

**WINTER BREAK DAYS**  
**December 23, 26, 27, 30, 2013 and January 2, & 3, 2014**  
**Non-Program Students Registration Form**

Dear Parents/Guardians,

There will be no school for students on December 23, 26, 27, 30, 2013, and January 2 and 3, 2014. However, the Children's Center will be open to care for children ages 2-1/2 through 6<sup>th</sup> grade. Care will be provided for all children at the Children's Center.

**NEW POLICY CHANGES**

Due to staffing requirements and student safety, the following policy changes are necessary and in effect:

- **In order to get the Early Bird rate, registration and payment must be submitted by December 16.**
- Registrations and payments submitted after December 16 will not be eligible for the Early Bird discount, and will cost \$5 more per day.
- **Registrations will be taken on a space available basis. If registering after December 16, there will be a 3 day waiting period prior to care.** This is so that we can have a complete and accurate list of students and emergency information accessible to us during the Winter Break Days. Last minute registrations do not allow us time to process and provide this crucial information to our staff.
- The registration form and payment must be in the Children's Center office before your child is officially registered.

**NO LUNCHES SERVED**

Please send a sack lunch with your child.  
***One form per student, please.***

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\$6.50 per hour, minimum 3 hours per day, or 7 or more hours - \$45.00 per day.**

December 23 (Mon.) \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_ hours X 6.50 = \_\_\_\_\_ OR 7 or more hrs - \$45 \_\_\_\_\_

December 26 (Thurs.) \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_ hours X 6.50 = \_\_\_\_\_ OR 7 or more hrs. - \$45 \_\_\_\_\_

December 27 (Fri.) \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_ hours X 6.50 = \_\_\_\_\_ OR 7 or more hrs. - \$45 \_\_\_\_\_

December 30 (Mon.) \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_ hours X 6.50 = \_\_\_\_\_ OR 7 or more hrs. - \$45 \_\_\_\_\_

January 2 (Thurs) \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_ hours X 6.50 = \_\_\_\_\_ OR 7 or more hrs. - \$45 \_\_\_\_\_

January 3 (Fri) \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_ hours X 6.50 = \_\_\_\_\_ OR 7 or more hrs. - \$45 \_\_\_\_\_

**Additional \$5 per day if registering late AFTER December 16 .**

**TOTAL DUE: \$ \_\_\_\_\_**

PLEASE COMPLETE INFORMATION ON NEXT PAGE.

**Shoreline Children's Center  
and Extended Day Program  
Emergency Card**

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: MALE or FEMALE  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Center/School \_\_\_\_\_ Grade In/Entering \_\_\_\_\_ Photo Permission: YES or NO

**GUARDIAN INFORMATION**

Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship to Child _____	Relationship to Child _____
Address _____	Address _____
City/Zip _____	City/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Place of Employment _____	Place of Employment _____
Email _____	Email _____

**PEOPLE AUTHORIZED TO PICK UP CHILD**

Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____

**Under no circumstances will your child be released to anyone else without written authorization from parent/guardian.**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

***HEALTH ALERT / MEDICATION INFORMATION / CRITICAL ALERT***

Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

I verify that current immunization status is on file at the Center/School \_\_\_\_\_  
**Parent/Guardian Signature**

In case of an emergency, when parent/guardian cannot be reached, school personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**