

Brooke County Schools Primary Plus
(Provided through a partnership with Little Bear DayCare)
Application for Before & After Care Services

Child's Name: _____ DOB ___/___/___
School: _____ Grade: _____

Is child on any type of medication? Yes No
If yes, what? _____

Father/Guardian's Full Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Mother/Guardian's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Father/Guardian's Place of Employment _____

Department: _____

Employer's Address _____

Work Phone: _____

Mother/Guardian's Place of Employment _____

Department: _____

Employer's Address _____

Work Phone: _____

Care will be available on days *WHEN SCHOOL IS IN SESSION*.
 Before school from **6:00-8:00 am** and After school from **4:00-6:00 pm**.
 Circle days and whether AM or PM or both will be needed:

Monday Tuesday Wednesday Thursday Friday
 AM/PM AM/PM AM/PM AM/PM AM/PM

Care needed at:

- Brooke Primary North
- Brooke Primary South

Date Care needed to start: _____

I give permission for center to take photographs, audio or video recordings of my child/children. Pictures will be used for crafts, room decorations, parent gifts, TV/radio commercials and the child care service website. Parents will receive notification before the photos/videos are used in advertisements.

I agree to the terms and conditions listed in Primary Plus Before & After Care Parent Handbook. I understand that violations of the terms listed may result in termination of services.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Director/Primary Plus Before & After Care	Date

-----Office Use Only-----

Admission Date: ___/___/___
 Discharge Date: ___/___/___

Sibling(s) Enrolled: YES NO