

(Incomplete forms will be returned)

Today's Date: _____

SANTA ROSA CITY SCHOOLS
CHILD CARE PROGRAM REGISTRATION

*STARTING DATE DESIRED: _____

Child's Name: _____ Male _____ Female _____
Last First Middle

Address: _____
STREET/P.O. BOX CITY ZIP CODE EMAIL

Telephone: _____ Birth Date ____/____/____ Current Grade: TK K 1 2 3 4 5 6
(Circle one)

Child lives with: Mother _____ Father _____ Both _____ % if shared custody _____ Other _____

Parent Name: _____ Relationship _____

Home Address (if different than child) Home Phone# Work Phone # Cell Phone#

Parent Name: _____ Relationship _____

Home Address (if different than child) Home Phone# Work Phone # Cell Phone#

PERSON RESPONSIBLE FOR CHILD CARE PAYMENT

Print Name Signature Social Security Number

Print Name Signature Social Security Number

(Please check school child attends)

_____ Proctor Terrace _____ Hidden Valley Main
_____ Arts Charter _____ French-American Charter _____ Cesar Chavez Learning Academy
_____ Santa Rosa Accelerated Charter-Must arrange bus with school Other _____

Child Care site requesting: _____ Proctor Terrace _____ Hidden Valley Main
_____ Arts Charter _____ French-American Charter _____ Cesar Chavez Language Academy

*Hours needed per week: _____ Less than 12.5 hours per week
_____ 12.5-25 hours per week

_____ **DROP-IN (Limited Space-No guarantee, must call first to reserve)**
_____ **KINDER-DROP-IN (1-hour maximum @ Kindergarten Dismissal) Excluding Early Dismissal Days.**
_____ **Vacations Weeks Only (Winter, Spring & Summer/No School Year)**

-12.5 _____ 12.5-25 _____ 25-35 _____ 35-45 _____ hours per week _____ Drop In _____

Do you have a sibling currently enrolled in Child-Care Program? Yes _____ No _____ if yes: Child's name: _____

Office/Site Use Only Office/Site Use Only

Finance Policy Form _____ Emergency Form _____ Registration Fee _____ Date Rec'd _____ Initial _____

Reduced Fee Application _____ Approved Denied (circle) Subsidized _____ Time Rec'd _____ rev. 7-25-18 mp