

ENROLLMENT FORM

- \$10 Registration Fee (non-refundable)
- Copy of Insurance Card

AFTER SCHOOL CARE PROGRAM



A ministry of the
First Christian Church
 108 E. Walnut Street
 North Vernon, IN 47265
 Church Phone: 812 346 3177
 AFTER SCHOOL CARE Phone: 812 767 1862

MARK DAY(S) ATTENDING: Monday Tuesday Wednesday Thursday Friday

Cost is \$6/day. Total cost for week: \$_____

Child's Full Name _____ Male/Female _____

Birth date (m/d/yr) _____ School attending: _____

Address: _____ City: _____ Zip: _____

Child's Home Phone: _____

Who does child live with? (if other than both parents) _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Siblings (list name and age)

Others who live in the home

Who is allowed to pick up your child from the AFTER SCHOOL CARE PROGRAM? (Name must be listed here for the child to be allowed to leave with that person.)

Please list others to call in the event that this person does not arrive at dismissal time:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Is there anyone who is forbidden to visit or pick up your child?

In Case of Illness or Emergency...

We will always try to first call the parents. In case we cannot reach the parents, we need the names and phone numbers of two different adults who can give us permission to deal with the emergency:

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

To the best of your knowledge, is your child allergic to anything, such as bee stings, penicillin, nuts, etc.? YES NO If yes, what? _____

Is your child presently taking medication? YES NO If yes, what? _____

Reason for medication? _____

In case of serious illness or injury, and the parent/guardian cannot be reached, permission is given to the church or Rescue 20/EMT to transport the above named child to a qualified medical doctor/hospital for emergency treatment.

Insurance Company _____ Group # _____

Person Responsible _____ (Copy of insurance card requested)

Signature of Parent/Guardian _____ **Date** _____

***Is there anything you need to make us aware of concerning your child's personality, health, or living situation that may affect his/her adjustment to the AFTER SCHOOL CARE PROGRAM?

Do you have a home church? YES NO If yes, where? _____

PAYMENT AGREEMENT

- Payment is due before care is given (the Friday before).
- The person signing below is responsible for payment of tuition.
- There will be a returned check fee of \$20 on any returned check. If a check is returned, tuition and the check fee must be paid in cash.
- LATE PENALTY: There is a late pick-up fee of \$1/minute for each minute after 5:30 PM, payable upon pick-up.
- Payment due is based on the hours agreed to use AFTER SCHOOL CARE PROGRAM – not on actual attendance (unless a two-week notice has been given).
- If payment is not received on the Friday before the week begins, there will be a \$15 late payment fee (per child). If no payments are received the following Monday (or first day the child is scheduled to attend), your child will be unable to attend the AFTER SCHOOL CARE PROGRAM.
- By signing below, you are in agreement with the tuition terms.

Date: _____ Signature: _____

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We are so excited about having your child(ren) join us for our AFTER SCHOOL CARE PROGRAM.

Before we get started, we wanted to be sure to share some important information with you:

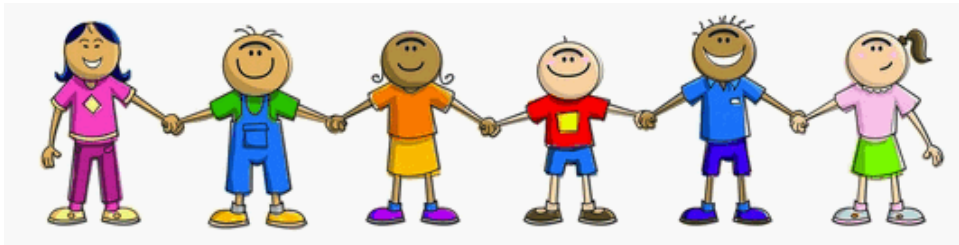
1. We have included some paperwork for us to get to know your child(ren) better. ***Please return these forms to us as well as \$10 registration fee and payment for first week's care.*** Along with the paperwork you will return to us, also please make sure you have provided us with a copy of your child's insurance card (if you have not already done so).
2. There must be at least 5 children from an elementary school in order for the FCC AFTER SCHOOL CARE PROGRAM to provide transportation from that Jennings County elementary school to First Christian Church.
3. Pick-up will be at the Solid Rock Café (in the same block as First Christian Church). All children must be picked up by 5:30 PM. *There is a late pick-up fee of \$1/minute for each minute after 5:30 PM, payable upon pick-up.*
4. If you have a change in pick-up/drop off times, please let our Staff know as soon as possible. Also, this applies to anyone new or different who might be picking your child up from our care.
5. Our AFTER SCHOOL CARE Staff must know your child's schedule for the following week on the **Wednesday PRIOR** to the week of service. (This gives us time to schedule our employees for the following week! ☺)
6. If your child brings electronics (cell phone/I-pad/tablet/electronic games), these will be stored in your child's backpack. He/she will only be permitted to use these with permission from the AFTER SCHOOL CARE staff and only during times that it would be appropriate and during times that will not disrupt the activities of AFTER SCHOOL CARE PROGRAM.
7. If a child becomes ill (vomiting, frequent diarrhea, fever of 101°F or more), we will contact the parent/guardian, and the child must be picked up immediately.
8. There will be no "last minute" arrangements made for those attending the AFTER SCHOOL CARE PROGRAM. ***Parents/guardians must contact FCC AFTER SCHOOL CARE PROGRAM at 812 767 1862 by 8:00 AM if child will or will not be attending After School Program (for example, if there is a change in the weekly routine).***

