



WINDSOR DISCOVERY CENTER
MILO W. PECK CHILD DEVELOPMENT CENTER
114 PALISADO AVENUE
WINDSOR, CT 06095

Registration Form

This form must be accompanied by a \$20.00 registration fee with a check made payable to the Windsor Discovery Center.

Form with sections for Child's Information, Mother's (guardian) Information, Emergency Authorization to pick up child, and Father's (guardian) Information. Each section includes fields for Name, Street Address, City, State, Zip, Telephone, Birthdate, Workplace, and Address.

Start date requested: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Elementary: [ ] Before School [ ] After school [ ] 1 day [ ] 2 days [ ] 3 days [ ] 4 days [ ] 5 days / week

Days requested: \_\_\_\_\_ 5 Days/week OR \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Office Use: Monthly fee: \_\_\_\_\_ Start date: \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_ Windsor Discovery Center verification \_\_\_\_\_ Date \_\_\_\_\_

If you should have any questions concerning the Windsor Discovery Center Program Guidelines or registration procedures, please contact Anne Wakelin at 285-1400 x 1.

## PERMISSION SLIPS

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

I hereby give permission for my child to participate in field trips, on foot or in an authorized vehicle, as scheduled and posted by Windsor Discovery Center.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for the following person(s) to pick up my child from the Windsor Discovery Center:

Name	Address	Telephone

Name	Address	Telephone

*\*If someone other than the persons listed above and on the front will be picking up your child, send in a signed permission slip stating who will be picking up your child.*

Parent's Signature

Date

I hereby give permission for my child to receive transportation & emergency treatment at the closest hospital.

Parent's Signature

Date

I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Discovery Center staff. Written permission is required for the application of any topical ointments.

Parent's Signature

Date

I understand that it is my responsibility to read the Parent Handbook. I agree to abide by these policies as long as my child is enrolled in the program.

Parent's Signature

Date

I hereby consent that the Town of Windsor or any person authorized by the Town may use photographic, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate for the purposes of creating promotional material.

Parent's Signature

Date

I hereby acknowledge that I am responsible for payment of the fees indicated on the front of this form. Payment is due on the 15th day of each month. I understand that if payment is not received by the 25<sup>th</sup> day of the month I will be charged a \$30 late fee and a 10% monthly finance charge will be assessed on any unpaid balance.

Parent's Signature

Date