



"We Are Clayton"

# Clayton School District

236 Polk Ave W | Clayton, WI 54004

## Bears Club Child Care Registration Contract

Registration Fee:

\$30 per family

per school year

Parent/Guardian 1 \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contacts:** Other persons who are AUTHORIZED to take your children from the program and assume responsibility if a parent/guardian cannot be reached. List at least two people and please make them aware that you have listed them.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

List any specific person(s) who are **NOT AUTHORIZED** by court order to take your child. You must provide staff with a copy of the court order.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Children**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M F

Birthdate \_\_\_\_\_ Requested care is to begin: \_\_\_\_\_

School-year contract Full year contract

\*\*Will be in care from \_\_\_\_\_ (start time) to \_\_\_\_\_ (end time) \_\_\_\_\_ days per week. Circle M T W TH F

Total cost per week: \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M F

Birthdate \_\_\_\_\_ Requested care is to begin: \_\_\_\_\_

School-year contract Full year contract

\*\*Will be in care from \_\_\_\_\_ (start time) to \_\_\_\_\_ (end time) \_\_\_\_\_ days per week. Circle M T W TH F

Total cost per week: \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M F

Birthdate \_\_\_\_\_ Requested care is to begin: \_\_\_\_\_

School-year contract Full year contract

\*\*Will be in care from \_\_\_\_\_ (start time) to \_\_\_\_\_ (end time) \_\_\_\_\_ days per week. Circle M T W TH F

Total cost per week: \$ \_\_\_\_\_

**I have received and agree to read and follow program policies as stated in the family handbook. In the event of a serious accident, illness, or if unable to contact Bears Club, I hereby authorize Bears Club staff to make whatever arrangements they deem necessary.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only

- Amount Received: \_\_\_\_\_ Cash  Check  #: \_\_\_\_\_ Credit Card
- Date Received: \_\_\_\_\_