We are very much looking forward to spending the next school year with your child(ren)!

PAYMENTS



- 1) Payment is due each ***Friday*** and pays for the upcoming week. **Cost is \$6/day or \$30/week** and includes care (available from after school until 5:30 PM) and afternoon snack.
- 2) If payment is not received by the following Monday (or first day child is scheduled to attend), unfortunately, your child will be unable to attend the AFTER SCHOOL CARE PROGRAM.
- 3) Payments may be made with cash or by personal check (made payable to First Christian Church).
- 4) Payment due is based on the hours agreed to use AFTER SCHOOL CARE PROGRAM – not on actual attendance (*unless notice has been given by Wednesday of the week prior*).
- 5) There is a \$15 late payment fee (per child) if payment is not received on the Friday before the week begins.
- 6) If your child is absent Friday before the week begins or the last scheduled day of attendance for the week, you are responsible to make payment as agreed. In the case of your vacation or absence, please make arrangements for making payment before you leave.



DISCIPLINE:

Any time one has children together, there may come a time when discipline will need to occur. We will express disapproval (without attacking character). We will then state expectations and show your child how to make amends. We give choices, and in certain situations, a child may be given a "time out." There may be times a child may have trouble making choices of their own and may need a couple of minutes to calm down and think about his/her choices. **No physical discipline is ever used in our care.**

We will communicate with you immediately if your child is frequently and deliberately causing harm to others and/or is frequently and deliberately destructive. This behavior is unsafe and will not be allowed. Immediate termination of care will ensue if the behavior persists.



CONTACT:

Should you ever need to contact anyone at the AFTER SCHOOL CARE PROGRAM, please call or text our staff at **812 767 1862.** ☺ One of our Staff will carry this phone at all times of care (8:30 AM - 5:30 PM).

AFTER SCHOOL CARE PROGRAM

Please help us to get to know your child by providing us with the following information:



Child's Name: _____

Please list your child's favorite:

Game _____

Sport _____

Inside Activity _____

My child is afraid of: _____

Is there ANYONE who is ABSOLUTELY NOT allowed to pick your child up?

Please list your child's **FOOD ALLERGIES (and reactions)**:

Please list any foods that your child will ABSOLUTELY NOT eat:

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are all brand new to each other)...

First Christian Church

108 E. Walnut Street – North Vernon, IN 47265 – Ph. 812 767 1862

2018-2019

First Christian Church After-School Program Van Rider Permission Slip

(Please print information and use one permission slip per child.)

Name of Child			
Date of Birth	Age:	Grade:	
Address			
City/State/Zip			
Parent/Guardian Name			
Telephone Number			
Alternate Number			

EMERGENCY CONTACT			
Telephone Number			
Relationship to Van Rider			
In the event of an emergency I give permission for my child to receive medical treatment.			
_____			_____
Parent/Guardian Signature Required			Date

Days you want your child picked up from _____ Elementary School:
(check all that apply):

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

<ul style="list-style-type: none">• I give my child permission to ride the church van and participate in activities provided by the church.• I understand that First Christian Church is not responsible for lost or stolen items.• I understand that there will be no "last minute" arrangements made for riders. I understand that I need to contact FCC at 812 767 1862 by 8:00 AM if child will or will not be attending After School Program (for example, if there is a change in the weekly routine).	
_____	_____
Parent/Guardian Signature Required	Date