

SIBLINGS: NAMES



Childcare Service Application

DATE: _____

NAME OF CHILD: _____

NICKNAME: _____

ADDRESS: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

MOTHER'S PHONE: _____

FATHER'S PHONE: _____

EMERGENCY CONTACT INFORMATION & RELEASE PERSONS

NAME:	RELATIONSHIP:	PHONE:

CHILD'S ARRIVAL TIME:

CHILD'S DEPARTURE TIME:

SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE EXAMPLE: RECREATIONAL ACTIVITIES, INDOOR/OUTDOOR PLAY, SNACK, HOMEWORK HELP, MONTHLY THEMES.

\$50 DEPOSIT IS REQUIRED WITH CHILDCARE SERVICE APPLICATION

(HOUSEHOLDS THAT PARTICIPATE IN ELRC PROGRAM – PLEASE SEE THE DIRECTOR FOR THE ADJUSTED RATE)

CHILDCARE PAYMENTS CAN BE MADE AT OUR ADMINISTRATIVE OFFICE AT 2549 WEST 8TH STREET ERIE PA 16506 BY MAIL OR IN PERSON. ONLINE PAYMENTS CAN BE MADE AT www.schoolcafe.com

CHILDCARE HOURS AND FEES

- Morning childcare hours are 7:30-8:00am and the fee is \$3/Daily
 - Afternoon childcare hours are 3:00-5:00pm and the fee is \$5/Hourly
5:00-5:30pm and the fee is \$5/Daily
 - A late fee of \$20 will be applied if you pick up after 5:30pm.
 - At 6:00pm we are required to call the local authorities.
 - ALL FEES DUE UPON RECEIPT
- *Late fees must be paid immediately to continue services/3 late pick ups result in loss of services*

CHECK HERE IF YOU WOULD LIKE INVOICES EMAILED TO YOU.

EMAIL ADDRESS:

I, the Parent/Guardian:

Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.

SIGNATURE-CHILDCARE DIRECTOR

DATE

SIGNATURE-PARENT/GUARDIAN

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT/GUARDIAN

DATE