

EBCC at RAILROAD JUNCTION REGISTRATION FORM

Child's Name _____ Home Phone: _____
Address _____ City _____ Zip _____
Date of Birth _____ Sex _____
Other children in family _____ Age _____ Date of birth _____
_____ Age _____ Date of birth _____

Father's Name _____ Date of birth _____
Address _____ City _____ Zip _____
Employer _____ Work phone # _____
E-mail address _____ Cell/Pager # _____

Mother's Name _____ Date of birth _____
Address _____ City _____ Zip _____
Employer _____ Work Phone # _____
E-mail address _____ Cell/Pager # _____

Password: _____ You will be asked to give this password if you need to phone in that someone else is picking up your child(ren)

Child's Doctor _____ Phone # _____
Medical Insurance _____ Policy # _____
Child's Dentist: _____ Phone# _____

Would you like information regarding Child Health Plus? Yes No
Child's Home School _____ Grade _____

Persons to notify in case of emergency (other than parents):
1) Name _____ Relationship _____
Address _____ Phone # _____
2) Name _____ Relationship _____
Address _____ Phone # _____

Are these persons authorized to receive health information re: your child? Yes No

4 Digit door code: _____

Person(s) authorized to pick up (other than parents):

Are both parents allowed to pick up child/ren? (please specify) Yes No

I, we the undersigned hereby enroll my child/ren in the following program: Before/After School K-6 Summer Camp effective _____. My child/ren will attend Full Time or Part Time M T W TH F (please circle days of part time attendance). My child is enrolled as all inclusive or non-inclusive (please circle) It is understood that Railroad Junction assumes responsibility for my child's well being during those hours of care and will make every effort to contact the parent should any type of emergency or illness arise. I agree that in the case of accident or injury, emergency medical, dental and/or surgical care and transportation may be given in the event that I (or persons designated) cannot be reached. I release the center and its staff from any claim of liability or any cause of action with the exception of gross negligence arising from my child's use of and participation in the facilities, programs, and activities. It is further understood that parents assume all medical expenses.

A non-refundable deposit of the \$55.00 registration fee and the last week of tuition are due upon enrollment for before and after school programming. A non-refundable deposit of the \$30.00 registration fee and the first week of tuition are due upon enrollment for the summer camp program. I understand fees may increase with a minimum of two weeks notice.

I give consent for my child to take part in neighborhood walks away from the facility under proper supervision:

I agree to update emergency contact information as needed:

I acknowledge that I have received a copy of the Parent Handbook and Program Policies:

My signature acknowledges my understanding of, and agreement to said policies:

I give permission for my child(ren) to go on off-site fieldtrips:

I give permission for my child(ren) to be transported on the EBCC bus for said field trips:

I give permission for my child(ren) to swim in our in-ground pool as per policy:

I give consent that photographs of my child(ren) may be used in promotional materials such as brochures, newspaper releases and the password protected portion of our website:

I give consent to post center photos which may include my child(ren) on social media pages sponsored by EBCC at Railroad Junction:

(All persons responsible for child's care must sign each statement above) Date: _____

BACKGROUND INFORMATION

- 1. Does your child have any special learning or educational needs including speech, hearing or vision concerns? If yes please explain.**
- 2. Are there any medical concerns or medical dietary needs of which we should be made aware? Are these listed on the medical form?**
- 3. Does your child display any emotional fears, behavior difficulties or difficulties in dealing with others (peers or adults)?**
- 4. We will use Rochester General Hospital in case of emergency unless you choose for us to use a different hospital for your child. Please indicate your preference: _____**
- 5. How did you hear about Railroad Junction?**
- 6. Why did you choose our center?**