



Juniper Ridge Community School  
Before and After Care Application

Student Information				
<b>Date of Enrollment:</b>				
Last Name	First Name		Middle Name	
Date of Birth (MM/DD/YYYY)	Gender M___ F___	Grade (2016-2017)		
Please Select				
<input type="checkbox"/> Before care drop-off 7:00am <input type="checkbox"/> After care pick-up before 5:30pm <i>Attendance to Before and After Care is at the discretion of Parent/Guardian. Drop-ins are permitted provided all paperwork has been completed and turned in. All fees will be paid one month in advance on or before the first school day of the month, Drop-ins will be paid at time of service. Any unused days will be credited to the following month, credits limited to 5 days.</i>				
<u>Special instructions on contacting parent/guardian during Before/After care hours:</u>				
Parent/Guardian Information				
Last Name	First name	Relationship		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email Address		
Employer		Work Phone		
Last Name	First name	Relationship		
Home Address		City	State	Zip
Home Phone	Cell Phone	Email Address		
Employer		Work Phone		



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Is there a legal custody agreement? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, you must provide a copy of custody agreement)

Authorization for Emergency Medical Care

I give my permission to staff to call for medical or surgical care for my child should an emergency arise. It is understood that conscious effort will be made to locate me before emergency action will be taken, but if this is not possible, I will accept responsibility for the expenses of emergency treatment or care.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Permission to Apply Sunscreen

I give my permission for my child to apply sunscreen, supervised, as needed. I also understand that if my child needs a specific type of sunscreen I will furnish it for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Photo Release

I give permission for my child's photo be released for promotion of the Before and After care Enrichment program or for newsletter purposes. Yes \_\_\_\_\_ No \_\_\_\_\_

*Before and After care schedule is based on free play, arts and crafts, outside play and reading/story time, If you wish to exclude your child from any of our activities please speak with our staff and they can provide you with a waiver.*

Medical History

\_\_\_\_\_ My child has no medical concerns and will not require medication to be available.

\_\_\_\_\_ My child does have a medical concern and will require medication to be available during program times. Please make sure to fill out necessary forms and permissions. NO medications will be given if the proper forms are not on file. Examples may include: epi-pens, inhalers, oral medications, or diabetic supplies.

Is there any health related information or accommodations that we need to be aware of that would affect your child during Before or After care?

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_  
\_\_\_\_\_



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Emergency Contact Information			
Last Name	First name	Relationship	
Home Phone	Cell Phone	Email Address	
Address		City	State      Zip
Last Name	First Name	Relationship	
Home Phone	Cell Phone	Email Address	
Address		City	State      Zip
<b>Does anyone else have permission to pick up your child from Before and After Care?</b> <small>(Please be aware they will be asked to show a photo ID before signing your child out)</small>			
Name _____		Phone _____	
Name _____		Phone _____	
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I attest that the information provided is true to the best of my knowledge. I understand that parents will be asked to show a photo ID to pick up their child for the first few times or until the teacher can verify your identity without an ID.

Parent/Guardian Signature \_\_\_\_\_

**Electronic Agreement:**

**By signing this Electronic Signature statement, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature.**

**By signing below, I accept the conditions of this agreement**

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date