



Student Last	Student First	Middle	Nickname
DOB	Email	Student Cell	Grade level

Student School	Teacher Email
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Parent/Guardian Name	Cell Number	Work Number	Email
Home Address	Place of Work	Work Address	

Authorized Person(s) to Pick up Child	Phone	Relationship

**Student Release Authorization:** In the event that EduCare is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above, or currently on file.

**Legal Parent/Guardian:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Any Allergies or Special Needs we need to know	
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Primary Insurance	Policy #	Policy Holder
Primary Physician	Phone	Address

**Emergency Medical Authorization:** I understand that in the event of an accident or illness, every effort will be made to contact the parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

*Legal Parent/Guardian:*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

My child will attend day by day

My child will be attending by the week

My child will need transportation to Dreamworks

Please circle the days your child will attend: Mon Tues Wed Thurs Fri
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\*\*\*The cost will be \$20/day and \$10/day for siblings. On full day care, it will be \$25/day. Your \$50 deposit will be applied to your child's first week attendance. All other payments are due the first day of the week your child attends. Example: If your child is an all week student, payments are **DUE MONDAY** upon their arrival, if day by day the first day they attend the new week. **NO REFUNDS** will be given for the week paid as we have already planned for your child that week. \*\*\*

**Legal Parent/Guardian:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Behavior Agreement:** I (we) understand that it is a privilege to attend EduCare at DreamWorks Bladen. I further understand that \_\_\_\_\_ is expected to be respectful of all EduCare, Dream Works Bladen and Bladen Released Time Employee/Volunteers and property. The program has the right to remove any student from the program for disciplinary issues or for being disruptive and noncompliant with our behavior guidelines outlined in the packet.

**Legal Parent/Guardian:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COVID-19 Information:** I (we) understand that in the event that my child should be diagnosed with COVID-19, the school nurse can contact Educare to inform us with the information. I (we) understand that in the event that a student has to be quarantined due to exposure, the student may return to Educare after 5-7 days without showing symptoms.

**Legal Parent/Guardian:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

