

Bobbie Noonan's Child Care  
Tinley II  
June 10 – August 16, 2019  
Activity fee \$30.00

**Please Print Clearly**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

2 Days \_\_\_\_\_ 3 Days \_\_\_\_\_ 5 Days \_\_\_\_\_

(Circle days needed) M T W R F

My child will eat breakfast at school Yes \_\_\_\_\_ No \_\_\_\_\_

(Optional –additional charge)

My child will arrive at \_\_\_\_\_ A.M. My child will be picked up at \_\_\_\_\_ P.M.

**Parent information (Please print clearly)**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

I, \_\_\_\_\_, authorize the following people for pick-up and or emergency contact if unable to contact parents. Parent will be contacted first. \_\_\_\_\_ Date

**Authorized to pick up (other than parents)**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Emergency Contacts (other than parents)**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

You must mark all weeks that your child will be attending. If you will be taking a vacation, please put an X on the vacation line next to the week(s) that you will be taking. **Every week must be marked before turning in this form.**

If you have been with us for 12 consecutive months, you are entitled for up to 2 weeks of vacation per year with no tuition. If you have not been here for 12 months you may still take vacation time, however full tuition will be due.

**Summer Weeks**

|                              |                                   |                    |   |
|------------------------------|-----------------------------------|--------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | June 10 - 14       | <b>Day Care Only (No Pre-School Children)</b>                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | June 17 - 21       |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | June 24 - 28       |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | July 1 - 5         | <b>School Closed Thursday, for the 4<sup>th</sup> of July!!</b> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | July 8 - 12        |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | July 15 - 19       |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | July 22 - 26       |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | July 29 - August 2 |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | August 5 - 9       |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vacation | August 12 - 16     | <b>Day Care Only (No Pre-School Children)</b>                   |

**\*The week of August 12 - 16 will be the last week for children not attending our school in the fall\***

**August 19, 2019 - First Day of School**

Does your child have any allergies? If so, please explain:

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In case of an emergency, and we are unable to contact the parents, do we have your permission to send the child by ambulance or any other means to a local medical facility, and for the doctors there to treat this child?

Circle One: Yes, I give permission to medical authorities to treat my child in case of emergency.

No, I do not give my permission to medical authorities to treat my child in case of emergency.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enter your email address below. **(Please print clearly)**

\_\_\_\_\_  
Email Address

I give my permission for \_\_\_\_\_

Child's Name

Yes                  No                                  Initials

\_\_\_\_\_                  \_\_\_\_\_                  Sunscreen                  \_\_\_\_\_

\_\_\_\_\_                  \_\_\_\_\_                  Sprinkler                  \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_