



# Enrollment Form

Start Date \_\_\_\_\_

|  |  |  |
|--|--|--|
| Child's Name:  | Child's Name:  | Child's Name:  |
| School My Child Attends:   | School My Child Attends:   | School My Child Attends:   |
| Teacher: RM#   | Teacher: RM#   | Teacher: RM#   |
| Grade: School Year:  | Grade: School Year:  | Grade: School Year:  |
| Birth Date: M or F   | Birth Date: M or F   | Birth Date: M or F   |
| <p>Does your child require extra services due to an Individualized Educational Plan (IEP)? ____YES ____NO<br/>If yes, please explain below</p> <p>Any other pertinent information about your child; behavioral and/ or health concerns such as allergies, medications your child takes at school, or home? ____YES ____NO<br/>If yes, please explain below</p> | <p>Does your child require extra services due to an Individualized Educational Plan (IEP)? ____YES ____NO<br/>If yes, please explain below</p> <p>Any other pertinent information about your child; behavioral and/ or health concerns such as allergies, medications your child takes at school, or home? ____YES ____NO<br/>If yes, please explain below</p> | <p>Does your child require extra services due to an Individualized Educational Plan (IEP)? ____YES ____NO<br/>If yes, please explain below</p> <p>Any other pertinent information about your child; behavioral and/ or health concerns such as allergies, medications your child takes at school, or home? ____YES ____NO<br/>If yes, please explain below</p> |

## Child's Daily Schedule

**School Year:** \_\_\_\_ Before School \_\_\_\_ After School \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F  
 \_\_\_\_ All-Day Care (When school is closed) \_\_\_\_ Early Dismissal

## Summer Program:

All-Day Care: \_\_\_\_ Full-Time (4-5 Days) \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F  
 \_\_\_\_ Part-Time (1-3 Days) \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F

Must give a 1 week notice to change from full-time to part-time.  
 If your child will not attend on a scheduled day, please call or email Rockin' Tiger Club

|                    |                    |
|--------------------|--------------------|
| Mother's Name:     | Father's Name:     |
| Home Address:      | Home Address:      |
| Home Phone:        | Home Phone:        |
| Cell Phone:        | Cell Phone:        |
| Work Phone:        | Work Phone:        |
| Employer:          | Employer:          |
| Date of Birth:     | Date of Birth:     |
| Driver's License # | Driver's License # |
| E-Mail:            | E-Mail:            |

Child/children live with: \_\_\_\_\_ Mother \_\_\_\_\_ Father Other: \_\_\_\_\_

**Sponsors (people) authorized to take your child from RTC or call in an emergency (other than parent/guardian)**

|               |               |               |
|---------------|---------------|---------------|
| Name:         | Name:         | Name:         |
| Relationship: | Relationship: | Relationship: |
| Home Phone:   | Home Phone:   | Home Phone:   |
| Cell Phone:   | Cell Phone:   | Cell Phone:   |
| Work Phone:   | Work Phone:   | Work Phone:   |

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

First Aid: I permit for Rockin' Tiger Club Staff to administer first aid to my child. \_\_\_\_\_ YES \_\_\_\_\_ NO

PG Movies: I permit my child to watch PG movies at Rockin' Tiger Club. \_\_\_\_\_ YES \_\_\_\_\_ NO

Photo Release: I permit for my child's picture to be taken for ID, activities, web site. \_\_\_\_\_ YES \_\_\_\_\_ NO

Field Trip: I permit my child to participate in Rockin' Tiger Club field trips. \_\_\_\_\_ YES \_\_\_\_\_ NO

Other Sponsors (people) besides parents or guardians RTC can share information about your child?

I have received and reviewed a copy of the Rockin' Tiger Club handbook that contains information about admission, care, financial policies, and release of children. I understand that the policies and procedures are designed for the well-being and safety of the children participating. I understand that Rockin' Tiger Club reserves the right to terminate services if safety issues by my child are not met or policies and procedures outlined in the Parent Handbook are not followed.

I understand Rockin' Tiger Club Staff will notify me if my child is involved in an accident or illness that could require medical care. I will arrange for medical care with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, I authorize the Rockin' Tiger Club staff to contact emergency personnel. In the event of a severe injury or medical emergency, emergency personnel will be contacted immediately. I/We hereby grant permission to the attending physician and/or other medical care providers, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and wellbeing of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization and/or medical transportation. I understand that I am financially responsible for all medical costs for my child. If my child is ill at the time of arrival at Rockin' Tiger Club, I understand that he/she may not be accepted for care.

\_\_\_\_\_  
Parent/Legal Guardian Signature

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