

PANTHER PAWS
REGISTRATION

Child's Name: _____ Grade: _____ Gender: Male / Female

Address: _____ Date of Birth: _____
Age: _____ Start Date: _____

Mother's Name: _____ Home #: _____
Place of Work: _____ Employer's #: _____

Mother's Cell #: _____ Father's Cell #: _____

Father's Name: _____ Home #: _____
Place of Work: _____ Employer's #: _____

E-mail address for payment receipts: _____

If yes, please explain: _____

Selections and Fees

Mornings & Afternoons-----\$75.00
Full Time-----\$55.00
Part Time -----\$40.00
Multi-Child Discount-----\$5.00
Late Pick-up-----\$1.00/min/child
Late Payment-----\$5.00

I understand that payments are due every Friday for the following week. I must give one week notice before dropping my child from Panther Paws. My child has permission to participate in Panther Paws.

Parent/Guardian (print): _____
Parent/Guardian Signature: _____
Date: _____

THE PANTHER PAWS
STUDENT INFORMATION FORM

Child's Full Name: _____ Grade: _____
Address: _____ Date of Birth: _____
Age: _____ Gender: M / F

Mother Information:

Mother's Name: _____
Address: _____
Phone: Home: _____ Cell: _____ Work: _____
Place of Work: _____ Work Hours: _____
Work Address: _____

Father Information:

Father's Name: _____
Address: _____
Phone: Home: _____ Cell: _____ Work: _____
Place of Work: _____ Work Hours: _____
Work Address: _____

If parents are divorced, who is Custodial Parent? _____

*If there are special circumstances involving visitation and pick up rights, you must provide the Director with legal documentation.

Emergency Information:

In the case of emergency, after attempting the above number, please list the name of a responsible person who is authorized to act for the parent in the event of an emergency.

Name: _____ Relationship: _____
Home Address: _____ Home #: _____
Cell #: _____
Work Address: _____ Work #: _____

Other than those already listed, who may pick up your child? (Must be 18 yrs old) Please fill out all three!!

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Does your child have any ALLERGIES/MEDICAL CONDITIONS that we should be aware of? If so, please explain: Yes No

Please check that applies to your child:

- | | |
|--|---|
| <input type="checkbox"/> Allergies or reactions to medication or insects | <input type="checkbox"/> Ever passed out during or after exercise |
| <input type="checkbox"/> Speech or hearing problem | <input type="checkbox"/> Ever dizzy during or after exercise |
| <input type="checkbox"/> Wear glasses, contacts or protective eyewear | <input type="checkbox"/> Ever had chest pain during or after exercise |
| <input type="checkbox"/> Hemophiliac (free bleeder) | <input type="checkbox"/> Ever had seizures |
| <input type="checkbox"/> Tubes in his/her ears | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Chronic or recurring illness/condition | <input type="checkbox"/> Ever been diagnosed with a heart murmur |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Any skin problems (itching, rash, acne) |
| <input type="checkbox"/> Ever had a head injury | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ever been knocked unconscious | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> An eating disorder |
| <input type="checkbox"/> Bladder/stomach problems | |

If any applies to your child listed above, please explain: _____

Does your child have any special problems not indicated above? Yes No
If yes, please explain: _____

Are there any special instructions that we must know about to care for your child? If yes, please explain: _____

Does your child take any medication daily, and what is it for? _____

Has your child been hospitalized/surgery? If so, what hospital and what happened? _____

Your child's immunization records are on file at _____ School
When was your child's last doctor visit? _____

Child's Insurance/Medical Information: (Required)

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Physician's Name: _____ Phone #: _____
Address: _____ Hospital of Choice: _____
Insurance Coverage: _____ Phone #: _____
Name of Insured: _____ Phone #: _____
Parent/Guardian Name: (print) _____
Parent/Guardian Signature: _____ **Date:** _____

MEDICAL CONSENT FORM

Doctor's Name: _____ Phone #: _____

Address: _____ Hospital of Choice: _____

Medical Problems/Allergies: _____

I authorize Panther Paws to seek hospital emergency care and/or medical treatment as needed.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

MEDIA COVERAGE PERMISSION FORM

It is a practice of our school to recognize the accomplishments of our students by putting their name in the paper or their picture in the paper for accomplishments. Please sign below if you give permission for your child to be included in media coverage.

I give permission for my child's name or photograph to be in the newspaper for academic or other accomplishments.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



WARNING/DISMISSAL FROM DAYCARE

The focus of our childcare program is to provide a safe, wholesome and enriching after school environment for your child. Therefore, it is necessary that all students obey and follow the rules as set forth by the program director. An incident log listing all infractions will be kept on file. If your child continues to exhibit inappropriate behavior, the following action will be taken:

1st Disciplinary Action:

He/She will receive a warning and a letter will be sent home.

2nd Disciplinary Action:

A meeting with parents and director will be held.

3rd Disciplinary Action:

He/She will be suspended or dismissed from the program depending on the severity of the incident. Mrs. Gilman (Principal) will be notified.

I have read the policy and I understand the disciplinary actions if my child exhibits inappropriate behavior.

Student Name: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Panther Paws PARENT ACKNOWLEDGMENT/ AGREEMENT FORM

Date: _____

(Please initial beside each statement)

- _____ 1. I have received the parent handbook and agree to abide by the rules.
- _____ 2. I understand that if school closes early due to inclement weather, Panther Paws will close 2 hours after school dismissal.
- _____ 3. I agree to come inside the building to sign child/children out every day.
- _____ 4. I agree to pick my child up by 6:00pm or I will call and make other arrangements when I see I may be late.
- _____ 5. I agree to pay \$1.00 per minute per child until 6:05 pm and at which time I agree to pay \$5.00 per minute per child until picked up.
- _____ 6. I agree to pick my child up due to illness.
- _____ 7. I agree to the sick child policy. (fever and/or vomit free 24hrs before returning.)
- _____ 8. I agree to keep my weekly fees current.
- _____ 9. I agree to pay a late fee of \$5.00 per week, when I don't pay my fees on time.
- _____ 10. I understand that my child could lose their spot due to late payments and pick-ups.
- _____ 11. I understand that if payment is NOT made, it will be turned over to collections.
- _____ 12. I understand the behavior policy set forth by Panther Paws and do understand that my child may be suspended if unacceptable behavior is present any time in the program with no refund of weekly fees.
- _____ 13. I must give a written one week notice to Panther Paws director, should my child not be returning to the program. If I don't, I understand that I will be responsible in paying the weekly fee until notice is received.
- _____ 14. I give permission for my child to watch G/PG rated movies.
- _____ 15. I have received a copy of The Summary of Child Care Approval Requirements and Child Abuse Awareness.
- _____ 16. **Children will not be released to anyone with suspicious behavior or suspected under the influence. *Another person from your pick up list will be notified.**