THE LION'S WATCH

Bridging the Childcare Gap Between School and Home

Application

Student's Name:		Birth Date
Student's Address	(first)	Birth Date (middle)
Student resides with		
Parent's Name		Parent's Name
Workplace		Workplace
Home Phone		Home Phone
Work Phone		Work Phone
Mobil Phone		Mobil Phone
Email Address		Email Address
In case you are not accessi	ble:	
Emergency Contact #1		Relationship
Home Phone	Work Phone	Mobil Phone
Emergency Contact #2		Relationship
Home Phone	Work Phone	Mobil Phone
Emergency Contact #2		Relationship
		Mobil Phone

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I would like to enroll my child in
□ the morning care □ the afternoon care □ the morning and afternoon care for □ 5 days/wk □ 4 days/wk □ 3 days/wk □ 2 days/wk □ 1 day/wk
or □ as needed.
I would like to start on (date and time):
My child's teacher's name is
My child's known allergies and symptoms, if any, are:
Please provide other information that might assist us in providing a productive, healthy setting for your child, such as eating habits, special needs, likes or dislikes, and fears.
Child's doctor: Phone
Address/City
Any pick-up restrictions:
I agree to pay all fees fully and in a timely fashion.
I agree to assume all risks, injuries, or damage to my child while participating in the Lion's Watch, and I further agree to indemnify and hold harmless Millennium Charter Academy, Millennium Education, Inc., their agents and their employees, for any injury or damage to my child.
I further authorize Millennium Charter Academy, or its representatives, to seek appropriate medical attention for my child, including the right to authorize medical treatment in my absence. I understand that I am financially responsible for all medical treatment.
I also understand that my child may be photographed during Lion's Watch activities and that photos may be used in publications unless I request otherwise in writing.
Signed Date