

GUARDIAN'S NAME	BEST PHONE
NAME/S (CHILDREN)	
ENTERED BY	VERIFIED BY



***CHARACTER *CREATIVITY *CAMPS *CARE *COMMUNITY**

BEFORE & AFTERCARE APPLICATION

PURE LOCATIONS

3891 EDWARDS RD, FORT PIERCE, 34981 (GREEN ZONE)

10292 S. US HWY 1, PORT ST LUCIE, 34952 (BLUE ZONE)

WWW.CLUBPURE.ORG 772-429-0031

Holidays Club Pure is Closed

Labor Day, Thanksgiving (Thursday and Friday), Christmas Eve & Day,
New Years Eve & Day, Good Friday, Memorial Day, 4th July

Select Your Package

BASIC PACKAGE

This membership offers only the basics. It's for parents who need, either before or after school care. This basic package gives parents the option to choose the services they need, when they need them. There is no sibling discount or vacation voucher offered in the Basic Package.

Annual Registration Fee \$25.00

Weekly Tuition

Before Care Only _____ \$65.00

AfterCare Only _____ \$65.00

ELC Rate

Membership Terms:

This membership agreement secures a place for your child in the program until the end of this school year. You will be responsible for the tuition if your child attends or not. Prices are per child. There's a \$50.00 cancellation fee per child. Registration fee and first weeks tuition are required upfront and are non-refundable.

Included with Weekly Tuition:

Before Care Only or After Care Only, Transportation, Snack and Early Release Days.

Optional Services:

Full Days Out +\$12 per day
Winter Camp +\$35 per week
Spring Camp +\$55 per week

*Before & Aftercare is closed 2 days (Thursday & Friday) in the last week of school to prepare for Summer Camp.

By signing below you acknowledge and agree to the above terms

Sign: _____ Date: _____

PLUS PACKAGE

This membership includes all fees associated with before and after school care at one flat rate.

The Plus Package also includes a sibling discount and a one week vacation voucher.

Annual Registration Fee \$25.00

Weekly Tuition

Before Care and After Care _____ \$80.00

ELC Rate

Membership Terms:

This membership agreement secures a place for your child in the program until the end of this school year. You will be responsible for the tuition if your child attends or not. Prices are per child. There's a \$50.00 cancellation fee per child. Registration fee and first weeks tuition are required upfront and are non-refundable.

Included with Weekly Tuition:

Before & After Care, Transportation, Snack, Early Release, and Full Days Out. Winter Camp+\$20. Spring Camp+\$50.

There is a \$5.00 sibling discount. One vacation voucher 90 days after registration for accounts in good standing.

Includes 2 Recreation Dance Classes (Additional costume fee per class) or Aftercare Clubs (no extra fees)

*Before & Aftercare is closed 2 days (Thursday & Friday) in the last week of school to prepare for Summer Camp.

By signing below you acknowledge and agree to the above terms

Sign: _____ Date: _____

WINTER CAMP

Week #1 Week #2

Non-Members \$110.00

Registration Fee \$25.00

_____ ELC Rate

Camp Terms:

This secures a place for your child in the camp program for the weeks selected. You will be responsible for the tuition if your child attends or not. Prices are per child. 1st weeks camp tuition is required upfront and is non-refundable.

Sign: _____ Date: _____

SPRING CAMP

Week #1

Non-Members \$130.00

Registration Fee \$25.00

_____ ELC Rate

Camp Terms:

This secures a place for your child in the camp program for the week selected. You will be responsible for the tuition if your child attends or not. Prices are per child. Camp Tuition is required upfront and is non-refundable.

Sign: _____ Date: _____

Parent Information / Main Contact

Name: _____ MI: _____ Last Name _____

*Address: _____

Apt#: _____ City: _____ State: Florida Zip: _____

Employer: _____ Company Name: _____ Title / Position: _____

Cellular Phone: [____] _____ Cell Carrier _____ Receive Texts: Yes No

Work Phone: [____] _____ EXT: _____ Other: [____] _____

E-mail address _____

iCare PassCode _____ (4-6 Digits) You will use this number to check your child in/out

Who does the child reside with? Mom & Dad Mom Dad Other _____

Family Medical

Preferred Doctor: _____ Phone: [____] _____

Preferred Hospital: _____

Insurance Company: _____ Policy# _____

Emergency Contact Information

Your child will be released to yourself and the persons listed below. The following people can be contacted and are authorized to pickup from the facility in case of illness, accident or emergency, if you cannot be reached.

