



Summer Enrollment Consent Forms

1422 Grand Street

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atmrroberts.com



ENROLLMENT APPLICATION

Child's Name	
Child's Birthday	
Child's Age	

Current Address:

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

Emergency Contact Information

Emergency Contact Person:
Contact's Phone:
Emergency Contact Person:
Contact's Phone:

MEDICAL INFORMATION AND CONSENT

Child's Name:

I confirm that my child is up to date on their immunizations

I have attached a copy of my child's immunization and health records

EMERGENCY CONTACT INFORMATION OF GUARDIANS/PARENTS

1. Name:	Relationship:	Phone:
Work Phone:		
2. Name:	Relationship:	Phone:
Work Phone:		
3. Name:	Relationship:	Phone:
Work Phone:		

INFORMATION ON CHILD'S DOCTOR

Name:	Phone:
Address:	Fax:

INSURANCE INFORMATION

Provider:	Policy Number:
Subscriber's Name:	Phone:

APPLICATION OF NON-MEDICATED TOPICAL PRODUCTS

We, _____, parents of _____, authorize At Mr. Robert's staff to apply the following non-medicated topical cream/lotion to our child. We have applied this product to our child at least once before, and our child has no known allergies to it. This cream will be in its original container and labeled with our child's name. This cream will not be used or shared with other student's than the one approved on this consent form. Parent's and Guardian's will be notified when the product is close to being completely used and the school needs a refill.

<u>Non-Medicated Product</u>	<u>Name/Brand</u>	<u>How Often Applied</u>
Cream/Lotion for Dry Skin		
Lip Balm		
Sunscreen		

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PICK UP AUTHORIZATION

Name of
Child(ren): _____

I hereby inform At Mr. Robert's that the people listed below are authorized to pick up the above-named child(ren) at any time.

AUTHORIZED PICK-UP PERSON:

<u>Name</u>	<u>Relation to Child</u>	<u>Phone Number</u>

I understand that:

- Parents/guardians must inform At Mr. Robert's through phone call, note or conversation at drop off to an employee, of the name of the person who will be authorized to pick up the child.
- The "Authorized Pick-Up Person" **must be at least 18 years old** and may be asked to show photo ID to an employee.
- This authorization shall remain in force until edited or rescinded in writing.

Parent/Guardian Signature

Date

Parent/Guardian Signature Date

Date

LATE PICK UP ACKNOWLEDGMENT

At Mr. Robert's understands that there be times where traffic can be unpredictable, and things may come up in which will make a parent/guardian late to pick up their child. However, we kindly request that every effort is made to pick up your child at 5:00pm Dismissal.

If a parent or guardian is late, we request a call informing the school, but please know this does not excuse the late pick-up charge.

A LATE FEE OF \$25 Per 15 minutes
Shall be paid to staff upon arrival to pick up your child.

The child's pick-up time and the fee will be documented by staff on the sign-in/sign-out sheet. The time documented will be based on the exact time parent or authorized pick-up people leave the school after 5:00pm. The total fee must be paid to Staff upon picking up your child.

The school will take the following steps if the employee has not heard from the child's parent or guardian 20 minutes after the school has closed:

1. The employee will attempt to reach the guardians or parents at home or at their place of work.
2. The employee will then attempt to reach the people listed on the student's authorization to pick up form, and from the student's emergency contact information form.
3. The employee will call the authorities and notify them of the situation.

It is the responsibility of the parent/guardian to have a plan for emergency pick-ups for their child. Parents who are consistently late may jeopardize their child's enrollment in the program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**ACKNOWLEDGMENT OF RECEIPT OF PARENT
HANDBOOK**

- 1) We _____ the parents of _____ have received a copy of the At Mr. Robert's Parent Handbook.

- 2) I agree and understand the policies and procedures listed in this handbook and will comply with the school's rule and regulations.

- 3) I understand that these policies and procedures listed in this handbook are subject to change to reflect the needs of the program.

- 4) I agree and understand once I have committed and paid for my weeks by the due date on April 1st, the tuition is non-refundable.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date