# **Perkins Local School District**

## **PIRATES CREW CHILDCARE PROGRAM 2017-2018**

A child care program designed especially for children in grades kindergarten through 5th.
THE CHILDCARE PROGRAM IS DESIGNED TO PROVIDE QUALITY EDUCATIONAL AND RECREATIONAL

**ACTIVITIES** before and after regular classes. The program will provide child care which will include enrichment in such areas as language, arts and crafts, music, and small and large motor skills.

### **REGISTRATION INFORMATION**

Child's LAST NAME:							(M / F)	
Child's FIRST NAME:								
GRADE ENTERING	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>		
Child <u>will receive</u> Chil	d Care a	ı <b>t</b> : Fu	rry Elem	entary				
PARENT(S) / GUARDIA								
ADDRESS:								
CITY & ZIP:								
HOME PHONE #: (	)			EN	//AIL			

Annual registration is REQUIRED to secure your child's placement in the program. The registration fee is NON-REFUNDABLE and NOT APPLIED toward tuition.

**REGISTRATION DEADLINE - AUGUST 14, 2017** 

\$25 family registration fee (until August 14, 2017) \$35 family registration fee (after August 14, 2017)

### TRANSPORTATION

Parents will be responsible for dropping students off at the appropriate child care location in the morning and for picking students up in the evening. Shuttle transportation will be provided between buildings.

Parents and/or guardians must sign their child(ren) in and out.

### **HOURS**

BEFORE SCHOOL (7:00 AM - 9:00 AM) AFTER SCHOOL (3:30 PM - 5:30 PM)

#### COST

.5 hour	<b>\$2.00</b> one child	\$1.00 additional child
1 hour	\$4.00 one child	\$3.00 additional child
1.5 hours	<b>\$6.00</b> one child	\$5.00 additional child
2 hours	<b>\$8.00</b> one child	\$7.00 additional child
2.5 hours	<b>\$10.00</b> one child	\$9.00 additional child
3 hours	\$12.00 one child	\$11.00 additional child
3.5 hours	<b>\$14.00</b> one child	\$13.00 additional child
4 hours	<b>\$16.00</b> one child	\$15.00 additional child

# Please circle the Extended Care you will require

(Priority given for 3 or more days)

## AM CARE

<u>Elementary</u>			_

7:00 AM – 9	:00 AN	<b>1</b> (2	hours o	f AM c	are)	7:30 AM –	· 9:00 AM	(1.5	hours	of AM (	care)
3 Days	M	T	W	R	F	<b>3</b> Days	M	T	W	R	F
4 Days	M	T	W	R	F	<b>4</b> Days	M	T	W	R	F
<b>5</b> Days	M	T	W	R	F	<b>5</b> Days	M	T	W	R	F
8:00 AM - 9	:00 AN	<b>1</b> (11	hour of	AM ca	ıre)	8:30 AM -	9:00 AM	(.5 h	nour of A	AM car	e)
3 Days	M	Ť	W	R	F	<b>3</b> Days	M	T	W	R	F
<b>4</b> Days	M	Т	W	R	F	<b>4</b> Days	M	Т	W	R	F
<b>5</b> Days			W	R	F	<b>5</b> Days	M	_	W		F

# PM CARE

### Flamontary

<u> Elementa</u>	<u>ıı y</u>										
3:30 PM -	- 4:00 PI	<b>VI</b> (.5 h	our of I	⊃M car	e)	3:30 PM -	- 4:30 P	<b>M</b> (1 h	our of F	PM car	e)
<b>3</b> Days	M	`T	W	R	F	<b>3</b> Days	M	Ť	W	R	F
<b>4</b> Days	M	Т	W	R	F	<b>4</b> Days	M	T	W	R	F
<b>5</b> Days	M	T	W	R	F	<b>5</b> Days	M	T	W	R	F
3:30 PM -	- 5:00 PI	<b>VI</b> (1.5	hours o	of PM c	are)	3:30	PM - 5:	:30 PM	l (2 hoι	ırs of P	M care)
<b>3</b> Days	M	Ť	W	R	É	<b>3</b> Days	M	Т	W	R	F
<b>4</b> Days	M	Т	W	R	F	4 Days	M	T	W	R	F
<b>5</b> Days	M	T	W	R	F	<b>5</b> Days	M	T	W	R	F

