

PLACE TO PLAY APPLICATION
Roanoke Rapids Graded School District

Directions: Complete one application for each child that will attend. Mail or return this application to the Place to Play Office located at 731 Cedar St., Roanoke Rapids, NC 27870 or, you may fax the application to 252-519-7749, or turn the application in at any site.

Application Date _____

Circle the location for services needed:

Clara Hearne (am only) Belmont Manning

(Summer Applications are available in May)

Circle one to indicate type of service needed:

Before School \$25 per month After School \$40 a week (\$30 for additional child)

Both Morning and Afternoon Services at \$185 per month per child

*Fees are due one week in advance of services. Billing is continuous and not based on attendance. Services will be suspended for non-payment after 2 weeks.

Student Information

Name of Child _____

Date of Birth _____ Sex _____ Age _____

Name of School _____ Last Grade Completed _____

Mother/Guardian: _____

Father/Guardian: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Work: _____

Place of Work: _____

Work Number _____

Work Number _____

Do both parents live in the home? _____

If parents are divorced, a copy of custody agreement is required.

Student Health Information

1. Please list any handicaps or physical limitations that your child may have:

2. List any and all allergies:

3. Does your child have any chronic diseases such as epilepsy, diabetes, asthma or other such conditions that we should be aware of?

4. Is your child under a doctor's care for any health problems? If yes, please describe

5. Does your child take medications? Please list those medications

6. Does your child suffer from motion sickness while traveling?

7. Is there any other health information or any other basic information about your child that we should know as caregivers?

Parent/Guardian Signature:

Date: _____

If someone other than the parent/guardian has completed this form, please sign below:

_____ Date: _____

Applications will be accepted throughout the year. You will be notified when the enrollment process is complete and the date that your child may begin receiving services. No child will be accepted in the Place to Playschool until the enrollment process is complete. We look forward to providing quality day care for your child.

Lindsey Goble
Coordinator of Place to Play Services

Revised 1/11/2019

RRGSD

OFFICE USE ONLY - check items off as completed

Signed Student Information Sheet

Signed Place to Play Release Form

Signed Place to Play Discipline and Behavior Management Sheet