

**TAPESTRY 2021-2022****SCHOOL YEAR REGISTRATION FORM**TAPESTRY LOCATION (*Please Circle One*): NORTHEAST / NORTHWEST / RIS / PROCTOR / WEST RUTLAND / RUTLAND TOWN

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: M  F Child's T-Shirt Size: Child: S  M  L  XL  Adult: S  M  L 

Acceptance in the program is based upon available space. Site leadership will provide a start date to you.

Tapestry Daily Rate: \$15.00 Tapestry Weekly Rate: \$75.00

Will Financial Assistance Be Needed: YES  NO Do you have, or have you applied for Child Care Subsidy: YES  NO **\*\* YOUR CHILD/CHILDREN MAY NOT ATTEND TAPESTRY UNTIL ALL FORMS ARE COMPLETE, A FINANCIAL PLAN IS IN PLACE, AND A START DATE IS PROVIDED TO YOU. \*\***Attendance Days: MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY 

Transportation (Bus Transportation home is available to Northeast, Northwest and RIS students only.)

Parent Provided: YES  NO Bus Provided: YES  NO 

STREET ADDRESS: \_\_\_\_\_

First Parent/Guardian Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Preferred Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Preferred Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

With whom does the child live: Both Parents: No  Yes  Mother  Father  Other \_\_\_\_\_Are there any custody issues: No  Yes  Do you have custody papers: No  Yes

If I cannot be reached at the above numbers, please contact the following people (3 are required). I also give permission for my child to be released to them.

Emergency Contact Person # 1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Person # 2: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Person # 3: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health History: problems/illness (BE SPECIFIC: include any limitations and instructions): \_\_\_\_\_  
\_\_\_\_\_

State of Vermont Child Care Licensing requires the Tapestry Program to have an up-to-date copy of immunization records PRIOR to attending the program. Please be sure to include these records with your enrollment form.

Allergies: Please list allergies and instructions: \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions/Other Special Needs: (BE SPECIFIC, include any limitations and instructions): \_\_\_\_\_  
\_\_\_\_\_

Does your child take Prescription Medications: No  Yes

If yes: What \_\_\_\_\_ When \_\_\_\_\_ Dosage \_\_\_\_\_

What \_\_\_\_\_ When \_\_\_\_\_ Dosage \_\_\_\_\_

What \_\_\_\_\_ When \_\_\_\_\_ Dosage \_\_\_\_\_

Any prescription medication that is to be given during the program hours must be provided to the Site Coordinator in its original container, with a physician's written order, including inhalers or EpiPens.

Please initial each of the following lines indicating you give permission for each item. If you are not providing permission for an item please write NO in that box.

Initial _____	I understand that if I need to change information on this registration I must contact Tapestry in writing or submit a new registration form, as needed.
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Initial _____	I give permission for staff to administer pain medication, antacid and cough preparations.
Initial _____ Initial _____ Initial _____	I give permission for staff to apply and supervise the topical application of ointments/lotions or spray: <ol style="list-style-type: none"> <li>1. Sunscreen</li> <li>2. Tick/insect repellent</li> <li>3. Antiseptics for small wound</li> </ol>
Initial _____	I give permission for my child to watch PG rated movies.
Initial _____	I give permission for my child to participate in swimming and water activities.
Initial _____	In case of accident or illness, I request the Tapestry Program contact me. If the Tapestry Program is unable to reach me, I hereby authorize personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.
Initial _____	I give permission for my child to leave the school building for activities/field trips sponsored by the Tapestry program. Transportation for field trips includes school bus, city bus and staff vehicles.
Initial _____	I give permission for my child to be in photographs and videos that will be used as displays, appear in newspapers, TV, school websites and other media outlets.
Initial _____	I give permission for the Tapestry Program and the school to share information pertaining to my child's immunization records.
Initial _____	I give permission for the Tapestry Program and the school to share information regarding my child. The Tapestry Program may use student data for reporting, grants and other program initiatives. Reporting data will not personally identify students.
Initial _____	I understand it is the parent's responsibility to secure child care subsidy, financial aid or make payments to the Tapestry Program. I understand that I will be billed for contracted days the child has enrolled in the program.
Initial _____	I understand that legal documents necessary to identify custodial rights or legal guardianship must be provided to the Tapestry Program if applicable.
Initial _____	I give permission for my child to be signed out of the Tapestry Program for the purpose of attending school activities. At the end of the activity, my child will be signed back into Tapestry.

Name of Parent/Guardian (please print): \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer ALL questions on this application. Incomplete applications will be returned.**