

**OSCAR CARE
SYCAMORE SCHOOL DISTRICT
APPLICATION
2007-2008 SCHOOL YEAR**

Child's Name _____ School attending in Fall _____
 Parent/Guardian Name _____
 Grade enrolled in August 2007: _____ Birthday _____ Age _____
 Gender: _____ F _____ M
 Address _____
 Home Phone _____ Cell _____ Work _____

A child must be registered for at least two (2) days per week.

All Children must be enrolled in the Sycamore School District.

Child's schedule: Please X days attending. Child may attend AM or PM or both.

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Second child:

Child's Name _____ School attending in Fall _____
 Parent/Guardian Name _____
 Grade enrolled in August 2007: _____ Birthday _____ Age _____
 Gender: _____ F _____ M

Parent/Guardian signature: _____

Checklist of application forms to be completed:

- ___ Application (Please complete one form for each child enrolled)
- ___ Fee Agreement Guidelines
- ___ Child & Family Information
- ___ Daily Schedule
- ___ Authorization to Pick up Child
- ___ Permission Form (Please complete one form for each child enrolled)
- ___ Health Information (Please complete one form for each child enrolled)
- ___ \$150.00 per child initial payment or a maximum of \$300.00 per family (make checks payable to Sycamore School District)

Please mail all of the above forms to Karen Wickersham, OSCAR Administrative Assistant, 245 West Exchange Street, Sycamore, IL 60178. **Please remember that space is limited.**

