



# Enrollment Form

**Start Date:**

<b>Child's Name:</b>	<b>Child's Name:</b>	<b>Child's Name:</b>
School My child attends:	School My child attends:	School My child attends:
Teacher: RM#	Teacher: RM#	Teacher: RM#
Grade: Year:	Grade: Year:	Grade: Year:
Birth Date: Sex:	Birth Date: Sex:	Birth Date: Sex:
Does your child require extra services due to an Individualized Education Plan (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below)	Does your child require extra services due to an Individualized Education Plan (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below)	Does your child require extra services due to an Individualized Education Plan (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below)
Does your child have any behavioral and/or health concerns; <i>allergies, medications the child is taking or any other pertinent information?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below)	Does your child have any behavioral and/or health concerns; <i>allergies, medications the child is taking or any other pertinent information?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below)	Does your child have any behavioral and/or health concerns; <i>allergies, medications the child is taking or any other pertinent information?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain below)

## Child's Schedule

During the school year, my child will attend:

Before School  After School  M  T  W  Th  F

Scheduled Drop In  All-Day Care (When school is closed)  Early Dismiss

During the summer, my child will attend:

All-day Care (must give 1 weeks' notice to switch from full-time to part-time)

Full-Time (4-5 Days)  M  T  W  Th  F

Part-Time (1-3 Days)  M  T  W  Th  F

Mother's Name	Father's Name
Home Address	Home Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Employer & Hours	Employer & Hours
Date of Birth:	Date of Birth:
Dr. License #	Dr. License #
E-Mail	E-Mail

**Child lives with:** \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other: \_\_\_\_\_

**Persons authorized to take my child from program or be called 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 give permission for Rockin' Tiger Staff to administer first aid to my child. \_\_\_\_\_ YES \_\_\_\_\_ NO

**PG Movie:** I give permission for my child to watch PG movies during Rockin' Tiger Club \_\_\_\_\_ YES \_\_\_\_\_ NO

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

**Field Trip:** I give permission for my child to participate in Rockin' Tiger Club Trips. \_\_\_\_\_ YES \_\_\_\_\_ NO

**Other people besides parents/guardian we may share information about your child with:** \_\_\_\_\_

I have received and reviewed a copy of the Rockin' Tiger Club handbook pertaining to admission, care, financial policies, and discharge of children. I understand that the policies and procedures are designed for the wellbeing and safety of the children participating. I understand that Rockin' Tiger Club reserves the right to terminate services in the event that safety issues by my child are not met or policies and procedures outlined in the Parent Handbook are not followed.

I understand RTC Staff will notify me if my child is involved in an accident or illness that could require medical care. I will arrange for the medical care with the physician or hospital of my choice. If I can't be reached to make necessary arrangements, I authorize the Rockin' Tiger Club program to contact emergency personnel. In the event of a severe emergency, emergency personnel will be notified 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 financial responsible for all medical cost for my child. If my child is ill at time of arrival to the Rockin' Tiger Club program, I understand that he/she may not be accepted for care.

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

\_\_\_\_\_  
**Date**