Parent-Child Center
2026-2027

Submit your application to:
pcc.applications@fallscityps.org

K-2nd Grade BEFORE/AFTER SCHOOL Application

Date:	Enrollment Date: **August 2026**
Child's Full Name:	Date of Birth:

Section 1

K-2 BEFORE/AFTER SCHOOL CARE OPTIONS

Column A		Column B			FEES
☐	Before School ONLY (7:30am-8am)	☐ M-F	☐ MWF	☐ TTH	$1 per day
☐	After School ONLY (3:15pm-5:30pm)	☐ M-F	☐ MWF	☐ TTH	$6 per day
☐	Before AND After School (7:30am-8am AND 3:15pm-5:30pm)	☐ M-F	☐ MWF	☐ TTH	$7 per day
☐	**After School ONLY Til 4:15pm**	☐ M-F	☐ MWF	☐ TTH	$3 per day
☐	**Before and After Til 4:15pm**	☐ M-F	☐ MWF	☐ TTH	$4 per day

Section 2

I have read and understand all pages and agree to the terms and conditions of the application including, but not limited to, any fees for the schedule selected above.

Print Parent Name _____ Parent Signature _____

Email _____ Phone #s _____

Division of Public Health – Licensure Unit – Children's Services Licensing Program

Children's Record

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____ Birthdate(s): _____

Enrollment Date: August 2026 Updates: _____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

Father (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Mother (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) to whom the child(ren) may be released by the caregiver: (If no one, write "none")

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) who will take responsibility for the child(ren) in an emergency when the parent (or guardian) cannot be reached: (ONE NAME MUST BE GIVEN)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Consent to Contact Physician in Emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to

_____ to contact Doctor _____ _____
Caregiver Name of Physician Phone

_____ and, if necessary, take my child(ren) to the following
Address City

doctor(s), clinics, or hospital _____

_____ _____
Parent Initials Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined that
Parent/Guardian Name

_____ is/are competent to give or apply medication to my child(ren).
Provider/Director/Staff Name(s)

_____ _____
Parent Initials Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

_____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of that factor.

_____

Special Concerns (glasses, hearing aid, crutches): _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage (OPTIONAL): _____

I certify that the above information is correct to the best of my knowledge:

_____ _____
Parent Initials Date

Parent-Child Center

Receipt of Handbook

Parent-Child Center's Parent Handbook contains descriptions of services available to your child, as well as center policies.

The handbook can be accessed through the school website:

- Go to fctigers.org
- Click on "menu" in upper right corner
- Under "Falls City North School" click on "Early Childhood Program"
- Select "PCC Parent Handbook"

OR

By clicking on the link https://aptg.co/3xQn8

OR

You may request a hard copy.

Please mark your preference below.

☐ I would like a hard copy of the PCC Parent Handbook

☐ I will access through the website.

Signature _____ Date _____