



Peralta Parent Teacher Group

Peralta Elementary School 460 - 63rd Street • Oakland, CA 94609 (510) 879-1450

Peralta Elementary Morning Care Registration

Morning care is available from **7:45AM-8:30AM** every day school is in session. Students must be signed in by an adult. Students will participate in supervised play and will join their classmates before the 8:30AM bell. “Coach” Nicholas Reese will be the primary morning care instructor.

PARENT PERMISSION AND STUDENT INFORMATION

I give my child permission to participate in the 2018-2019 Peralta Morning Care Program.

Student’s Name _____ 2018-19 Grade _____ Date of Birth _____

Parent/Guardian Name (Please print) _____ Signature _____ Today’s Date _____

Home Address _____ City _____ Zip _____

Main Phone: cell/home _____ Work Phone _____ Alternate Phone _____

Email: _____

Days my child will attend program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Morning care fees are \$5/day, \$20/week, or \$80/month. Please make checks payable to “Peralta Parent Teacher Group” and place in the PPTG mailbox in the office.

The morning care program continues Peralta’s longstanding commitment to integrated programming that does not separate children by income. Accordingly, the fees can be adjusted along a sliding scale similar to that charged for the afterschool program. Please contact the PPTG co-chairs at pptgchair@peraltaschool.org or by leaving a note in the PPTG mailbox in the main office to ask about the discounted fees.

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name Relationship Phone: cell/home/work

Name Relationship Phone: cell/home/work

Please check if your child has any of these Health Conditions and requires management:

<input type="checkbox"/> Severe Allergy to: _____ _____	<input type="checkbox"/> Student has Epi-Pen at school
<input type="checkbox"/> Asthma	<input type="checkbox"/> Student has inhaler at school
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Other Conditions: _____ _____	<input type="checkbox"/> Student has medication at school

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to morning care program staff in the event of an asthma attack, low blood sugar, or allergic reaction, along with a medical management plan (Diabetes, Severe Allergy, or Asthma Action Plan) signed by you and your doctor.

I authorize the Morning Care Program Staff to furnish and/or obtain emergency medical information and treatment which may be necessary for my child during the Morning Care Program.

Parent/Guardian Name Signature Date

RELEASE OF LIABILITY

I understand the nature of the morning care program and that participation is voluntary. I understand that neither the Peralta Parent Teacher Group nor any of the morning care instructors are responsible for loss, damage, illness, or injury to person or property as a result of participation in the morning care program. I hereby release and discharge the Peralta Parent Teacher Group and the morning care instructors from any and all claims for injury, illness, death, loss or damage as a result of morning care program activities.

Parent/Guardian Signature: _____ Date _____

Please return this form to the main office, or to the Peralta Parent Teacher Group mailbox in the main office.