



HANDS Annual Enrollment Registration

One Enrollment per Child

REGISTRATION FEE(s): Non-Refundable

New Family - One Child \$15.00 or Family \$20.00

Returning Family - One Child \$10.00 or Family \$15.00

Registration packet must be brought to the HANDS Office at Lewis & Clark Elementary Rm 8

CHILD'S INFORMATION

Date: _____ Grade: _____ Elementary School Attending _____

Child's Legal Name: _____ Male Female Date of Birth: _____

Child Lives With: _____ Relationship to Child: _____

Siblings Enrolled in HANDS: _____

PARENT/GUARDIAN 1 (this payer is where correspondence will be mailed, except in Foster cases)

Parent/Guardian - Full Legal Name: _____

Address: _____ City: _____ State/Zip: _____

Date of Birth: _____ Home Phone: (_____) _____

Social Security #: _____ Cell Phone : (_____) _____

Employer: _____ Work Phone: (_____) _____

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationships to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

PARENT/GUARDIAN 2

Parent/Guardian - Full Legal Name: _____

Address: _____ City: _____ State/Zip: _____

Date of Birth: _____ Home Phone: (_____) _____

Social Security #: _____ Cell Phone : (_____) _____

Employer: _____ Work Phone: (_____) _____

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationships to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

IF APPLICABLE: DPHHS ~ Child Care Protection Specialist

First & Last Name: _____

Office Phone: (_____) _____ Work Cell Phone: (_____) _____

Email: _____

By signing below, I acknowledge responsibility for all charges incurred for childcare while at HANDS. I also understand that I am responsible for all charges whether or not paid by an assistant program such as Family Connections. I understand that should I default on payment of my account and collection agency services are required, ALL costs of collections, up to 45% of the balance, including attorney/court costs will be added to the balance of my account. (Two parent household must have both signatures.)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____