



OFFICE USE ONLY: Amount Paid _____ Check# _____ Date _____ Placement _____

LCS Fall Child Care Registration Form

Please return this form with a \$40.00 non-refundable registration fee per child (Annual August - June)

Today's Date: _____ / _____ / _____ School Child Attends: _____

Name of Child: _____ Date of Birth: _____ / _____ / _____

Street Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ New Family Renewal

Name of Parents/Guardians: _____ (Mother) Work Phone: (____) _____ - _____

Name of Parents/Guardians: _____ (Father) Work Phone: (____) _____ - _____

Siblings attending Kids & Company at another site: Name: _____ Site: _____

How did you hear about our programs: internet newspaper phonebook school friend other _____

Schedule Information

Wee-Kids and KinderKids are open Monday-Friday 6:30 AM - 6:00 PM.
Big Kids sites are open 6:30 AM until school begins and after school until 6:00 PM.
Summer sites are open 6:30 AM - 6:00 PM — Separate registration is required for summer.

Please indicate days and hours child care is needed:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Site requested for care: _____ Date requesting entrance: _____

Please indicate any special circumstances regarding transportation: _____

According to Michigan Department of Human Service regulations, the parent or guardian of a child enrolled in a before-school and/or after-school program must sign a statement verifying that their child is in good health and able to participate in program activities unless otherwise specified.

If you have any questions, concerns, or request more confidentiality of information, please contact Lapeer Community Schools Monday through Friday from 9:00 AM until 3:00 PM at 250 Second Street in Lapeer, or by phone at (810) 667-2401.

This is to verify that to the best of my knowledge my child _____ is in good health. I will inform the child care supervisor or any accidents, illness, health restrictions, allergies or medications my child is taking.

Parent/Guardian Signature: _____ Date: _____

***Please indicate and health concern that you feel your child's supervisor would be aware of:**

- Diabetes/Hypoglycemia
 Orthopedic
 Convulsive Disorder
 Cardiac
 Permanent Vision Problems
 Allergies
 Permanent Hearing Problems
 Other (list) _____

Parent comment on special need or additional health information: _____