Name: _____ Relationship: _____ Phone [____] _____ Code: _____

Name: _____ Relationship: _____ Phone [____] _____ Code: _____

Name: _____ Relationship: _____ Phone [____] _____ Code: _____

Please notify the above mentioned contacts that they will have to present their drivers license at pickup.

Please notify the office in writing if someone else other than mentioned above will be picking up.

Each person picking up needs a separate check out (4-6 digit) code.

INITIALS

Student Information

Student's Name: _____ MI: _____ Last Name _____

DOB: ____/____/____ Age: ____ years old Boy Girl

T-Shirt Size _____ Youth Adult

School: _____ Grade _____ Race: White Black Hispanic _____

List Allergies: _____

Prescribed Medication: _____

Dietary Needs: _____

Student's Name: _____ MI: _____ Last Name _____

DOB: ____/____/____ Age: ____ years old Boy Girl T-Shirt Size _____

School: _____ Grade _____ Race: White Black Hispanic _____

List Allergies: _____

Prescribed Medication: _____

Dietary Needs: _____

Student's Name: _____ MI: _____ Last Name _____

DOB: ____/____/____ Age: ____ years old Boy Girl T-Shirt Size _____

School: _____ Grade _____ Race: White Black Hispanic _____

List Allergies: _____

Prescribed Medication: _____

Dietary Needs: _____

NOTES:

Facility Rules & General Policies

Rule Summary: Treat others the way you want to be treated. If someone is not treating you right do not take matters into your own hands, tell your group counselor or site director.

General Rules

No running or rough playing in the facility. Teasing, belittling, and mocking is not permitted. No inappropriate gestures and profanity allowed. Students who vandalize property will be required to pay for damages. Any behavior that puts others at risk of harm is not permitted; hitting, kicking, spitting, biting etc. Reptiles, bugs, animals and marine life (dead or alive) are not permitted onsite without permission. No smoking, vaping, alcohol products or mood altering substances allowed onsite.

Digital Policy

All electronics brought onsite are at members own risk. If any devices are used improperly they will be removed and returned to the parent at pick up.

Lending Policy

We do not take responsibility for members lending personal items, money, devices, games etc. to one another. If a problem arises, Club Pure staff will not mediate (act as a go between) to resolve the issue.

Behavioral & Expulsion Policy

Correcting and redirecting children is a daily part of our counselors responsibilities, but there are times when students do not listen, misbehave and disrupt program activities.

When a student is having a problem in the group

Staff will try to redirect student from negative behavior.

Staff will always use positive methods and language while redirecting and correcting students.

Staff will consistently praise appropriate behavior and apply consequences for rules.

Student will be given verbal warnings and time to regain control.

Students disruptive behavior will be documented and maintained in confidentiality.

Parent/gardian will be notified verbally and through incident reports of their child's disruptive behavior.

The director, classroom staff and parent/guardian will have a meeting to discuss how to promote positive behavior.

Actions that will lead to expulsion from the program.

Parental Actions

Failure to pay weekly tuition / habitual late payments.

Failure to complete and submit required forms.

Failure to follow through with correcting and redirecting negative behavior at home.

Physical harm threats, verbal abuse or intimidating actions toward staff members.

Students Actions

Students who refuse to adjust negative behavior.

Students who steal from others.

Students who have angry outbursts or run out of the facility.

Students who falsely accuse staff or other students.

Students who touch other students inappropriately.

Students who act perverse or bring sexual related media onsite.

Students who hurt others; cause bruising or draw blood.

Students who verbally and physically abuse staff or other students.

*TREAT PEOPLE IN
THE SAME WAY THAT
YOU EXPECT THEM
TO TREAT YOU!*

I have read and understand the facility rules, behavioral policy and consequences.

I will communicate these facility rules and policies to my child.

Signed _____ Date: _____

Legal Guardian Completing Application

Financial Agreement

(Financial Policies are subject to change with reasonable notice)

INITIAL

The **Main Contact** is responsible to assure the account is paid on time. Payment is due on Friday for the upcoming Monday.

Your account will be debited on Friday with the information provided on the Debit Authorization form. We do not accept cash or checks.

Parents who have unpaid accounts on Monday will have to make payment before dropping off. Parents with unpaid accounts whose children arrive by bus for aftercare will receive a text / call to make payment or pick up their child.

Partial or unpaid accounts will be assigned a \$10.00 late fee per child, per week for any type of balance, including registration and tuition. Late fees will continue to accumulate weekly until balance is paid in full, whether you have an active or inactive membership.