Mail or drop off registration form: **Administrative Service Center ATTN: Pirates Crew Childcare Program** 3714 Campbell Street, Suite B Sandusky, OH 44107

419.625.0484 Monday through Friday: 7:00 AM - 3:00 PM

# Perkins Local School District Pirates Crew Childcare Program 2017-2018

Child's	LAST NAME:						
Child's	FIRST NAME:						
	ENTERING K						
Child <u>v</u>	vill receive Child Care at:	Furry Elementary					
Child's	Birth Date:						
	NAME (FIRST, LAST)		RELATIO	ONSHIP TO STUDENT			
PARENT GUARDIAN 1	HOME ADDRESS		EMPLOY	YER			
GUAI	HOME PHONE		WORK P	PHONE			
ENT	( )		(	)			
PARI	CELL PHÓNE		È-MAIL	ADDRESS			
- CI	NAME (FIRST, LAST)		RELATIO	ONSHIP TO STUDENT			
PARENT GUARDIAN 2	HOME ADDRESS		EMPLOYER				
GUA	HOME PHONE		WORK PHONE				
RENT	( )		( ) E-MAIL ADDRESS				
PAF	CELL PHONE ( )		E-MAIL A	ADDRESS			
	( )						
	Name	Relationship		Daytime Phone			
<del>'</del>	Name	Relationship		Daytime Phone			
ed Pick- rgency act	Name Name	Relationship  Relationship		Daytime Phone  ( )  Daytime Phone			
norized Pick- Emergency contact		Relationship		( ) Daytime Phone ( )			
Authorized Pick- up/Emergency contact				( )			
•	Name Name	Relationship  Relationship		( ) Daytime Phone ( ) Daytime Phone ( )			
•	Name Name	Relationship  Relationship		( ) Daytime Phone ( )			
•	Name  Name  r to deny a non-custodial pa	Relationship  Relationship  arent the authority to pic our s  F EMERGENCY: I HER	ite. EBY GIV	( ) Daytime Phone ( ) Daytime Phone ( ) r child, copies of a court order must be on file at			
In order	Name  Name  r to deny a non-custodial pa	Relationship  Relationship  arent the authority to pic our s  FEMERGENCY: I HERI	ite. EBY GIV sportatio	( ) Daytime Phone ( ) Daytime Phone ( ) r child, copies of a court order must be on file at			
In order	Name  r to deny a non-custodial pa  NO IN CASE OF First Aid, medicatio	Relationship  Relationship  arent the authority to pic our s  FEMERGENCY: I HERI	ite. EBY GIV sportatio	Daytime Phone  ( )  Daytime Phone  ( )  r child, copies of a court order must be on file at  /E MY CONSENT FOR  on to an emergency care facility.  ation (List any prescription medications taken)			

Family Information	Natural Parents Mother Only Father Only Adoptive Parents Siblings:	Foster Family Natural Mother/Step Father Natural Father /Step Mother Grandparents	Aunt/Uncle Other(please explain)	
Please	provide information tha	at will help us understand your chi	ld's needs:	
Does w	our child have any heal	th conditions we should be aware	of?	
Does yo	our crind have any near	tir conditions we should be aware	or:	
FIELD 1	RIP PERMISSION			
	os may be planned from itations involving busing	time to time. The experiences may e may also be planned.	ntail walking to nearby park	areas, stores, municipal offices,
		e exercised to assure the safety and esponsible, financially or otherwise, s		ver, the school and its
My child	has permission to partic	sipate in field trips.		
Signatu	re of Parent / Guardian (	a signature is required for each section	on)	Date
MEDIA	RELEASE PERMISSIOI	N FORM		
our Exte	ended Care program. T nities to see children "in	d by the TV and private media to profile school district is now using the action" throughout the district. We with personally identifiable directory in	public access channel to good like your permission t	give parents and others greater o include your child in photos or
		YES, my child can be includ	ed in media situations	
		NO, do not include my child	in media situations	
Signatu	re of Parent/Guardian (a	signature is required for each section	n)	 Date

Child Lives With: (Please Circle One)