



**ERLANGER/ELSMERE**  
**School Age Summer Program**  
**450 Bartlett Ave.**  
**Erlanger KY 41018**  
**859-431-2075 www.childreninc.org**

<b>School Child Attends</b>					
<b>Start Date</b> <small>(at least 2 full business days from submission)</small>	Race	<b>Are you eligible for:</b>		<b>Do you receive state child care assistance?</b>	
		<input type="radio"/> Free Lunch <input type="radio"/> Reduced Lunch		<input type="radio"/> Yes <input type="radio"/> No	
<b>Child (Use 1 form per child)</b>					<input type="radio"/> Male <input type="radio"/> Female
Last	First	Birthdate/Age			
Physician	(     ) Phone	Preferred Hospital	<input type="radio"/> Check here to grant Emergency Medical Authorization		
<b>Primary Mailing Address and Contact Information</b>					
<small>It is very important you contact us at 859-431-2075 if any of your information changes.</small>					
<b>Parent/Guardian 1</b>					
Last	First	Employer			
(     ) Work Phone	(     ) Cell Phone	Email			
<b>Parent/Guardian 2</b>					
Last	First	Employer			
(     ) Work Phone	(     ) Cell Phone	Email			
<b>Primary Mailing Address</b>					
House #	Street	City, State Zip	County	(     ) Home Phone	
<b>Emergency Contact 1</b>					
Last	First	(     ) Primary Phone	(     ) Secondary Phone	<input type="radio"/> Yes <input type="radio"/> No Permission to Pick-Up	
<b>Emergency Contact 2</b>					
Last	First	(     ) Primary Phone	(     ) Secondary Phone	<input type="radio"/> Yes <input type="radio"/> No Permission to Pick-Up	
<b>May we give information regarding your child to Parent/Guardian #2?</b> <input type="radio"/> Yes <input type="radio"/> No					
<b>Medical History and Allergies</b> (Examples: Special physical or emotional needs, behavioral issues, health concerns or allergies.)					
<small>If you have any other questions, comments or issues, please enter that information in this field.</small>					
I understand that a current Immunization Certificate must accompany this enrollment and agree to provide one during my child's first week of attendance.					
<b>Return Registration to: Children, Inc., 333 Madison Ave, Covington, KY 41011 or fax to 859-431-3134.</b>					

**IMPORTANT:** Tuition is due at the beginning of each week, with fees based on the number of days enrolled. Additional daily fees apply when your child attends extra days.



Summer Care Program  
2019 Registration  
Erlanger/Elsmere  
Ages 5 - 12

Schedule:

6/3	M	T	W	T	F
6/10	M	T	W	T	F
6/17	M	T	W	T	F
6/24	M	T	W	T	F
7/1	M	T	W	NO PROG	
7/8	M	T	W	T	F
7/15	M	T	W	T	F
7/22	M	T	W	T	F
7/29	M	T	W	T	F

**Tuition Rate:**

\$15 Registration Fee Per Family

\$65 Activity Fee Per Child

Max \$130.00 per family

\$150 Per Week, or \$32 per day (2 days per week minimum per child unless skipping entire week)

\$5 Sibling discount (per additional child if children registered for full week)

*Tuition assistance is available.*

**Registration & Activity Fees must be paid up front to secure a spot.** (non refundable)

**Select dates carefully.** You are financially responsible for payment of the dates you reserve.

You must register for at least 2 days per week per child unless you are skipping the entire week.

**Hours: 7AM to 6 PM**

Please note: Activities and visitors are subject to change.

Children need to bring a bag lunch each day (no microwave items please)

Refrigeration is provided. Due to limited space, please do not send coolers or oversized lunch boxes. Morning and afternoon snacks will be provided by Children, Inc.

We ask that children do not bring personal items as we cannot be responsible for lost or stolen items.

Current Immunization Certificates and all consent/permission forms are due on first day of program.