There is a 2% convenience fee associated with processing credit or debit card payments. There are no processing fees associated with (ACH) direct debit program.

If payments are returned unpaid due to non-sufficient funds (NSF), stop payment or incorrect account information, there will be a \$35.00 return fee applied per occurrence to your account. *If a stop payment occurs on (ACH), your bank will no longer allow debits through (ACH). **Money orders are the only form of payment we will receive** and must be in the payment box by close of business Thursday.

There are no reimbursements for registration, tuition or field trip fees even if you do not attend or if you are asked to pick up your child for behavioral issues. (See facility rules and consequences) Paying in advance is a risk to you and will not be reimbursed.

When you select a package you enroll in a membership agreement for the duration of the package. We have the right to dismiss your child at any time as you have the right to terminate services at anytime during the contract period. If services are terminated for any reason before the end of the contract period you will be charged a cancellation fee. (See membership terms) Aftercare Membership expires the first week of June.

Vacation coupons cannot be applied to weeks tuition or overdue accounts. They expire at the end of each membership year and cannot be transferred or exchanged for cash. See package to determine eligibility.

Hours: Before Care 6:30am - 9:00am / Aftercare 3:00pm - 6:30pm.

Please ensure you checkout through the iCare Lobby on time with your private password. Late pick up charges will be applied automatically to each child's account at the rate of \$5.00 per 15 minutes. (First late charge applies at 6:31pm)

Aftercare Downgrade fee from PLUS to BASIC is \$25 per child.

Agency Reimbursement: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, or if I miss more than 3 days per month, I understand that I am solely responsible for the payment of tuition.

Emergency closing and severe weather: I understand that it is the companies intention to be open and provide child care services every week day of the year, excluding holidays, but that severe weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during severe weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments in accordance to the membership terms.

Group counselors, CIT's and volunteers do not take payments or have access to your private account information. Please direct all financial concerns and payment questions to your closing manager or site director.

Closing managers or site directors do not have authority to void charges or make financial decisions that are against corporate policy. You must speak with the accounting department.

Parents can view and print statements for tax purposes directly from their Parent Portal. Parents will still have access to their Parent Portal accounts even if they are inactive and are no longer attending our program, however if there are any outstanding fees, parents will not have access to their account.

SLC Transportation Department charges a \$200 annual bussing fee per student, which is included in your weekly tuition.

I understand that financial policies get updated periodically and are subject to change with reasonable notice.

I have read, understand and agree to the terms in this financial agreement.

Signed _____ Date: _____

Direct Debit (ACH) Authorization form

Updated March 19, 2019

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged according to the package you selected and the terms you agreed to in the financial agreement. **Payments will be charged to your account on Friday, for the following weeks tuition.** You can sign into your Parent Portal to view or print your account history. The charge will appear on your bank statement as an "ACH Debit."

Child / Children's Names Enrolled

I _____ authorize Club Pure to charge my bank account according to the package I selected and the terms I agreed to in the summer camp financial agreement.

Billing Address: _____

City / State / Zip: _____ Phone: _____

Email Address : _____

Check Information

Account Type: Checking

Name on Acct: _____

Bank Name : _____

Account # _____

Bank Routing # _____

Bank City/State: _____

Debit/Credit Card Information

Card Type: VISA MASTER _____

Exp.

Month / Year

3-Digit Code:

Found on the back of your card

I have double checked my card numbers and verify that my information is correct.

Initial

***Please provide a voided check.**

***Payments will be charged to your account on Friday, for the following weeks tuition.**

I understand that this authorization will remain in effect until the last payment of the package agreement, and I agree to notify Club Pure in writing of any changes in my account information prior to the next billing date. There is a two weeks written notice required to cancel the debit authorization. If the above noted periodic payment date falls on a holiday, I understand that the payment may be executed on the previous / following business day.

I understand that this is an electronic transaction, funds may be withdrawn on the day that the payment is processed or within a few days, depending on my financial institution. In the case of an ACH / Debit Transaction being rejected for Non-Sufficient Funds (NSF) or Stop Payment, I understand that Club Pure may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$35.00 charge for each attempt returned, which will be initiated as a separate transaction from the authorized recurring payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree to not dispute this debt with my bank or credit card company so long as the transactions correspond to the package selected and the financial terms which I have agreed too.

I understand that accounts that are 90 days past due will be reported to Equifax, Experian and TransUnion.

I the undersigned have read, agree to, and understand the terms of this authorization form.

