

**CITY OF AUGUSTA SCHOOL AGE CARE  
CONFIDENTIAL ENROLLMENT FORM 2016-2017  
(Per licensing requirements, ALL information is required)**

Today's date \_\_\_\_\_ First date of attendance \_\_\_\_\_ Childcare Site \_\_\_\_\_

School Attending \_\_\_\_\_ Circle Days of Attendance **M T W TH F**

Program Attending: Before School \_\_\_\_\_ After School \_\_\_\_\_ Both AM/PM \_\_\_\_\_

Will be using (circle any that apply) Snow Day Care Early Release Care Vacation Care Workshop Day Care

Child's name \_\_\_\_\_ Sex M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's name \_\_\_\_\_ Sex M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent(s) or legal guardian(s): **(if divorced/separated you MUST list absent parent – to ensure the safety of the children)**

**MOTHER: ( custodial / non-custodial / step / adoptive / foster / deceased / no contact / protection order / incarcerated )**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Allowed to pick up child? YES NO (IF "NO" please explain) \_\_\_\_\_

**FATHER: ( N/A / custodial / non-custodial / step / adoptive / foster / deceased / no contact / protection order / incarcerated )**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Allowed to pick up child? YES NO (IF "NO" please explain) \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:** Any changes in this list must be in writing.

Name \_\_\_\_\_ Number \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**EMERGENCY NUMBERS:** In the event you can't be reached, please provide the name and number of two people who live in the Augusta area to contact in case of emergency or illness.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Child/Children's Physician**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child/Children's Dentist**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any food allergies / intolerances? If yes, explain

\_\_\_\_\_

**Does your child have asthma? YES NO** If yes, please provide asthma plan.

Is there any other information you would like to give us about your child to help us better care for him / her?

\_\_\_\_\_

\_\_\_\_\_

Are there any special accommodations that need to be made in order for your child to attend our program? (*\*Need to discuss with Childcare Director*)

\_\_\_\_\_

\_\_\_\_\_

Is your child currently on a behavior plan at school? YES / NO

If Yes, please explain: \_\_\_\_\_

Is your family working with a Case Worker/Manager? YES / NO

If so: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Medical Release:**

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the City of Augusta/School Age Care Staff to act in my behalf in granting permission for my child to receive emergency treatment.

\_\_\_\_\_  
Signature of parent or guardian

**Financial Agreement:**

I agree to pay \_\_\_\_\_ per week/day for my child(ren) to participate in the School Age Child Care Program **and** understand that failure to pay on time will result in the possible loss of my childcare privileges if the payment becomes more than two (2) weeks late. **Payment is due the Friday before the week starts.**

\_\_\_\_\_  
Signature of parent or guardian

**I have received the parent handbook \_\_\_\_\_ (please initial)**

**If Childcare is being paid by another agency please check which one:**

\_\_\_ CCDF Childcare Voucher Program

\_\_\_ Transitional Child Care

\_\_\_ ASPIRE

\_\_\_ Other \_\_\_\_\_

Medicaid # \_\_\_\_\_

**Please Note: It is the Parent/Guardian(s) responsibility to have all the necessary paperwork completed and submitted to the proper agency. The subsidy must be approved before care can begin OR until it is approved Parent/Guardian(s) will be responsible to cover 100% of the weekly childcare fee. Parents are required to provide our office with written notice of approvals and weekly Parent Fees if applicable.**

**Notification of Identification Process**

Please be advised that all persons picking up your child are subject to having to show a photo ID in order for us to release your child to them.

Also, any person appearing to pick up your child MUST be on the pick up list OR you must have made prior arrangement for this person to pick up your child.

Any person NOT appearing on the pick up list or whom you have not made prior arrangements to pick up your child will NOT be allowed to take your child from the childcare site.

This is a precautionary measure to ensure the safety of your child.

I have read and understand the above regulations:

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

**Homework**

This year we are offering a private quiet space and a block of supervised homework time. The children have access to a \*computer. This is NOT mandatory, but an option.

SO...if you want your child to do their homework during this time, then please sign below.

- \_\_\_\_\_ YES, I want my child to participate in HOMEWORK time.
- \_\_\_\_\_ NO, I do not want my child to participate in HOMEWORK time.

\*Children and parents are required to sign a Computer & Internet Use Policy on site at the time of enrollment.

**Permission to Photograph**

From time to time the children are photographed while they are participating in various activities when in the Childcare Program. These pictures may appear in the local newspapers or in our brochures promoting the Child Care Program. The pictures would never be used for commercial use with the program benefiting monetarily from them.

For this we do need your permission:

- \_\_\_\_\_ YES, I give my permission that it is ok for my child to be photographed.
- \_\_\_\_\_ NO, I do not give my permission for my child to be photographed.

**Parent / Guardian Authorization Form**

<p><b>Childs Name</b> _____</p> <p><b>Parent/Guardian Signature</b> _____</p> <p><b>Date</b> _____</p>
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CONTRACT 2016- 2017

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Program Site \_\_\_\_\_

**Program Attending:** Before School Before & After After School Workshop/Early Release/Snow Days/Vacation Days

I agree to pay the weekly fee of \_\_\_\_\_ or for Snow Days/Workshop Days/Vacation days, the daily fee of \_\_\_\_\_. **I agree to pay the contracted fee whether my child attends or not.** No refunds will be given for illness or absence.

Please initial each of the following to indicate that you have read and understand each item.

I understand and agree that:

\_\_\_\_ 1. I am contracting for a week slot of childcare. If I have signed up for a 5-day slot I must pay for that slot and I may not alternate to a 3-day slot if my child is absent two days of the week. This contract is for August 31, 2016 – June 17, 2016 (or the last day of school). I understand I need to contact the Recreation/Childcare office to withdraw my child from the program.

\_\_\_\_ 2. If I am using the 3-day Program I must inform the Recreation/Childcare office a week in advance the 3 days my child will be attending. If my child is absent on a scheduled day I cannot send my child another day instead. To do so, I would have to pay the full week charge.

\_\_\_\_ 3. If using the Before School Program or All-Day Care I must bring my child into the site and check them in with childcare staff. Failure to do so can result in losing the use of this program.

\_\_\_\_ 4. I must contact the Recreation/Childcare Bureau, *not the school*, when my child(ren) will be absent on a scheduled day. I realize this is for my child(ren)'s protection.

\_\_\_\_ 5. I agree to pay the weekly fee in advance, due on Friday of the preceding week. Failure to pay on time is cause for removal from the program.

\_\_\_\_ 6. The School Age Care Program will close at 5:30 p.m. and your fees pay for service until that time. Please pick your child(ren) up promptly.

\_\_\_\_ 7. The School Age Care Program does not operate on major holidays. I understand if a holiday falls within a given week, the weekly fee is the same.

\_\_\_\_ 8. If I have signed my child(ren) up for All-Day Care and if they do not attend I am responsible for paying for the day and payments are always due the Friday before care begins.

\_\_\_\_ 9. We **DO NOT** automatically send out year end Childcare Tax Statements. Tax forms are given only upon request.

\_\_\_\_ 10. I understand this contract is **ONLY** for the current school year and new paperwork needs to be filled out for the summer and next fall.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Staff Date