

# Enrollment Application (School-Age Version)

## Child Information

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last Name First Name (If Any)

Child's Address: \_\_\_\_\_  
Street

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
(Area Code)

School Currently Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_

Program(s) Requested:

\_\_\_ After School Session \_\_\_ Before School Session \_\_\_ Full Day (Before and After School)  
\_\_\_ Summer Program \_\_\_ Holiday Program

## Parent/Guardian Information

Name of enrolling parent/guardian \_\_\_\_\_  
Last Name First Name

Relationship to child: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
(Area Code)

Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_  
Street (Area Code)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(Area Code)

Normal working hours: \_\_\_\_\_

May we communicate with you via e-mail? If so, please provide your e-mail address.

E-mail address: \_\_\_\_\_

Name of enrolling parent/guardian \_\_\_\_\_  
Last Name First Name

Relationship to child: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
(Area Code)

Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_  
Street (Area Code)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(Area Code)

Normal working hours: \_\_\_\_\_





- **Part Two** will help us understand more about your needs, interests, and preferences as a parent. We are committed to understanding our parents' needs and building an ongoing positive relationship with each family. We know that today's families are often experiencing many pressures and demands on their time. With this in mind, we would like to know your preferences about the best ways for you to connect with your child's program.

**Part One: Tell Us about Your Child.....**

**Information about Your Child's Interests**

*First tell us about your child's favorite activities to do at home or in the neighborhood. (Check the activities that your child enjoys. Then list examples of your child's most favorite activities in the space provided below.)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sports and Outdoor Games | <input type="checkbox"/> Board and Table Games        | <input type="checkbox"/> Dancing/Singing    |
| <input type="checkbox"/> Arts and Crafts          | <input type="checkbox"/> Playing a Musical Instrument | <input type="checkbox"/> Computers          |
| <input type="checkbox"/> Listening to music       | <input type="checkbox"/> Exploring Nature             | <input type="checkbox"/> Reading            |
| <input type="checkbox"/> Building Things          | <input type="checkbox"/> Socializing with Friends     | <input type="checkbox"/> Play Acting        |
| <input type="checkbox"/> Cooking                  | <input type="checkbox"/> Working on a Special Hobby   | <input type="checkbox"/> Other (List Below) |

*Examples of Your Child's **Most Favorite** Activities (List specific games, sports, crafts, musical instruments, hobbies, etc.)*

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*Are there activities your child has not had a chance to do at home, but might like to try in the program? (Check Yes or No)  Yes  No If you checked "Yes," please list them here:*

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*What are some things you would like your child to learn or do while attending the program?*

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## **Information about Your Child's Temperament and Personal Style**

*Though we all have a lot in common, each of us is unique! Please tell us a little about your child's temperament and personal style so that we can provide appropriate guidance and support to your child as an individual.*

*For example, is your child **active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?** Please use the space below to tell us a little about your child's characteristics and personal style.*

*How well does your child get along with other children in school and in the neighborhood?*

*What do you think are your child's best qualities?*

*What are some of your goals and dreams for your child?*

*What are the **most important things we can** do to help your child have a positive experience in our school-age program? Are there areas where you feel your child may need any kind of extra help or support? If yes, please describe them.*

**Thank you for telling us about your child! Now go to *Part Two* and tell us about your needs, interests, and preferences!**

**Part Two: Tell Us about Your Needs, Interests, and Preferences.....**

**We want to share information with you about our program and about your child's experience in the program. Please comment on how would you like us to share information with you. For example, do you like to.....(check one or all)**

- read newsletters and bulletin boards?
- receive notes and/or phone calls about your child's experiences?
- attend informational meetings or workshops on parenting?
- visit a program Web Site?
- receive information via email?
- Other ideas?

**Your comments.....**

**We value your opinions and ideas about program policies and procedures. If you would like to share your opinions and ideas with us, please comment on how you would like to do this. For example, would you like to.....(check one or all)**

- serve on parent advisory committees or boards?
- participate in opinion surveys?
- attend policy forums?
- use a suggestion box?
- Other ideas?

**Your comments.....**

**We welcome parents' participation during program hours. If you want to participate, tell us the best way(s) for you to do so. For example, would you like to.....(check one or all)**

- share a special skill or hobby?
- lead a special club?
- go on a field trip?
- help out where needed on occasion?
- Other ideas?

**Your comments....**

**We value having parents assist us behind the scenes. Please let us know if you would like to help us develop, gather, or repair resources for the program. For example, could you help with.....**

- \_\_\_\_\_ fundraising?
- \_\_\_\_\_ printing the newsletter?
- \_\_\_\_\_ repairing broken equipment?
- \_\_\_\_\_ locating recyclable items for use in the program?
- \_\_\_\_\_ Other ideas?

