

TAS APRIL VACATION 2019 REGISTRATION

Child's Name (please print): _____

	PLEASE CHECK DATES ATTENDING	TAS HOURS	FIELD TRIP	
Monday, 4/15/2019 (registration deadline 4/1/19)		7am to 6pm	Roller World, Saugus The kids and staff will be roller skating. Skate rental is included in the cost for the day. Kids may bring their own skates, if they prefer.	\$60 per child
				Lunch not included.
Tuesday, 4/16/2019 (registration deadline 4/1/19)		7am to 6pm	Laser Quest, Danvers Come with your sneakers on and ready to play!	\$60 per child
				Lunch not included.
Wednesday, 4/17/2019 (registration deadline 4/1/19)		7am to 6pm	Danvers Indoor Sports Come with your sneakers on and ready to play!	\$60 per child
				Pizza lunch included.
Thursday, 4/18/2019 (registration deadline 4/1/19)		7am to 6pm	Chunky's Cinema, Haverhill Movie, Pizza and Popcorn, YUM!	\$60 per child
				Pizza lunch included.
Friday, 4/19/2019 (registration deadline 4/1/19)		7am to 6pm	Metro Bowl, Peabody All kids MUST have socks.	\$60 per child
				Lunch not included.

Parent's Signature _____

Date _____

Your child(ren) will not be considered registered until we have the following:

1. This completed and signed Permission Slip.
 - 1a. If you are not a current TAS student, you must also complete the two-sided Enrollment Form.
2. Payment for the day(s) noted above by the deadline.

Tuition, once paid, will not be refunded. Once tuition is paid in full, it cannot be exchanged for any other day(s).

Refunds or credits will not be issued due to absences.. TAS offers a sibling discount of 10% off of the lower tuition.

 **TREASURES AFTER SCHOOL & VACATION PROGRAMS** 
ENROLLMENT FORM

Child's Name: _____
Home Address: _____ Town: _____ State: _____ Zip: _____
Home Phone: _____ Date of Birth: _____
Current School: _____ Grade in Sept: _____
Eye Color: _____ Skin Color: _____ Hair Color: _____ Height: _____ Weight: _____ Sex: _____ Primary Language: _____
PLEASE SUPPLY A RECENT PHOTO OF YOUR CHILD. Identifying Marks: _____

Parent/Guardian: _____ Relationship to Child: _____
Home Address: _____ Town: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Home Email: _____
Employer: _____ Work Address: _____ Town: _____ State: _____ Zip: _____
Work Phone: _____ Work Email: _____

Parent/Guardian: _____ Relationship to Child: _____
Home Address: _____ Town: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Home Email: _____
Employer: _____ Work Address: _____ Town: _____ State: _____ Zip: _____
Work Phone: _____ Work Email: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent/Guardian Initials: _____

Emergency Contacts (other than parents/guardians):

Name: _____ Relationship to Child: _____ Permission to Pick Up? Y or N
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Name: _____ Relationship to Child: _____ Permission to Pick Up? Y or N
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Name: _____ Relationship to Child: _____ Permission to Pick Up? Y or N
Home Phone: _____ Cell Phone: _____ Work Phone: _____

The following people may never pick up my child*: _____

*Please note that biological parents are automatically authorized to pick up your child unless TAS is given a copy of a current court ordered custody agreement.

Medical Information

Insurance Company Name: _____
Subscriber's Name: _____ Policy #: _____
Physician's Name: _____ Phone: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to _____, and to secure necessary medical treatment for my child. I hereby give Little Treasures Schoolhouse, Inc. permission to administer basic First Aid and/or CPR to my child. Parent/Guardian Initials: _____

Parent's Signature

Date

Child's Name: _____ Date of Birth: _____

Allergies	Medications

All medication MUST be accompanied with written parental AND doctor permissions (or prescription) AT LEAST one week prior to first day. Medication forms may be downloaded at www.LittleTreasuresSchool.com.

<p>I give LTS/TAS permission to take photos of my child. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give LTS/TAS permission to post photographs of my child (without my child's name) on the LTS website and/or private Facebook page. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give permission for my child to go on walking field trips. These walking field trips may be either on or off of LTS/TAS property. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give permission for my child to reapply sunscreen, as needed. I understand that I must provide sunscreen to TAS, clearly labeled with my child's name. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Transportation Plan & Authorization	Monday	Tuesday
<p>Please list the time of drop off & pick up each day in the space provided. We must have contact information for each person/company who is transporting your child. Please call LTS if your child will be late or absent. We will have to contact you if you do not notify us. Please let all authorized individuals know we will require identification at pick up if we have not previously met them.</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>
Wednesday	Thursday	Friday
<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>

Parent's Signature _____

Date _____

updated 12-23-15