Written Authorization to Enroll into School Age Program

Children born in September through December who will turn five (5) by January 1st of the current school year shall be deemed eligible to enroll as a school age child.

 I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (children’s name) \_\_\_\_\_\_\_\_\_(DOB) who turns 5 years old between September and January 1, to enroll or transition into a school age program on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (start date)

I understand that the policies and procedures that are applied to children that are at least 5 years old will be applied to this child, including but not limited to, the ratio of staff to children and group size. \_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Initial)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Printed Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Director/Head Teacher printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Director/Head Teacher Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

\*This form must be completed at time of registration if your child is under 5 years old upon enrolling in The Region 15 BAS Program \*