

**Community Schools of Frankfort Extended Day Program  
Application for Day Care–School Year 2012 – 2013**

Ed Center Site - \_\_\_\_\_ Blue Ridge/Green Meadows \_\_\_\_\_ Suncrest \_\_\_\_\_ FMS \_\_\_\_\_  
\_AM Only : M T W Th F  
\_PM Only: M T W Th F  
\_AM & PM: M T W Th F  
\_1-2 Hour Delays

**EMERGENCY INFORMATION**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Child's Grade \_\_\_\_\_ Child's Teacher \_\_\_\_\_

Ethnic Designation: American Indian \_Asian \_Bi-racial \_Black \_Hispanic \_Hawaiian \_White \_\_\_\_\_

**Please check the box below to indicate who has legal custody:**

\_ Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

\_ Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

\_ Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Father's Workplace \_\_\_\_\_ Phone \_\_\_\_\_ Work day ends \_\_\_\_\_

Time

Mother's Workplace \_\_\_\_\_ Phone \_\_\_\_\_ Work day ends \_\_\_\_\_

Time

**In case of emergency when parent cannot be reached, the individuals below may be called:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship

Child's Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Special Instructions \_\_\_\_\_

**My child may be released only to the following persons: (Identification required for pickup)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**My child may NOT be released to the following individual(s): 0 \_\_\_\_\_**

1. In case of an emergency involving your child, it is the policy of CSF to give first aid treatment while contacting parents/guardian for further instructions. In the event that parents/guardian cannot be contacted, school officials will contact 911.
2. Information on this form may be shared with appropriate CSF personnel..
3. A late fee will be charged to parents/guardian who are late picking up their child/children. If at the end of the Day Care Program day your child has not been pick up and you or your emergency contact designee cannot be reached, Child Protective Services may be contacted.
4. Payment is due prior to services rendered. Payments may be made by the week or month, but can also be made on a daily basis.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_