



6451 Center Street
Mentor, OH 44060

2018-19 WE CARE REGISTRATION FORM (ELEMENTARY STUDENTS)

Student Information	Child's Name		School	Grade
	<input type="checkbox"/> IEP on file with school <input type="checkbox"/> 504 Behavior Plan on file with school <input type="checkbox"/> Allergy noted on Parent Portal <input type="checkbox"/> Dietary Restrictions (explain) _____			
	Please list any information about your child that would be useful for staff to know:			
Emergency Contacts	In the event of an emergency, if parents cannot be reached, the following individuals can be contacted & are authorized to pick up:			
	Name	Relationship	Phone 1	Phone 2
	Name	Relationship	Phone 1	Phone 2
	Name	Relationship	Phone 1	Phone 2
Additional Authorized Pickup Individuals	The following individuals are authorized to pick up (other than above):			
	Name	Relationship	Phone 1	Phone 2
	Name	Relationship	Phone 1	Phone 2
	Name	Relationship	Phone 1	Phone 2
	Name	Relationship	Phone 1	Phone 2
The following individual(s) are NOT permitted to pick up (court documentation must be on file at Board of Education):				
Name(s)				
Afternoon Schedule	Please select ONE of the three options for AFTERNOON We Care (changes may be made in writing at any time)			
	<input type="checkbox"/>	Set Afternoon Schedule (Student will attend days checked each week until further notice) <input type="checkbox"/> Monday PM <input type="checkbox"/> Tuesday PM <input type="checkbox"/> Wednesday PM <input type="checkbox"/> Thursday PM <input type="checkbox"/> Friday PM		Anticipated Start Date: _____
	<input type="checkbox"/>	As-Needed Afternoon Care (Student will attend only as needed. A note will be sent to school when student is to attend)		
	<input type="checkbox"/>	Not Attending Afternoon (Student will not use afternoon care)		
Agreements	Please initial on each line:			
	_____ I have read and understand the Mentor Public Schools We Care Student Expectations Policy. I understand that failure to act in a safe and appropriate manner may result in loss of privileges or attendance for my child.		_____ I have read and understand the Mentor Public Schools We Care Tuition & Payment Information. I understand that it is my responsibility to ensure that there is a positive balance in my child's account at all times. Failure to make timely payments may result in loss of services. Late pickup fees may apply for students picked up after 6:00pm.	
	_____ I understand that the \$25 annual enrollment fee is <u>not</u> refundable regardless of circumstances. This includes, but is not limited to: discontinuing of services by either party (student moving out of district, dismissal due to behavior issues, failure to maintain a positive balance, choice of the parent/guardian, etc.).			
Parent/ Guardian Signature			Date:	

Any changes (additions, deletions, etc.) to the registration form must be communicated to the center supervisor in writing.

Required	*** For Staff Use Only ***	Optional
<input type="checkbox"/> Registration Form Complete & Signed <input type="checkbox"/> IC Census Report & Emerg. Med. Auth.	<input type="checkbox"/> \$25 Nonrefundable Registration Fee <input type="checkbox"/> \$100 We Care Prepayment (25 hours of care)	<input type="checkbox"/> Medicine Administration (2) Parent & Physician