



**Roadrunner Registration Form
(@ T.I.S.)
2015/2016**

Name of Student _____ Grade _____ Sex _____ DOB _____

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Address _____ Zip _____

Phone Number (Cell) _____ (Home) _____ (Work) _____

Parent or Guardian Name(s) _____ / _____

****PARENTS EMAIL ADDRESSES** _____

Places of Employment _____ / _____

Address of Workplace _____ / _____

Please list the names of people other than yourself who you authorize to take your child from Roadrunner who we may contact in case of an emergency if you cannot be reached. (Children will not be allowed to leave with anyone without authorization from a parent or guardian. ID's will be checked before a child is released.) **INITIALS** _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician Name: _____ Phone: _____

Preferred Hospital: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

FEES & HOURS of OPERATION

A one-time Registration fee of \$35.00 per child is required before care is provided.
(non-refundable)

Weekly a.m. rate = \$40.00 per child Weekly a.m. 2 children = \$50.00
Weekly p.m. rate = \$60.00 per child Weekly p.m. 2 children = \$80.00
Monthly a.m./p.m. rate = \$300.00 per child Monthly a.m./p.m. 2 children = \$500.00
35% Sibling Discount.

Late Fees: In the event that a parent/guardian is late, the parent/guardian will pay \$1 for every minute late. _____ **INITIALS**

The fees as set forth herein will be in effect for the 2015/'16 school year. The fees for each child will be paid every Friday. I understand that care will not be provided without this payment as per student handbook. I also understand that fees incurred and not paid within 60 days *may* be sent to a collections agency. _____ **INITIALS**

I understand that I must provide Roadrunner with all legal documentation should a situation arise where a legal guardian is to be denied visitation/custody of a child. Please do not put Roadrunner in the middle of an uncomfortable custodial/domestic situation. **INITIALS** _____

In the event of an emergency I give Roadrunner my permission to call emergency services to care for my child including necessary transportation. This may happen if Roadrunner cannot contact me. I further understand that medications will only be given if a written authorization is on file explaining the type, amount and times to be given. **INITIALS** _____

DICIPLINE

Roadrunner reserves the right to refuse services for students who neglect to follow the rules and guidelines set forth in the Parent/Student Handbook.

I understand that if my child does not follow the set forth rules, I may be called to pick-up my child. I also understand that if these behaviors continue Roadrunner may suspend my child at the discretion of the staff. _____ **INITIALS**

I have read and agree to the Student/Parent handbook. _____ **INITIALS**

PARENT SIGNATURE: _____ **DATE:** _____

For administrative use only

Program Start Date _____ Program End Date _____