

PS 321 Early Bird Program Registration Form

(Please complete and bring this form with you when you bring your child to Early Bird)

Child's Name _____ Male ___ Female ___

Class Number _____ Birth Date ____/____/____

Parent/Guardian Name _____ Home

Phone _____

Work Phone _____ Cell Phone _____

Address _____

E-Mail _____

Name(s) of Siblings in Program _____

Emergency Contact Name _____

Relationship _____ Phone Number _____

Please check appropriate space:

20 Day Pass _____ \$120

10 Day Pass _____ \$70

1 Day Drop In _____ \$8

Please contact me about scholarship/sliding scale payment options.

Accident Procedure

Minor accidents requiring first aid will be handled by teachers-in-charge or the school nurse. In the event of a serious accident, parents will be contacted immediately. If parents cannot be reached, parental authorization is needed to

take the child to the hospital for emergency treatment. In addition, an accident report will be filed for all injuries.

As parent or guardian of the child named, I am in agreement and authorize the program to follow the procedure stated above.

Parent/Guardian Signature _____ Date _____