

Mirror Lakes Panther Paw Kids Club Registration Form

2023-2024

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| <p style="text-align: center;">Welcome to Mirror Lakes!</p> <p style="text-align: center;">Program Hours: 6:00 AM - 6:00 PM</p> <p style="text-align: center;">Registration fee \$25 (1 Child) or \$40 (Family)</p> <p style="text-align: center;">*a separate application is required for each child</p> | <p style="text-align: center;">Office Use</p> <p>Non-refundable Registration date: _____</p> <p style="text-align: right;">Amount paid: _____</p> <p>Credit Card _____ Cash _____ Money Order _____</p> <p>Verified by: _____</p> |
| <p>Child's Name: _____ Age _____ Grade _____ DOB _____</p> <p>Address: _____</p> <p>Child lives with: mother _____ father _____ both parents _____ other (List) _____</p> <p>Are there custody restrictions we should be aware of? Yes _____ No _____</p> | |
| <p>Mother's Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone 1: _____</p> <p>Phone 2: _____</p> <p>Phone 3: _____</p> | <p>Father's Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone 1: _____</p> <p>Phone 2: _____</p> <p>Phone 3: _____</p> |
| <p>If there are custody restrictions please complete: The most recent copy of legal custody documents must be provided to the MLE office.</p> <p>List pick-up schedule per legal agreement</p> <p>Mon. _____</p> <p>Tues. _____</p> <p>Wed. _____</p> <p>Thurs. _____</p> <p>Fri. _____</p> | <p>Medical Information:</p> <p>All medications must have a doctor's written order form and parent consent form provided to the MLE office. Medication must be kept in the original prescription bottle/packaging, and brought in by the parent.</p> <p>Severe allergies _____ Med. _____</p> <p>List: _____</p> <p>ADD/ADHD _____</p> <p>Med. _____</p> <p>Asthma _____ Med. _____</p> <p>Diabetes _____ Med. _____</p> <p>Seizures _____ Med. _____</p> <p>Heart Disease _____ Med. _____</p> <p>Hearing Loss _____</p> <p>Med. _____</p> <p>Other: _____</p> <p>Restrictions:</p> <p>Doctor's Name: _____</p> <p>Phone: _____</p> <p>Parent Signature: _____</p> |
| <p>List the names of those who have permission to pick up your child in the event the names listed above cannot be reached. Legal identification is required.</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Name: _____</p> <p>Phone: _____</p> | |

Parent's Statement: I accept responsibility for notifying the school daycare program of any changes of home or business address or phone number or any change in health status of my child. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in daycare, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached. These persons have permission to transport my child. I understand that certain of my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that certain of my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access. I understand that the information on this form will be the official student directory information.

Parent or Guardian Signature: _____ Date: _____

Please complete reverse side

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Before & After School Program Weekly Attendance Intent:

Payment for each week is due the **Friday** prior to the week of attendance.

Check days that apply:

AM ☐ Monday
 ☐ Tuesday
 ☐ Wednesday
 ☐ Thursday
 ☐ Friday

PM ☐ Monday
 ☐ Tuesday
 ☐ Wednesday
 ☐ Thursday
 ☐ Friday

Program Information: 6:30 AM - 6:00 PM

Please initial to indicate you have read and understand the information provided in the program guidelines:

- ☐ I understand the program ends at 6:00 PM. Students picked up late will be charged a charge of \$1.00 per minute It begin at 6:05 PM.
- ☐ 5 late pick-ups, early drop-offs or combination will result in termination from the program.
- ☐ Payment for each week is due by the Friday ***prior** to the week of attendance. Failure to remit payment will result in non-attendance.
- ☐ My child has my permission to watch G & PG movies.
- ☐ Cell phone and electronic device use is **NOT** permitted at the designated times set by the Program Directors. Mirror Lakes Elementary, its representatives and the staff of the MLE Panther Paw Club are not responsible for lost, stolen, or damaged items.
- ☐ I have read the program guidelines and behavior policies and understand my child may be dismissed for repeated behavioral concerns.
- ☐ I have completed and turned in both the parent permission and doctor permission for medication during program hours. (If applicable)
- ☐ I understand the Mirror Lakes Elementary Panther Paw Club or the school is not responsible for any medical expenses incurred from any injury in the event of an accident.
- ☐ Forms of payment accepted: Cash, Money Order, Debit/Credit accepted: Visa, MasterCard, Discover and American Express.

***There will be a \$20.00 late fee charged to all accounts not paid in full on the Friday prior to the following week of student attendance.**

****Consistent late or non-payment of fees will result in the suspension of services****

Parent Signature: _____ Printed name: _____