



## **Delayed Opening Childcare – Introductory Letter**

We are again offering a program called “*Delayed Opening Childcare*” for RES students that will be similar to our former Breakfast Club except it will meet 1 hour and 10 minutes before school only on delayed openings at RES.

Keep in mind, school starts at 8:00am on a regular day.

### **Time:**

90 minute delay – our program meets from 8:20 – 9:30

2 hour delay – our program meets from 8:50 – 10:00

2.5 hour delay – our program meets 9:20 – 10:30

3 hour delay – our program meets 9:50 – 11:00

### **Location:**

Extended Day Demountable Classroom

### **Fee:**

\$8.00 per morning payable to supervisor on site only with cash or check made out to “Town of Redding”.

### **Requirements:**

1. Deliver completed attached registration form **in advance** to Park and Rec office. This form can be found online or at P&R.
2. Walk your child into Extended Day Room. You will need to knock on the Extended Day door and be prepared to show photo i.d. if the supervisor has never met you before.
3. Pay daily fee (cash or check).

## DELAYED OPENING CHILDCARE



For children enrolled in this current school year's Extended Day program, all we need is child's name, signature and today's date.

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Home Phone \_\_\_\_\_

Street address \_\_\_\_\_

Marital status \_\_\_\_\_ Custody status \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

***IF PARENTS CANNOT BE REACHED DURING PROGRAM TIME, CONTACT:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (list symptoms and treatment): \_\_\_\_\_

*\*If there are any special conditions, medical or otherwise, that the supervisors need to be aware of, please describe in detail, in writing, and attach to this form at the time of enrollment.\**

The above child has my permission to participate in Park and Recreation's Delayed Opening Childcare program. I realize that the Recreation Department does not provide accident insurance and I accept full responsibility. I also give my permission for the program's supervisor or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency. I understand photos may be used by the Park and Recreation Department unless I notify them in writing. I am in receipt of the Delayed Opening Childcare's **Introductory Letter** and agree to follow the program's policies and procedures.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_