## MORNING CARE ENROLLMENT

*Please Print*

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Grade</th>
<th>Allergies</th>
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Please provide parent/guardian phone numbers between 7:00-8:00 a.m.

1) Parent/Guardian Name: ___________________________ Phone # __________

2) Parent/Guardian Name: ___________________________ Phone # __________

In the event of an emergency, whom should we call if we are unable to reach you?

Name: ___________________________ Phone # __________

*Please read and sign below*

I understand that Morning Care program begins at 7:00 a.m. and that my child should not be dropped off before 7:00 a.m. I am aware my child may be suspended from the Morning Care program for the following reasons:

- Repeated misbehavior
- Non-payment of Morning Care fees.

Parent/Guardian signature: ___________________________

Date: ___________________________