



SOUTHSIDE SCHOOLS

HOME OF THE SOUTHERNERS

2016-2017 T.R.A.C.K.S Childcare

FOR CHILDREN AGES K-12

Monday – Friday 6:00 a.m. to 6:00 p.m.

School Year Only

_____ Before School Child Care \$15.00 per week

_____ After School Child Care \$25.00 per week

_____ Before & After School Child Care \$35.00 per week

_____ Full Day Drop In (Holidays) \$20.00 per day (Must pay at drop off)

Summer Care Only

_____ Childcare – Fee \$70.00 due weekly

_____ Drop In – Fee \$20.00 a day/must be paid upon arrival

_____ Activity Fee \$35.00 (One time payment/non refundable)

Child's Name _____ Current Grade _____

Child's Age _____ Date of Birth _____ Gender: M / F Teacher _____

Address _____ City _____ Zip _____

Mother's Name _____ Father's Name _____

Home Ph# _____ Cell# _____

Mother's Employer _____ Wk# _____

Father's Employer _____ Wk# _____

T-Shirt Size _____ (Summer Only)

Please call at 870-251-2297 with any questions or to register your child today!

MEDICAL INFORMATION

Child's Physician/Emergency Treatment Facility _____

Address _____ City _____ State _____ ZIP _____

I, _____ Father, Mother, Guardian (Cross out words that do not apply)

Of _____ (Child's name) do hereby give my consent to the Director of TRACKS or his/her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director of TRACKS or his/her duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

Signed _____ Date _____

Witness _____ Date _____

I hereby give _____ /do not give _____ (Check one) the Director of TRACKS or his/her appointed representative permission to give _____ (Child's Name) acetaminophen. I understand I will be notified that the medication was administered.

Signature _____ Date _____

Parent/Guardian Signature _____

Child's/Children's Name(s) _____

Date _____

Southside School District
70 Scott Drive
Batesville, AR 72501
870-251-4016