

**RSU #38 - Readfield Elementary School After School Childcare**

84 South Road, Readfield, ME 04355

School phone # (207) 685-4406 daycare ext. 1319, FAX # (207) 685-5521

Program Director – Nancy Moorman – home phone 685-4151

Email: [nancy\\_moorman@maranacook.org](mailto:nancy_moorman@maranacook.org) or [resdaycare@gmail.com](mailto:resdaycare@gmail.com)

**Program Enrollment Form - School Year 2016- 2017**

Date: \_\_\_\_\_ First date of attendance: \_\_\_\_\_ Bus # \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's teacher: \_\_\_\_\_ grade \_\_\_\_\_

Weekly schedule: Please circle anticipated days of attendance: **M T W T H F**

**Other** \_\_\_\_\_ or **Occasional** (with prior notification)

Please indicate if you are interested in daycare on scheduled district half days: yes no

**Parent / Guardian (s):** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

Please print clearly (For notes and billing every two weeks)

Name of business: (Parent #1) \_\_\_\_\_ work phone: \_\_\_\_\_

Name of business: (Parent #2) \_\_\_\_\_ work phone: \_\_\_\_\_

PERSONS AUTHORIZED TO PICK-UP YOUR CHILD: (any changes in this list must be received in writing)

\_\_\_\_\_  
\_\_\_\_\_

**Be sure to fill out side two and return to this form to RES with the refundable deposit of \$100.00 to reserve space for your child.**

**A NEW APPLICATION IS NEEDED for Each child EACH school YEAR before they stay for the RES After School Child Care. We need the correct information on file to help insure your child's safety and to be able to reach you in case of an emergency.**

EMERGENCY NUMBERS: Please give the name, address and phone numbers of two people that may be notified in case of an emergency or illness, when parent or guardian can not be reached.

Name, address & relationship to child: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Name, address & relationship to child: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any food or other allergies or other health problems that may require attention while in daycare? Yes / No Please list situation and special instructions to deal with it: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs that would keep them from participating in activities with a group of other children? Yes / No If yes, what would your child need to enable them to participate?  
\_\_\_\_\_

Is there any other information you would like to give us about your child to help us better care for your child? \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY MEDICAL RELEASE: If emergency medical care is deemed necessary and I can't be reached, I authorize the Readfield After School Child Care Program staff to act in my behalf in granting permission for my child to receive emergency treatment.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group Policy # or Medicare # \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL AGREEMENT: I agree to pay \$9.00 per day for regular days and \$15.00 for extended days (scheduled half days of school when child care open 11:45 to 5:30) for my child to attend the After School Child Care Program at Readfield Elementary School. I agree to pay the above listed fees for the days my child attends during school 2016 - 2017 year.**

**I will pay: weekly or every two weeks (circle one)**

**If I have any difficulty paying my daycare bill, I will ask for a meeting with the director and/or the principal to discuss this issue. If arrangements are not made to pay the bill, we must deny child care service.**

**Signature(s) of parent or guardians responsible for the child care bill:** \_\_\_\_\_  
**Date:** \_\_\_\_\_