \_\_\_\_\_

AGE \_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

Child's Name(2) \_\_\_\_\_ Room # \_\_\_\_\_

AGE \_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

Child's Name(3) \_\_\_\_\_ Room # \_\_\_\_\_

AGE \_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

Parent/Guardian Name (1) \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name (2) \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies? ☐ food ☐ environmental ☐ bee stings ☐ other

(please explain) \_\_\_\_\_

Medications your child takes regularly: \_\_\_\_\_

**Please list who, in addition to parents, are authorized to pick up your child during care:**

1. \_\_\_\_\_  
(Please print name) (Relationship to child) (Home #) (Cell #)

2. \_\_\_\_\_  
(Please print name) (Relationship to child) (Home #) (Cell #)

## EMERGENCY MEDICAL CARE:

**As parent / guardian, I authorize Emergency Medical Care.**

\_\_\_\_\_  
**Parent Signature - Required**