Signature of Parent / Legal Guardian: _____ Date: _____

Liability Release/Waiver

I (Parent) _____ for myself, any other parent and participant, in connection with my son/daughter namely; _____ attending and participating in the daily activities of our program and events hereby agree as follows;

Acknowledgement of Risks

The undersigned understands that there are certain dangers, hazards and risks (forseen and unforeseen) inherent in attending and participating in the mentioned program activities, including, without limitation, risks related to use of equipment, facilities, and transportation, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage.

Express Assumption of Risk and Responsibility In recognition of the hazards, dangers and risks (forseen and unforeseen) associated with attending and participating in our program activities, the undersigned confirms that the participant is physically and mentally capable of attending and participating in all activities and use of equipment associated with our programs. The participant is willingly and voluntarily attending and participating and the undersigned agrees that they and the participant shall assume all dangers, hazards and risks (forseen and unforeseen) inherent in, arising from or related to the participants attendance and participation in the program and activities.

Participant Responsibilities

The undersigned and participant agree to the following : Acceptable Conduct by Participant. During attendance and participation in the program activities, which may include travel to and from Club Pure Inc. facilities, the participant will act in a responsible manner and will abide by the instructions of any personnel, and will comply and follow the rules and regulations of Club Pure Inc.

Participants Health (Health Insurance Coverage)

In anticipation of the participant's enrollment in the program, the undersigned and participant have consulted with a medical doctor with regard to the participant's medical condition. The participant has no physical or mental conditions which could cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the program activities and has submitted the required health insurance information.

Waiver of Club Pure Inc. (Liability Realease and Hold Harmless)

In consideration of the attendance and participation in the program activities and knowing the dangers, hazards and risks (forseen and unforeseen) of attending and participating in the program activities, the undersigned, for themselves, any other parent and the participants, understands and agrees to RELEASE AND HOLD HARMLESS Club Pure Inc. and it's current, former officers, directors, employees, attorneys, representatives and agents and waive any claim for injury and damage resulting from participant's attendance and participation in the program activities.

Acknowledgement

The above named participants has my permission to participate in the program above. If contact is unsuccessful, I give my permission to the attending director or group overseer to render medical treatment to the participant(s) including (if necessary) hospitalization. Any expenses arising from the injury or illness is the responsibility of the person signing below.

Acknowledgement

It is the express intent of the undersigned that this agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or agents. The undersigned acknowledges that they have read and understood this document and the RELEASE AND HOLD HARMLESS provisions.

Promotional Release (Photographs and Video)

I hereby authorize Club Pure, hereafter referred to as "Company", to publish photographs taken of my child and/or his/her name and likeness, for use in print, online and video based marketing materials, as well as other Company publications. I hereby release and hold harmless Pure Academy from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photo's confers no rights of ownership or royalties whatsoever. I hereby release Pure Academy, its contractors, its employees and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

I have read and understand the liability waiver and promotional release.

Signed _____ Date: _____

The School Board of St. Lucie County, Florida
Transportation Department
325 NW Commerce Park Drive
Port Saint Lucie, Florida 34986
(772)-785-6602 Fax (772)-785-6624



2020-2021
Non-Profit Child Care Transportation Request

This is to request SLPS bus transportation for my child to the location indicated below. One student per form, and a \$200.00 annual fee is required for each student. The agency is responsible for collecting and remitting the fee to the Transportation Department. The fee includes an alternate AM or PM stop as long as it is in the same school zone as the student. A cancellation from must be completed if you withdraw from the program. Refunds are only provided if space is not available on the bus and transportation is not provided. This form will be submitted by the agency your child plans to attend.

PLEASE PRINT ('56" number, required)

Student's Name : _____ Age : _____ Student ID# _____

Parent's Name : _____ Phone(s) : _____

Student's Registered Address with SLPS: _____

School Student Attends : _____

Name of Child Care Center : _____

Address of Child Care Center : _____

Phone # of Child Care Center : _____

Parent Signature : _____ Date : _____

Center Rep. Signature : _____ Date : _____

Child Care Agency Fax Completed Form To: 772-340-7134

For Child Cares that operate both before and after school, this request is for transportation to the
Child Care center in the _____ AM only _____ PM only _____ Both AM and PM

***** For Transportation Use Only*****

Care Center Bus # _____ Effective Date : _____

Alternate Stop Bus # _____ Alternate Bus Stop Location: _____

Rider Record Completed : _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ Center Name & Address: _____

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

A. Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

B. Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (children and adults): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 4: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (____) _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): _____ Hispanic or Latino _____ Not Hispanic or Latino

Race (check one or more): _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Non-needy Foster Child Foster Child Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 12, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____

Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____