

AFTER SCHOOL CHILD CARE ENROLLMENT AGREEMENT

Fort Scott USD 234

DATE: _____

INFORMATION ON CHILD/CHILDREN:

Complete the information for each child you are enrolling in the space below labeled Child A, B, or C. Answer all 3 questions for each child in the space provided.

1. What hours and days per week will this child be in care?
2. Does this child have any handicaps or other known concerns that we should be aware of?
3. Are there any other instructions or considerations that should be made for this child?

Child A--Name: _____ Grade: _____ DOB: _____ (please check school)
School: EW WS
Teacher _____

Child B-- Name: _____ Grade: _____ DOB: _____ (please check school)
School: EW WS
Teacher _____

Child C--Name: _____ Grade: _____ DOB: _____ (please check school)
School: EW WS
Teacher _____

If a change in enrollment becomes necessary (i.e. adding or decreasing the number of days, or dropping enrollment entirely), please notify the school as soon as possible to prevent bookkeeping confusion.

FAMILY INFORMATION

Parent or Responsible Party

Name _____

Address _____

Home Phone _____

Parent SS# _____

EMERGENCY INFORMATION

Person(s) to Contact in Emergency

1. Name _____

Phone _____

Relation _____

2. Name _____

Phone _____

Relation _____

If there is a change in Family or Emergency Information, please notify us immediately.

PARENT'S/RESPONSIBLE PARTY'S EMPLOYMENT

Parent's Employment

Name _____

Employer _____

Employer Phone _____

Preferred Doctor

Name _____

Address _____

Doctor's Phone _____

Working days: Mon. Tues. Wed. Thurs. Fri.

Working hours: From _____ to _____ Child will be picked up by _____ p.m.

Please contact ASCC immediately with changes in employer or other emergency phone numbers.

PAYMENT ARRANGEMENTS

Charges are \$2.50 per child each day that school is in session, **with a minimum of \$5.00 per week.**

Payment Plan: (check one) Weekly _____ Monthly _____

Payment must be made in a timely manner, or student may not be allowed to continue enrollment in ASCC.

DISMISSAL POLICY

See attached page.

AGREEMENT OF ASCC

1. Provide a safe, well-supervised child care facility from the end of the school day until 5:30 p.m. on days school is in session.
2. Establish rules and methods of discipline that are constructive, reasonable, and in accordance with USD 234 policies.
3. Provide healthy snacks at the beginning of each daily session. (Children may also bring their own healthy snacks if desired, but pop and candy are discouraged.)
4. Maintain a positive relationship with parents of ASCC children characterized by open communication.
5. Dispense medication ONLY when authorized and directed by parent/guardian or responsible party.
6. Transfer child(ren)'s records to any person, agency, or public school ONLY WITH WRITTEN PERMISSION OF PARENT/GUARDIAN OR RESPONSIBLE PARTY.
7. Parents will be contacted if student is not in attendance on scheduled days unless earlier notified by parent.

QUALIFICATIONS FOR STUDENT ENROLLMENT

Student must currently be enrolled in grade K through 5. Students who are 6th grade or older are not eligible to attend ASCC. The parent(s) are employed at least twenty-four hours a week or attend college. Parents must work or be in class until at least 3:30 p.m. on the days that the child(ren) attend.

PARENT/GUARDIAN AUTHORIZATION AND AGREEMENTS

I agree that:

1. My child(ren) will be picked up promptly. yes no
Any parent not picking up their child(ren) by 5:30 p.m. may be charged an extra \$5.00 per time. After the second time, your child may be dismissed from the program.
1st time: Verbal reminder
2nd time: \$5.00 charge
3rd time: Dismissal
2. My child(ren) have my permission to use all of the play equipment and participate in all of the activities provided. (If exceptions, please explain.) yes no
3. Required medical and immunization records on my child(ren) will be provided. yes no
4. Any pictures taken of my child(ren) may be used in newspapers, displays, bulletin boards, or other types of educational publications. yes no
5. ASCC will be notified promptly of any changes which affect child(ren)'s attendance, activities, or behavior. (This includes updating information on this form.) yes no

If my child is ill or will not attend ASCC on a given day, I will notify the school office.

Otherwise,

I may receive a call regarding his/her whereabouts.

6. Payment for services rendered will be made on a regular basis according to the selected plan. (FAILURE TO MEET FINANCIAL OBLIGATION IN A TIMELY MANNER – WEEKLY or MONTHLY -- MAY RESULT IN DISMISSAL.) yes no
7. I will provide a signed emergency medical care release form on the first day the center provides care for my child. yes no
8. If I am unable to pick my child(ren) up by 5:30 p.m., I will notify the school as soon as possible, yes no
otherwise he/she has my permission to walk home.

9. Unless authorized by written permission or by telephone notification through the school office, my child(ren) may be released only to the person signing this form or to the following persons:

Name _____ Phone _____
Relation to child _____
Name _____ Phone _____
Relation to child _____

Signature of Parent: _____ Date: _____

Signature of ASCC Provider: _____ Date: _____

DISMISSAL POLICY

1. A child may be dismissed when a special need appears for the child that ASCC cannot provide.
2. A child may be dismissed when he/she has been absent for more than five (5) consecutive days without notification from the parent. (Unless ASCC is notified that he/she will no longer attend, parents may be charged for days not in attendance.)
3. A child may be dismissed when he/she repeatedly fails to follow rules of discipline according to district policy, whose behavior is disruptive, or whose health or behavior may endanger the health and well being of other students.
4. A child may be dismissed when the parent has not met the financial agreement established by ASCC which indicates payment must be made weekly/monthly. If over one month's fees are still owed after a written reminder, the child may be dismissed.
5. A child may be dismissed when the parent or legal guardian has, by their actions, engaged in disorderly conduct, provoking speech, or assaults or batteries, while in ASCC, or during communications with any of ASCC's employees.
6. A child may be dismissed when parents fail to pick the child up by 5:30 p.m. on more than two occasions.

NOTICE

Enrollment will not be accepted for any child whose balance due to ASCC remains unpaid. Upon receipt of the balance due, the child may be enrolled, but payment on a weekly basis may be required.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements, I hereby authorize representative(s) of the After School Child Care program, to give consent for any and all necessary medical care for my child(ren) listed below

while attending the USD 234 After School Child Care program during the current school year.

Signature of Parent or Guardian Date Witness Date

PHYSICIAN _____ ADDRESS _____

PHONE _____

EMERGENCY PHONE NUMBERS:

HOME _____

FATHER'S WORK _____

MOTHER'S WORK _____

DO YOU HAVE HEALTH INSURANCE? _____ YES _____ NO

IF YES, POLICY NAME AND NUMBER _____

DO YOU RECEIVE PUBLIC MEDICAL ASSISTANCE? _____ YES _____ NO

IF YES, PROGRAM AND CARD NUMBER _____

IS CHILD ELIGIBLE FOR MILITARY MEDICAL CARE? _____ ID NUMBER _____

MEDICAL INFORMATION ON CHILD:

DRUG ALLERGIES _____

DATE OF LAST TETANUS TOXOID _____

IN AN EMERGENCY, THIS FORM WILL BE TAKEN TO THE EMERGENCY ROOM.