

Morning Care Only? (circle) Yes No

Teacher's Name: (leave blank)

Student's Name:	DOB	Male ___ Female
Address:	Home Phone:	
City:	Zip:	

School for 2009-2010:	Grade for 2009-2010:
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Parent/ Guardian Information

Father's Name:	Mother's Name:
Authorized to pick up? (list DL#)	Authorized to pick up? (list DL#)
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone: PAGER:	Cell Phone: PAGER:
e-mail:	e-mail:
Child lives with: ___ father ___ mother ___ both parents ___ other: (step/relative/etc.) _____	

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff or person in charge to take my child to:

Name of Physician:	Complete Address:
Phone #:	
Name of Hospital:	Complete Address:
Phone #:	

Student's Allergy information:

I give consent for this facility to secure any/ all necessary emergency medical care for my child:

Signature of Parent or Legal Guardian: _____

Please read and initial the following:

I confirm that my child's current health immunization information is on file at the designated campus. ___ **Initial**
 I recognize that tuition is due on the 1st, and if not made by the 20th, my child will be dropped from Club 360°. ___ **Initial**
 I recognize that in the event my child's behavior becomes severely disruptive, unsafe to him/her self or others or my child does not respond to intervention, I will be called to pick him/her up immediately. ___ **Initial**
 I recognize that Club 360° staff members are not held responsible for my child's personal belongings. ___ **Initial**
 Program Staff will take pictures/videos of events to use in displays, scrapbooks, presentations, and other related activities. Please initial whether you allow your child to be photographed/video taped. **YES** ___ **Initial** **NO** ___ **Initial**
 I acknowledge the district's acceptable use policy for computer use and recognize that the same policy applies to my child's use of computers in Club 360°. ___ **Initial**
 I recognize that Club 360° staff are employees of MISD and, as such, are school officials who have access to my child's MISD records. Club 360° is not a part of the MISD academic program and, as such, student records reviewed by Club 360° staff will be utilized for reference only. Club 360° administration will engage in an individual and thorough review and assessment of any student's special needs or requests for accommodation. ___ **Initial**

Permission to Release (not applicable to morning care only)

The primary person picking up my child (include DL #): _____

Relation to the child: _____

Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. In the event of an emergency, the following persons may also be contacted: **(you MUST LIST two other people and #'s to contact in an emergency)**

Name/ Relationship	Driver's License #	Phone Number(s)

To add or drop persons from the list, written notice must be given to program staff in advance.

Discounts

Please complete this section if you are applying for a discounted rate. You are eligible to apply if you are an employee of McKinney ISD, if you qualify for free lunch, or if you qualify for reduced lunch.

I am an employee with McKinney ISD. Name of employee _____

Job Title: _____ Direct Supervisor: _____

My child qualifies for reduced lunch: _____ **Initial.**

My child qualifies for free lunch: _____ **Initial.**

My child has the following special needs (regarding health, academic, social, emotional, etc.):

Please note: Club 360 staff are MISD employees and, as such, may obtain information from your child's school in order to determine eligibility for enrollment.

I HAVE COMPLETED ALL REGISTRATION INFORMATION TO THE BEST OF MY ABILITY. IN ADDITION, I HAVE READ THE REGISTRATION INFORMATION AND RECEIVED A PARENT HANDBOOK. I AGREE TO ABIDE BY CLUB 360 POLICY AND PROCEDURES. I WILL NOTIFY STAFF IN WRITING OF ANY CHANGES MADE TO THE INFORMATION ON THIS FORM.

Parent Signature

Date

FOR OFFICE USE ONLY:

DATE REC'D: _____ **BY:** _____ **START DATE:** _____

CHECK #: _____ **AMOUNT:** _____

Tuition Rate: _____ **Explanation for Rate:** _____

Siblings? Where and specify location of payment: _____

Club 360° does not discriminate against applicants on the basis of race, color, national origin, sex, age, religion, or disability status. Due to staffing and budgetary restrictions, and because Club 360° is not a part of the MISD academic program, certain restrictions apply for enrollment and each child's application will be reviewed individually for acceptance.