

R: \_\_\_\_\_  
I: \_\_\_\_\_  
SIB: \_\_\_\_\_  
PCBE: \_\_\_\_\_

## Putnam County School Age Care Schedule of Enrollment Form

School \_\_\_\_\_

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

SSN \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

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

Parent Name \_\_\_\_\_

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

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

SSN \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

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

Parent Name \_\_\_\_\_

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

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

SSN \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

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

Parent Name \_\_\_\_\_

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

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

SSN \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

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

Parent Name \_\_\_\_\_

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

I am enrolling my child for:

- A.M. Weekly
- A.M. Daily (1 or 2 days)
- P.M. Weekly
- P.M. Daily (1 or 2 days)
- A.M./P.M. Weekly
- A.M./P.M. Daily (1 or 2 days)

Effective Date \_\_\_\_\_

You will be automatically billed according to the choices selected above. If you must change the enrollment status, one week notice is required. Four changes per year will be allowed.

Parent/Guardian Signature    Date

\_\_\_\_\_

I am enrolling my child for:

- A.M. Weekly
- A.M. Daily (1 or 2 days)
- P.M. Weekly
- P.M. Daily (1 or 2 days)
- A.M./P.M. Weekly
- A.M./P.M. Daily (1 or 2 days)

Effective Date \_\_\_\_\_

You will be automatically billed according to the choices selected above. If you must change the enrollment status, one week notice is required. Four changes per year will be allowed.

Parent/Guardian Signature    Date

\_\_\_\_\_

I am enrolling my child for:

- A.M. Weekly
- A.M. Daily (1 or 2 days)
- P.M. Weekly
- P.M. Daily (1 or 2 days)
- A.M./P.M. Weekly
- A.M./P.M. Daily (1 or 2 days)

Effective Date \_\_\_\_\_

You will be automatically billed according to the choices selected above. If you must change the enrollment status, one week notice is required. Four changes per year will be allowed.

Parent/Guardian Signature    Date

\_\_\_\_\_

I am enrolling my child for:

- A.M. Weekly
- A.M. Daily (1 or 2 days)
- P.M. Weekly
- P.M. Daily (1 or 2 days)
- A.M./P.M. Weekly
- A.M./P.M. Daily (1 or 2 days)

Effective Date \_\_\_\_\_

You will be automatically billed according to the choices selected above. If you must change the enrollment status, one week notice is required. Four changes per year will be allowed.

Parent/Guardian Signature    Date

\_\_\_\_\_