

AFTER SCHOOL PROGRAM ENROLLMENT APPLICATION AND AGREEMENT

Date _____

Start Date _____ Days Attending M T W TH F
Program _____ F/T P/T

CHILD INFORMATION

Name of child _____ Nickname _____

Date of birth _____ Social Security # _____ Sex M F

Home Address _____

_____ Home Phone # _____

School child attends (if applicable) _____

FAMILY INFORMATION

Status of Parents: (please check one) Married Separated Divorced Other _____

With whom does child live? _____

Are there any limitations on either parent's right to pick up or visit this child at the school? No Yes

(If 'Yes', please attach a copy of the court order to keep on file at *Beyond The Bell*)

Are there any social or family circumstances of which *Beyond The Bell* should be aware?

If 'Yes', please explain. _____

	Mother's Information	Father's Information
Name (First & Last Name)		
Home Address (if different than above)		
Home Phone (if different than above)		
Employer		
Work Phone Number		
Alternate Work Phone Number		
Work Hours		
E-Mail Address		
Business Address		
Cell Phone or Pager Number		

RELEASE AUTHORIZATION:

Other persons (at least two) to whom *Beyond The Bell* is authorized to release this child shall be listed below. Under no circumstances will *Beyond The Bell* release this child to anyone other than custodial parents who are not identified below or otherwise known to staff without SPECIFIC WRITTEN AUTHORIZATION from the parent. Additions or changes to the list of persons appearing below will be made, signed, and dated on this form or shall be attached. The parent agrees in each instance that he/she will check the child in and out with the teacher. Parents will be certain the staff is aware of the child's arrival and departure. The parent further agrees to escort this child into or out of the school when dropping off or picking up. *Beyond The Bell* will not allow any child to enter or leave without an adult escort.

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____
Other Identifying Information (If Any) _____

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____
Other Identifying Information (If Any) _____

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____
Other Identifying Information (If Any) _____

EMERGENCY CONTACTS:

Other persons (at least two) who *Beyond The Bell* is authorized to contact for guidance in an emergency, such as a medical or other emergency, when this child's parents are unavailable shall be listed below.

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____

Physician Name _____ Phone # _____
Practice Name / Address _____

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

HEALTH INFORMATION, PROCEDURE, AND MEDICAL AUTHORIZATION

HEALTH:

In order to comply with the state law, it is necessary for the parent to supply *Beyond The Bell* with an immunization report (Form 3231). Regular updated reports will be required as they are due.

Please describe any health or other special situations of which *Beyond The Bell* should be aware and which would require special procedures to be followed concerning this child such as physical or mental conditions, existing or pre-existing illnesses, operations or hospitalizations, or any dietary restrictions. Please indicate "none known" if applicable.

List all known allergies. Indicate "none known" if applicable. _____

ADMINISTRATION OF MEDICATION:

All regularly scheduled medication will be administered by the school nurse at the end of the school day. Medication for special medical conditions (e.g., an inhaler for asthma flare-ups, and epi-pen, etc.) may be administered by *Beyond the Bell* staff, but requires written authorization on the standard "Medication Form". This form should be filled out at enrollment and will be kept on site. *Beyond the Bell* will notify the parent of any adverse reaction to the medication given.

STATE LAW REQUIRES THAT ALL MEDICATIONS MUST BE:

- | | |
|---|--|
| a. In the original container; | d. If a prescription, labeled with a prescription number; |
| b. Clearly labeled with the name of the medicine; | e. Clearly labeled with the dosage to be administered; and |
| c. Clearly labeled with the child's first and last names; | f. Clearly labeled with the date. |

CHILD ILLNESS POLICY:

If any child appears ill, has a high fever, is vomiting, or shows evidence of a communicable disease, he/she should not be brought to the *Beyond the Bell*. The parent must notify the school immediately upon the diagnosis of a communicable disease. If the child has such symptoms and is present at *Beyond The Bell*, the parents will be required to pick him/her up immediately. *Beyond The Bell* will notify all parents, as required, if there has been an exposure of a communicable disease in the program. Children must be without fever for 24 hours without the use of any fever reducing medication before returning to the program. These requirements are imposed by Child Care Licensing and are intended for the protection of all the children. As determined by the Director, it may be necessary for a previously ill child to present an approval signed by a physician for re-admittance.

MEDICAL AUTHORIZATION:

"We hereby grant *Beyond The Bell* permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We understand that, consistent with the circumstances of the situation and the available time, *Beyond The Bell* will attempt to contact and follow the instructions of the parent, physician, or other person(s) designated by us in this enrollment form. In the event *Beyond The Bell* is unable to do so, we grant permission to *Beyond The Bell* to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any and all expenses, which may be incurred by *Beyond The Bell* in making emergency medical treatment available to the above named child."

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

GENERAL INFORMATION AND ACKNOWLEDGMENT

ENROLLMENT POLICY AND AGREEMENT:

Initial and continued enrollment will be at the discretion of *Beyond The Bell* based upon the best interests of the child, the expectation that he/she will benefit from the program and welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, or national origin.

A copy of this ENROLLMENT APPLICATION AND AGREEMENT will remain within the files of *Beyond The Bell* so long as the child remains actively enrolled at the school and shall be available for inspection by the parent at any time, upon request.

INFORMATION IN CHILD'S FILE MUST BE KEPT CURRENT. The parent is required by state law to update information furnished herein as necessary, with changes initialed and dated by the parent and the Director. Parents agree to notify the school immediately of any change in phone numbers, work locations, emergency phone numbers, family physician, etc.

THE DAYS AND HOURS OF OPERATION of *Beyond The Bell* are from 2:45 A.M. to 6:00 P.M., Monday through Friday, when school is in session. On early release days, the Program will run from the time school gets out until 6:00 P.M. On in-service days, the Program will run from 8:00 A.M. to 4:00 P.M. (parents must notify *Beyond The Bell* in advance if their child will be in attendance on in-service days).

If Dawson County Schools are closed due to inclement weather or other special circumstances, the After School Program will also be closed.

We also may be closed on days of inclement weather when closing is determined necessary by *Beyond The Bell*, and certain other days as specified by *Beyond The Bell* from time to time. There is no tuition discount for absences, holidays, or other days on which *Beyond The Bell* is closed.

IN-HOME BABYSITTING:

Beyond The Bell does not render child care services off of school premises. Accordingly, parents agree not to arrange with the staff members for off premises care of their child, and doing so is in violation of this agreement. If any staff member agrees to provide off premises care for children enrolled in *Beyond The Bell* the staff member undertakes such service on their own behalf, not as an employee of *Beyond The Bell*, and is in violation of our employee policies, placing their continued employment in jeopardy. *Beyond The Bell* staff members are selected and retained only on the basis of their fitness for rendering child care services in a controlled and fully supervised child care program. *Beyond The Bell* offers no assurance of the fitness of its staff members for performing these and other services in an environment which is not professionally supervised (such as transporting children, or caring for them in the home), and none should be implied or inferred under any circumstances.

PROGRAM ACKNOWLEDGMENT AND GENERAL AUTHORIZATION:

"We have reviewed the policies and procedures of *Beyond The Bell*. We hereby grant to *White Oak Academy* and *Beyond the Bell* permission for the above named child to take part in all program activities, including the use of indoor and outdoor equipment.

PARENT / GUARDIAN SIGNATURE _____

DATE _____