



ERfC Learning Centers 2009-2010

ERFC OFFICE USE ONLY

Data Entered ___/___/___ Staff Initials _____

CHILD INFORMATION

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle	Birth Date	Grade	School Name

_____	F / M	_____	_____
Address	Gender	Rm. No.	Teacher

_____	_____
Home Phone	Cell Phone

School Lunch Status

Free Lunch

Reduced Lunch

Full-Pay Lunch

Days Attending (Min. of 3)

Monday Thursday

Tuesday Friday

Wednesday Every Day

Insurance

Health Plan Name: _____

Group #: _____

Physician: _____

Lives With:

Both Parents

Single Mother

Single Father

Joint Custody

Grandparents

Foster Care

Other _____

Primary Language

English

Spanish

Vietnamese

Hmong

Laotian

Other _____

Ethnic Background

Caucasian American

Native American

Asian American

African American

Hispanic American

Other _____

Dismissal Time: 5:00 PM 5:30 PM 6:00 PM Transportation Home: Walk (During daylight only) Pick-up

FIRST MONTH'S PAYMENT DUE WITH THIS APPLICATION.

Special Needs: *Enter allergies, medications, diet or any other special requirements*

PARENT INFORMATION: (include parents and legal guardians here only. These names will be the primary adult contact and are authorized to pick up your child)

Last Name	First Name	Relationship	Home Phone	Work Phone	Cell Phone	Email	Place of Employment

Pick-up Authorization: (Additional persons authorized to pick up your child. Your child will only be allowed to leave the Learning Center with a person listed here that has "Pick-up" checked.)

Last Name	First Name	Relationship	Home Phone	Work Phone	Cell Phone	Address	Pick-Up	Lives With	Contact

Persons NOT authorized to see or pick up your Child. Without legal documents, we have limitations in keeping a parent away from your child.

Legal Restrictions Name: _____ Legal Restrictions Name: _____

PARENT/LEGAL GUARDIAN PERMISSION to Educational Resources for Children, Inc (ERfC) *PLEASE READ CAREFULLY*

_____ I hereby give permission for my child to take part in ERfC activities, which may include off-site events and recreational programs. If a medical emergency arises, ERfC staff will take all steps necessary to ensure the safety of the child and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify ERfC at 860-253-9935

_____ I give my consent to ERfC to provide snacks and drinks to my child during program time. If my child has any food restrictions or allergies, I will indicate it on this form and provide drinks and snacks each program day.

_____ I give my consent to ERfC to take the participant's photograph during program activities to be used for educational and public relations purposes. All photos used on the web cannot be copied and are protected.

_____ I give my consent to ERfC to share my child's student records within the agency for purposes of providing educational support and assistance. In addition, I understand that ERfC uses participant school records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

_____ I hereby certify that I have read and understand the above information.

Signature _____ Print Name _____ Date _____