

## CHILD CARE REGISTRATION

For children ages 12 wks - 10 yrs June 10 & 11, 2011

- Registration deadline is 5/27/11, although some age groups may be filled before this date.
- Parents are responsible for all transportation arrangements. IC3 is a 5 to 10 minute drive from campus.
- · Space is limited and advance registrations will be accepted on a first-come, first-served basis.
- Refunds available through Ithaca Community Childcare Center (IC3) 607-257-0200 until May 27—no exceptions.
- Rates are non-negotiable and cover all costs, including food. (Parents of infants must provide formula/breast milk/infant cereal and baby food; IC3 provides apple juice and finger foods such as Cheerios.)

Please complete this registration form (both sides) and mail it with payment in full (make checks out to IC3 or Ithaca Community Childcare Center) to: IC3, Reunion Weekend Child Care, 579 Warren Road, Ithaca, New York 14850. Upon receipt, your child(ren)'s enrollment will be confirmed. You will receive a complete packet of program information. DO NOT HESITATE TO CALL US IF YOU HAVE ANY QUESTIONS.

Parent name			Class			
Mailing Address	Street		City	State	Zip	
Preferred phone	Cell phone	e	Fax			
Reunion Housing Location						
Child(ren)'s name(s)		Age (as of 6/10/11)	Gende	r		
Do(es) your child(ren) have an	y medical condition	ns, special needs or take a	ny medication we	need to be a	ware of?	
Please list the names of the chi	ld(ren) and when tl	ney will be attending:				
FRIDAY (6/10) EVENING (6:00 pm - 11:00 pm) COST: [ ] \$55 for children 19 months - 10 years [ ] \$65 for infants under 19 months			SATURDAY (6/11) EVENING (6:00 pm - 11:00 pm) COST: [ ] \$55 for children 19 months - 10 years [ ] \$65 for infants under 19 months			

### **EMERGENCY TREATMENT CONSENT FORM ITHACA COMMUNITY CHILDCARE CENTER**

(please complete one form for each child)

Child's Name:	E	Birthdate:	
Address:			
I, the undersigned being the parent or leg dental, surgical care and/or hospitalization point someone to act in my absence and Center staff the right to give consent for physician, dentist, or hospital personnel	on for my child while s/he i to give such authorization. emergency diagnostic med	s attending Ithaca Community Childea This authorization is intended to give ical, dental, surgical procedures and he	are Center, and I wish to ap- Ithaca Community Childcare
I have put the important medical facts per cal personnel in deciding what treatment person(s) named herein.			
This authorization is in effect from	to	(date/time)	
MEDICAL INFORMATION			
My child is completely immunized for If NO, please explain:	his/her age: YES	S NO	
My child is free from contagious/ comil If NO, please explain:	nunicable diseases: YES	S NO	
NOTE: IC3 reserves the right to refuse enrollment.	care to any child who app	pears to have a contagious/communic	able illness at the time of
ALLERGIES		MEDICATIONS	
DATE OF LAST TETANUS SHOT: MEDICAL HISTORY OR OTHER PER		IOUI D DE VNOWN.	
MEDICAL HISTORY OR OTHER PER	TINENT FACTS THAT SE	IOULD BE KNOWN:	
Signed			
Signed:			
(Parent or Guardian)	Date	(Parent or Guardian)	Date
Address		Address	
City/State/Zip	Phone	City/State/Zip	Phone

# Reunion Weekend Child Care for Children 12 Weeks to 10 Years of Age at Ithaca Community Childcare Center, Inc.

579 Warren Road, Ithaca, New York 14850 Phone: 607-257-0200 Fax: 607-257-6452 E-mail: office@icthree.org

Ithaca Community Childcare Center (IC3) is pleased to offer child care for children 12 weeks to 10 years of age on Friday and Saturday evenings during the Reunion 2011 weekend.

Located at 579 Warren Road (see map on back), IC3 is a nationally accredited child care center equipped with spacious classrooms, two large indoor play areas, outdoor play structures and trained, experienced staff. Separate classrooms are designed for infants, toddlers, and preschoolers with low adult-child ratios.

Evening snacks will be provided for children over 12 months of age. Parents must provide formula/breast milk and baby food for infants.

As you begin making child care arrangements for Reunion weekend, please respect the following guidelines. Because your child will be unfamiliar with our center and caregivers, these guidelines will help ensure your child's comfort:

#### **Infants must be:**

- at least 3 months (12 weeks) old
- able to take a bottle and food from adults other than parents
- able to fall asleep on their own, (i.e. without needing to be breast-fed to sleep)

### All children must be:

- in good health we are not staffed to care for ill children or children who show symptoms of illness at the time of enrollment
- comfortable with adults other than parents (such as regular center caregivers, family day care providers, or frequent babysitters)

We strongly recommend that you bring a cell phone with you in case of emergency!

Please complete both sides of the registration form and return it along with your full payment by May 27, 2011. (NOTE: Refunds will not be given after May 27th.)

Upon receipt of your payment, you will receive a written confirmation as well as additional age-specific information. Feel free to call us at (607) 257-0200 or e-mail us at <office@icthree.org> if you have any questions.

We look forward to seeing you in June!

