



OFFICE USE ONLY: Amount Paid _____ Check# _____ Date _____ Placement _____
 Regularly Scheduled LCS Employee: YES NO Position _____ Building _____

LCS Child Care Registration Form

Please return this form with a \$50.00 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: (____) ____-____ Email: _____

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*

*Annual Registration is required. *Monthly Schedules are required.

Wee-Kids 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.

Attending First Day of School? Yes No Requested Start Date: _____

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: _____

OFFICE USE ONLY - Tentative Schedule: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Office Copy Bus Copy * Site Copy