

**Little Lambs Extended Care
Kids Klub 1st-5th Grade
Before and After School Care**

Registration Form
25519 W. Hwy 134 Ste. B
Ingleside, IL 60041
847-546-1044
[email tys1044@sbcglobal.net](mailto:tys1044@sbcglobal.net)

Please fill out the form completely and accurately. It is your responsibility to notify us immediately of any changes that need to be made on the form or any other form.

Child's Name: _____ Sex: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Parents Marital Status: _____

Mother's Name: _____ Father: _____

Stepmother: _____ Stepfather: _____

Legal Guardian if other than parent: _____

Mother's Employer: _____ Working Hours: _____

Work Phone: _____ Cell Phone: _____

Father's Employer: _____ Working Hours: _____

Work Phone: _____ Cell Phone: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor/Clinic Name: _____ Phone: _____

SCHOOL AGE HISTORY

Child's Name: _____ School: _____ Grade: _____

Has your child ever been enrolled in any type of Special Education or Special Interest Program? _____
Explain: _____

How would you rate your child in relation to his school experience:
Successful/Enjoyable _____ Difficult/Troubled _____
Comments: _____

Does your child spend time with both parents? _____
If separated, how often does child see absent parent? _____

Has your child participated in any group situations outside of school? _____
Scouts _____ Camp _____ Day Care _____ Other: _____

How do you feel your child will function in a group? _____

Do you anticipate any special needs? _____

How does your child express his/her feelings? _____

What do you feel the best method is to discipline your child? _____

Members of household and relationship to child:

Additional comments/concerns: _____

TUITION AGREEMENT

I, the parent or legal guardian, understand that I am responsible for all program costs for the type of care selected. *I understand that tuition is due each week during the school year regardless of my child's attendance. I understand that if I withdraw my child from the program, I must give a two week's notice in writing in order to apply my security deposit towards my child's last week of the program. Trinity Youth Services will not issue any refunds or credits for illness, absence, vacation, holidays or security deposits.

Child's Name: _____ Grade: _____ School: _____

Program: BEFORE SCHOOL AFTER SCHOOL MIDDAY

Free Week: yes no Vacation Included: yes no

Registration	Activity	Sheet Fee	Security	Key Card	Total Due

Weekly Tuition: _____

*I understand that if my child is enrolled in a 4-5 day program with vacation days included, I receive one free week of care to be used during the current school year. I understand that I must notify the Business Manager when I want to use my free week of care.

I understand that weekly tuition costs cover care starting on the first day of the school year and ending with the last day of school. Full weekly tuition is due for both the first and last week of school even if school is not in session for the full week.

I understand that if my child is enrolled in a part-time program or a full-time program that does not include vacation care, I may still receive care for my child on vacation days at a rate of \$35.00/day, on half days at a rate of \$25.00/day. I understand that fees for care on vacation days, half days and snow days are *in addition* to my regular weekly tuition even if a vacation day, half day, or snow day falls on a day that my child regularly attends the program.

I understand that if I default on my weekly tuition payments my child may not return to the program the following week until my account balance is paid in full. I understand that if I withdraw my child without notice, or my child is dismissed from the program mid-week, I will not receive reimbursement for days missed nor will I receive a refund on my security deposit. I understand that I must notify the Director or Business Manager in writing of any changes in my child's care needs.

Parent Print Name: _____ Date: _____

Parent Signature: _____

ARRIVAL AND DEPARTURE PLAN

Child's Name: _____

School: _____ Grade: _____ Teacher: _____

From Center to School:

Arrival at Center from Home: _____

Departure from Center to School: _____

From School to Center:

Arrival at Center from School: _____

Pick-up Time: _____

This form must be updated yearly. The parent is responsible for informing the Center in writing of any changes to this plan.

Parent/Guardian Signature

Date

PG MOVIE PERMISSION FORM

Every Friday we enjoy "Friday Movie Day" as part of our end of the week celebration. We show a G or PG movie and serve popcorn to all ages. If you choose not to let your child watch a PG movie, he/she will be given an alternate quiet activity. He/she will still be in view and earshot of the movie being played. We will never show a PG-13 movie. Please indicated below if your child does or does not have permission to watch a rated PG movie.

I give my child _____ permission to watch a PG movie at Trinity.

I do not give my child _____ permission to watch a PG movie at Trinity.

Parent/Guardian Signature

Date