

**The Tiger Care Before and After Program
Preschool Wrap Around Program
2018/2019 Registration Form**

Child's Name _____ Home Phone _____

Grade as of Sept. 2018 _____ DOB _____

Home Address _____

City, State, Zip Code _____

Mother's Name _____ Email _____

Business Phone Number _____ Cell Phone Number _____

Father's Name _____

Business Phone Number _____ Cell Phone Number _____

Custody Schedule (if applicable): _____

If there is a court order restricting visitation/pick up, a copy must be provided to the administration by state law and district policy.

PLEASE LIST KNOWN ALLERGIES AND MEDICATIONS

**REGISTRATION FEE \$ 50.00 TO BE INCLUDED IN FIRST MONTH PAYMENT
(Per Family) Check Program(s) Requested and List Days**

Before School Program

	1 Day	2 Days	3 Days	4 Days	5 Days
	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130
Less than 5 days per week – (check days)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

After School Program

	1 Day	2 Days	3 Days	4 Days	5 Days
4:00 PM Pick-up	<input type="checkbox"/> \$105	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140	<input type="checkbox"/> \$160	<input type="checkbox"/> \$185
5:00 PM Pick-up	<input type="checkbox"/> \$120	<input type="checkbox"/> \$155	<input type="checkbox"/> \$190	<input type="checkbox"/> \$230	<input type="checkbox"/> \$265
6:00 PM Pick-up	<input type="checkbox"/> \$130	<input type="checkbox"/> \$170	<input type="checkbox"/> \$215	<input type="checkbox"/> \$255	<input type="checkbox"/> \$300
6:30 PM Pick-up	<input type="checkbox"/> \$140	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230	<input type="checkbox"/> \$270	<input type="checkbox"/> \$315
Less than 5 days per week – (check days)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

Preschool Wrap Around

SESSION	AM	PM			
			1 Day	2 Days	3 Days
			<input type="checkbox"/> \$265	<input type="checkbox"/> \$340	<input type="checkbox"/> \$380
					4 Days
					<input type="checkbox"/> \$430
					5 Days
					<input type="checkbox"/> \$470
Less than 5 days per week - (check days)			<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed
			<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	

Drop in Program

\$15 Before School \$25 After School \$55 Cub Care

**The Tiger Care Before and After Program
Preschool Wrap Around Program
Emergency Contacts and Pick-Up Authorizations**

Child's Name _____

The contacts must be local and able to pick up your child within 25 minutes. Your emergency contact must be someone other than yourself.

Please list all persons authorized to pick-up your child. In emergency situations only parent/guardian may give verbal and/or written permission for an individual, who is not on this list, to pick up your child. No exceptions will be made to this policy. This is done for the safety of your child and your cooperation is appreciated. Please make sure the individuals on this list are aware they may be called in an emergency to pick up your child. You are welcome to add or delete from this list at anytime. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order this order must be given to UTSD and kept on file. **It is assumed that the parents/guardians listed on page one are authorized to pick up. No one under the age of 16 may pick up a child from the program. The staff will not release a child to anyone who appears to be under the influence of drugs or alcohol, for the child's safety, the police will be contacted.**

1. Name _____	Relationship _____
Address _____	Home Phone _____
Cell Phone _____	Work Phone _____
2. Name _____	Relationship _____
Address _____	Home Phone _____
Cell Phone _____	Work Phone _____
3. Name _____	Relationship _____
Address _____	Home Phone _____
Cell Phone _____	Work Phone _____

The following individuals ARE NOT allowed to pick up my child:

1. Name _____	Relationship _____
2. Name _____	Relationship _____
3. Name _____	Relationship _____

Parent /Guardian
Signature _____ **Date** _____