



**After-School**  
**Application for Enrollment**

**Student Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_  
~~~~~

**Family Information**

**Child Lives With:** \_\_\_\_\_

|                      |                      |
|----------------------|----------------------|
| Mother's Name: _____ | Father's Name: _____ |
| Address: _____       | Address: _____       |
| Employer: _____      | Employer: _____      |
| Address: _____       | Address: _____       |
| Work Phone: _____    | Work Phone: _____    |
| Cell Phone: _____    | Cell Phone: _____    |
| Email address: _____ | Email address: _____ |

~~~~~

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if needed.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:

\_\_\_\_\_

**Helpful Information About Child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the parent or legal guardian cannot be contacted.

Name	Work#	Other#
Name	Work#	Other#
Name	Work #	Other#
Name	Work #	Other#
Name	Work #	Other#

Section 65C-22.006(3)(c)(1), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY" (CF/PL 175-24)

Section 65C-22.006(3)(c)(2), F.A.C., requires that parents are notified in writing of the expulsion and discipline practices used by the child care facility.

Section 65C-22.006(3)(c)(3), requires that parents receive the Child Care Facility's **Food and Nutrition Policy** that includes language on food safety and food allergens.

\*During the 2009 legislative session, a new law passed that requires child care facilities, family day care homes, and large family child care homes provide parents with information detailing causes, symptoms of the influenza virus (the flu) every year during August and September. My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents.

By signing below, you verify that you have received the above items and that all information on this enrollment form is accurate and complete.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## STAFF INCIDENT MANAGEMENT

Keeping children actively involved in meaningful, fun activities generally creates an environment in which problems are few and minor. However, when program guidelines are not followed, staff will use the following behavior/incident guidelines.

- Behavior/Incident Guidelines: Appropriate behavior from every child is expected. Each child will be treated fairly, firmly, and removed from the activity if necessary.
- When a behavior/incident problem occurs:
  1. The staff will handle the problem initially. Techniques such as redirecting, discussing the problem, reviewing guidelines, loss of privileges and or have their parents notified.
  2. A behavior/incident report may be filled out for the parent to review and sign. All behavior/incident reports will be kept in your child's file.
  3. If the problem continues, staff reserves the right to suspend or expel any child without a refund.
  4. Any physical contact with another child will result in a suspension from the program. We have a zero tolerance for physical contact.

## PROGRAM GUIDELINES FOR THE CHILD

We have developed a set of basic guidelines for all children to follow. Please review these guidelines with your child. Other guidelines / rules have been developed for certain areas of the facility and will be gone over with your child.

- Keep hands and feet to yourself (**No physical contact**)
- Listen, follow directions and be respectful of staff.
- Be respectful to others and their property.
- Refrain from profanity and obscene gestures.
- Respect the indoor and outdoor equipment.
- Use "inside voices" when indoors.
- Only leave the program area with permission from staff.
- Personal Devices are not permitted.

---

Parent or Guardian Signature

---

Date

## AUTHORIZATION FOR EMERGENCY TREATMENT

Permission for the Director, Acting Director, or The Head of School to take whatever steps may be necessary for medical care in case of an emergency is hereby given. I understand the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions:

1. Parent or guardian will be called
2. Child's physician will be called
3. Contact person parents have listed will be called
4. If none of these efforts are successful:
  - a. Another physician will be called
  - b. An ambulance will be called
  - c. The child will be taken to the emergency room of \_\_\_\_\_ accompanied by a staff member.
5. In order for the school to assume responsibility for my child, I understand I must sign the child in at arrival time and out at departure time.

Signed: \_\_\_\_\_  
(Parent or guardian)

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Parent/Guardian Agreement Form

I have read and will abide by all After- School Program policies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date