

George J. Mitchell Before/After School Program
58 Drummond Ave.
Waterville, Maine 04901
207-873-5756



CREDIBILITY • INTEGRITY • ACHIEVEMENT

EMERGENCY CHILDCARE REGISTRATION FORM

Date _____

1. Child's full name _____
Last First
2. Child's Address _____
3. Child's Teacher _____ Grade _____
4. Parent/Guardian Name _____ Tel. # _____
Address _____
5. Parent/Guardian Name _____ Tel. # _____
Address _____
6. With whom does the child live? _____

PARENTS PREFERRED SOURCES OF MEDICAL CARE:

Physician's Name _____ Tel # _____
Dentist's Name _____ Tel # _____
Hospital Name _____
Child's Health Insurance Plan _____ ID # _____
Subscriber's Name (on insurance card) _____
Last tetanus shot _____ Are immunizations up to date? _____
Regular medications: _____ Purpose _____
Special conditions, disabilities, allergies, or medical information:

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

As parent/guardian, I consent to have my child receive first aid by facility staff, and if necessary be transported to receive emergency care. I will be responsible for all charges not covered by my insurance. I give consent for all emergency contact persons listed above TO ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature _____ Date _____

WALKING FIELD TRIP PERMISSION

I give permission for my child to attend walking field trips while in the care of the George J. Mitchell Before and After School Program.

Parent/Guardian Signature _____ Date _____

Payment Policy

I understand that payment for Emergency Childcare is due the day the services are rendered.

If for any reason other payment arrangements need to be made, I will speak directly with the director of the George J. Mitchell Before and After School Program.

I understand that there is a 10% late fee if I do not pay within two weeks, and that all unpaid balances are subject to being sent to collections.

I have read and understand the above stated policy regarding payments for childcare at the George J. Mitchell Before/After School Program.

Parent/Guardian Signature _____ Date _____