

# Early Risers Morning Program Registration Agreement

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Rm #: \_\_\_\_\_

## Attendance:

- Please drop your child off at the cafeteria.
- Students must be signed in daily by a parent or adult.
- Once signed in, students will **not** be allowed to leave.
- An adult supervisor will escort your child to his/her classroom by 7:45 AM.

## Payment:

- Cash payments only
- Monthly payments are due on the first of every month, if the 1<sup>st</sup> falls on a weekend or holiday payment is due on the first day of service.
- A late fee of \$5.00 will be assessed for every day payment is late.
- Failure to pay any outstanding fees will result in termination of your child(ren)'s enrollment.
- Payment will not be refunded for missed days due to absences.

## Cancellation/Refunds

- 100% refund if service has not been provided (student has not attended for entire month).
- Refunds will not be given once service has begun (student has attended at least 1 day within month).

## Emergency:

- If a medical emergency arises, the Early Risers Morning Program will first attempt to contact me. If I cannot be reached, the Early Risers Morning Program will attempt to contact adults authorized by me in case of emergency, and that if no authorized adults can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, my child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf

**I have read and agree to terms noted above.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Emergency Form

Child's Name: \_\_\_\_\_ Grade-Rm #: \_\_\_\_\_

*Last, First*

Home Address: \_\_\_\_\_

## Parent's Information:

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## Alternate Emergency Contact:

1. \_\_\_\_\_  
*Name Phone # Relationship*

2. \_\_\_\_\_  
*Name Phone # Relationship*

## Medical Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please note any medical conditions you child had/has (include current medication taking and/ or allergies.

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date