

Tusculum View After School Program

REGISTRATION APPLICATION

Full Name of Child _____ Age ____ Nickname _____

Grade ____ Teacher's Name _____

Birth Date _____

Parent/Guardian Information:

Mother's Name _____

Father's Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell/Pager # _____

Cell/Pager # _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Work Hours _____ Work Days _____

Work Hours _____ Work Days _____

If parents are divorced/deceased, who has custody of the child? _____

Transportation Plan:

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. (If you will not be picking up your child, please send us a note telling us who will provide transportation).

Name	Phone Number(s)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

On days when your child will not be in the after school program, if he/she will be riding a bus, please list the bus number. _____

Tusculum View After School Program

2008-09

Child's Health Information:

Are immunizations current and on file with the school? _____

Please list any food, drug, or other allergies we should be aware of. (Please include a copy of a physician's/nurse's statement confirming this). _____

Is your child currently taking medication(s)? ____ If yes, please list type, dosage, and what it is used for. (Please inform us in writing of any changes) _____

Note: Staff is *not* authorized to administer any medications. Please make arrangements in advance with the school secretary if any medicine dosages need to be taken before your child comes to the after school program.

Emergency Information:

Name of Physician _____ Phone _____

Address _____

***I have received a Summary of Childcare Approval Requirements. (Initial)** _____

I do hereby authorize emergency medical care:

(signature of parent/guardian) _____

Emergency Contacts:

If your child should become ill or injured while attending the program, every effort will be made to notify the parents. In the event of an emergency and parents cannot be reached, please list other persons you may wish us to contact:

Name	Address	Phone(s)	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please sign & return this page

**Tusculum View After School Program
Tusculum View Elementary School
Greeneville, TN
639-2751 823-0411**

Fee Payment Agreement/Release of Information

My child(ren) will be attending TVAP on the days noted below. I understand that single days missed will not be deducted from my fee. _____ (*initial*)

After School:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

(please check)

_____ I authorize the release of information regarding my child's status in the free/reduced lunch program provided to Tusculum View Elementary School to TVAP.

_____ I have read the parent's manual and understand the policies and guidelines of TVAP.

_____ I have received a summary of the State's child care guidelines

Child(ren)'s Name(s)

Parent/Guardian Signature

Date

