

# Firs & Fiddleheads Re-enrollment/Summer

Child's Name: \_\_\_\_\_ Enrollment Year: \_\_\_\_\_

Residing Parent/Guardian Name(s): \_\_\_\_\_

Age in Fall: \_\_\_\_\_

SUMMER WEEKS ATTENDING							
Please let us know what week(s) you are registering for:							
Week #	Dates	Half-day	Full-Day	Week #	Dates	Half-day	Full-Day
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

*I understand that I will be responsible for payment based on the above schedule.*

**CONTACT INFORMATION:** *\*\*Please make careful note of any address and phone number changes.\*\**

PARENT/GUARDIAN INFORMATION #1							
Name: _____				Relationship to child: _____			
Circle Applicable Description:    Married                  Divorced                  Partner                  Separated                  Single                  Widowed							
Address: _____							
City: _____		Zip: _____		Home Phone: _____			
Work Place: _____				Email: _____			
Work Phone: _____				Cell Phone: _____			

PARENT/GUARDIAN INFORMATION #2							
Name: _____				Relationship to child: _____			
Circle Applicable Description:    Married                  Divorced                  Partner                  Separated                  Single                  Widowed							
Address: _____							
City: _____		Zip: _____		Home Phone: _____			
Work Place: _____				Email: _____			
Work Phone: _____				Cell Phone: _____			

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Please note:** Only the people listed below (along with the parents listed above) will be granted permission to pick up your child. Please contact ASA if this form needs to be updated at any time during the school year.

### AUTHORIZED PICK UP INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Date of last physical: \_\_\_\_\_ Dental exam: \_\_\_\_\_ Vision exam: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

### PAYMENT INFORMATION

- I prefer to receive:  monthly email statement  
 monthly paper statement in my child's folder
- I will be paying by:  monthly check  
 monthly automatic withdrawals (credit card) *I understand I must complete and sign the credit card withdrawal form attached to my first month's bill. (September)*
- I have paid the re-enrollment fee of \$75 (\$15 for second child, \$10 for each additional child).

### OTHER INFORMATION

- I have read and agree to the Flrs & Fiddleheads parent Handbook on [firsandfiddleheads.org](http://firsandfiddleheads.org).
- The Flrs has my permission to use photographs of my child for display/program purposes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Note:

\_\_\_\_\_  
Signature: