

**Lil' Rams Summer 2010 Enrollment Application (NEW)**

Please fill in application completely and legibly.

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Circle child's Enrollment Status: Full time (5 days) or Part time (4 days) or Drop In

Approximate Arrival Time: \_\_\_\_\_ Approximate Departure Time: \_\_\_\_\_

Circle child's primary residence: With Mother With Father With Both Other: \_\_\_\_\_

**PARENT GUARDIAN INFORMATION:**

Enrolling Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If divorced/separated, who has legal custody? (legal documentation required) \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_

**EMERGENCY INFORMATION:**

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies or special needs: \_\_\_\_\_

Allergic reactions that occur: \_\_\_\_\_

Emergency Contact OTHER than parents: \_\_\_\_\_  
(Last Name) (First Name)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact OTHER than parents: \_\_\_\_\_  
(Last Name) (First Name)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Authorized Pick Up List:**

The child will only be released to the people on this application (including emergency contacts).

1. \_\_\_\_\_  
(Last Name) (First Name) (Relationship to the child)
2. \_\_\_\_\_  
(Last Name) (First Name) (Relationship to the child)
3. \_\_\_\_\_  
(Last Name) (First Name) (Relationship to the child)
4. \_\_\_\_\_  
(Last Name) (First Name) (Relationship to the child)
5. \_\_\_\_\_  
(Last Name) (First Name) (Relationship to the child)

**PARENT AUTHORIZATION:**

Authorization for Emergency Medical and First Aid: I hereby authorize the Ralston Schools Foundation staff, representing Lil' Rams, to give consent for any and all necessary medical and First Aid care for my child : \_\_\_\_\_, while my child is in the Lil' Rams custody.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, have determined that Lil' Rams is competent to give or apply medication to my child. I understand that Child Care Center Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child. I understand that all medication must be in the original container with the child's name, type of medication, date, and amount and time of dosage. Over the counter medication will only be administered with a doctor's written recommendation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION RELEASES:**

I give permission for my child to be photographed/filmed participating in activities at Lil' Rams. I understand that such photos may be used occasionally in the media to publicize activities for the Lil' Rams program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child to participate in supervised activities away from the Lil' Rams site. This includes permission for my child to be transported by bus/van for field trips. I understand that I will be notified in advance of any activities off the site premises. Parents are required by state law to supply Lil' Rams with a federally approved child safety seat.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specifically, I do hereby give permission for my child to go swimming with the RSF Lil' Rams program. I understand that certified lifeguards, the RSF's lead teachers, assistant teachers and support staff will supervise my child. I agree to hold the RSF harmless of any accidental injury caused out of the activity so long as it was not a foreseeable incident, which could have been prevented. I understand that it is my responsibility to make my child aware of their swimming abilities and any restrictions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle 2009-10 school year building:

Blumfield	Karen Western	Meadows
Mockingbird (Optional)	Mockingbird (Traditional)	
Seymour	Wildewood	Other

Grade Completed during 2009-10 School Year (circle one): K 1 2 3 4 5 6

**RALSTON SCHOOLS FOUNDATION  
SUMMER DAY CAMP 2010 CONTRACT**

(June 1-July 8, 2010 Optional with 3 deduction dates: June 4, 18 & July 2)

(June 1-August 6, 2010 Traditional with 4 deduction dates: June 4, 18 & July 2 & 16)

I have read all of the contents in the Lil' Rams Parent Handbook, revised December 2009. I, by signing this form, understand and agree to the terms and rules of the Ralston Schools Foundation Lil' Rams child care program. I understand that tuition is based on enrollment status, not actual attendance. Tuition will be drafted from a checking/savings account of my choice on June 4 & 18 and July 2 & 16 2010. Parent/guardian may terminate contract by giving two weeks written notice in advance of the ending date. Payment by the parent/guardian is due for the notice period, whether or not the child will be attending Lil' Rams.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Hop aboard the Tuition Express  
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or to review your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com)

**For Bank Account Authorization, complete this side and return to center management.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) authorize Walston Schools Foundation (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address		Bank or Credit Union Address
City	State	Zip
Routing Transit Number (see sample below)		Account Number (see sample below)

Type:  Checking  Savings

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

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Signature	Date
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**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

**(Please attach a copy of a voided check below - deposit slips not accepted)**

John Smith Sally Smith 123 Main Street Anytown, OR 97504	1420 1111 1420
PAY TO THE ORDER OF _____ \$ _____ Dollars	DATE _____
Memo _____	_____
* 40574240415 57824544 1420	_____
Routing Transit    Account    Check	_____