

**The Village Learning Center, Inc.
 Registration Fee: \$75.00 per child
 \$175.00 Infants – 24 months * \$135.00 2-3 year olds
 \$110.00 4-5 year olds * \$100.00 After School Care * \$110.00 Before & After School Care**

Child's Name: _____ Age: _____ D.O.B. _____ Grade _____

Parent's Name: _____
 (mother) (father)

Address: _____

Phone Numbers: (Home) _____ (H) _____
 (Work) _____ (W) _____
 (Cell) _____ (C) _____

Emergency Contact (person other than parent/guardian):
 (Name) _____ Phone # _____
 (Name) _____ Phone # _____

MEDICAL EMERGENCY RELEASE FORM

****In the case of an injury, necessary first aid will be administered by the provider. In the event of a medical emergency, an ambulance will be called and the recommendations of the paramedics will be followed. Parents will be notified immediately. If you are not available, other contacts on your list will be notified. Parents are responsible for any expenses incurred as a result of emergency room care, ambulances, etc. The daycare provider is not responsible. Please sign below authorizing your consent:*

_____ Place of Employment _____ # _____
 (mother)

_____ Place of Employment _____ # _____
 (father)

The parent(s) or guardian authorize _____
 (Center's Name)

To obtain immediate care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child if an emergency occurs when he/she cannot be located immediately. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of all medical expenses. _____
 (parent/guardian)
2. Medical treatment costs are covered by:
 Name of Insurance Company _____
 Policy Number _____ Policy Holder _____
3. Child's physician or clinic _____ Phone Number _____

Signature of parent or guardian _____ Date _____

TRANSPORTATION AUTHORIZATION

My child _____ has permission to be transported by a licensed driver permitted by The Village Learning Center, Inc. I am aware that they may take local field trips to the library, park, playground, etc.

Signature of parent or guardian _____ Date _____