**Your comments.....**

**We like to help organize special services to help parents whenever possible. Here are some services we are considering. Check any of the services that you might like to use. Also, check the space to the right of each service if you would like to help organize any of these services.**

<b>Might Use</b>	<b>Service</b>	<b>Interest in Organizing</b>
_____	A business card swap among program parents.	_____
_____	A buddy system with other parents who could help out in emergencies.	_____
_____	Children's clothing swaps or sales.	_____
_____	Swaps or sales of used toys and games.	_____
_____	A baby-sitting co-op among program parents.	_____
_____	Support groups for parents with similar concerns. (What type of support group would interest you? _____)	_____
_____	A family and community events calendar.	_____
_____	Other ideas	_____
	Please describe other idea(s): _____	
	_____	
	_____	

***We know that our families have a variety of backgrounds, customs, histories, traditions, occupations, and experiences. Please share information about your family's cultural background. This will provide a valuable resource for our program in creating an atmosphere of cultural diversity. We will use the information you provide in program planning, giving the children an opportunity to learn about the customs and lifestyles of their friends as well as those of their own culture.<sup>2</sup>***

- *These countries, cultures, are represented in our family:*
  
- *Some of the holidays, celebrations, customs, traditions, etc. we observe are:*
  
- *Select one of the holidays, traditions, and/or customs your family observes and explain how you observe it (what activities you do, what food you eat, etc.):*
  
- *Tell us about the music, dress, and/or artifacts that are a part of your family culture:*
  
- *What languages or dialects are spoken in your family? What language do you speak with your child at home?*
  
- *Tell us about some of the different occupations and professions represented in your family:*

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<sup>2</sup> The questions in this section are adapted with permission from Patrick Air Force Base School-Age Child Care Program, Patrick Air Force Base, Florida. Lynn Phillips, Program Director, Tony Boob, Youth Center Director).

- *What are some of the foods that represent your family's culture? What foods does your family like to prepare and eat?*
  
- *Please share one of your family's "favorite stories," one that always gets told when you get together with other members.*
  
- *Tell us about any other special things you would like to share about your family.*

**Parent Authorization Form  
Emergency Medical Action & First Aid**

I \_\_\_\_\_parent of\_\_\_\_\_,  
do hereby request and give consent to the school-age program, or it's duly  
appointed representative, for said child to receive such medical or surgical aid as  
may be deemed necessary and expedient by duly licensed or recognized  
physician or surgeon in case of an emergency when the parents can't be  
reached.

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Signature of Parent/Guardian

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Parent/Guardian Name *(Please print)*

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Today's Date

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State of

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County of



Medical Condition: \_\_\_\_\_

Routine Medication: \_\_\_\_\_

Frequency and Dose: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Routine Medication: \_\_\_\_\_

Frequency and Dose: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Routine Medication: \_\_\_\_\_

Frequency and Dose: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Routine Medication: \_\_\_\_\_

Frequency and Dose: \_\_\_\_\_

**Please use the space below to share any additional information about your child's health and medical history.**

## Parental Permissions

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(print name) (print child's name)

*Please circle "Give" or "Do not give" to indicate your preference for each item.*

- (Give/Do not give) permission for photography of my child for publicity purposes.
- (Give/Do not give) permission for my child to be transported by the school-age program in instances of emergency situations.
- (Give/Do not give) permission for my child to leave the building for short walking field trips to neighborhood parks, playgrounds, local businesses, or points of interest related to program activities.
- (Give/Do not give) permission for the program staff to apply sunscreen to my child prior to outdoor play.

\_\_\_\_\_  
(Brand and strength of sunscreen to be used)

\_\_\_\_\_  
Parent/guardian signature)

\_\_\_\_\_  
Today's Date)

## HIPAA Release Form Allergy and Medical Postings

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(print name) (print child's name)

authorize the school-age program to post my child's allergy/medical alert in his/her assigned activity room, in the kitchen, and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

\_\_\_\_\_  
Parent/guardian signature)

\_\_\_\_\_  
Today's Date)

## Behavior Guidance Policy

We believe that children's misbehavior is an opportunity for teaching. Our goals are to help children develop self-control and to understand appropriate behaviors in different situations. We use the following steps to guide children's behavior.

- Share the program's established Code of Conduct with children. Engage children in developing classroom rules and limits. Help children know and understand limits for behavior and consistently implement limits.
- Recognize and comment on desirable behaviors.
- Teach social skills, self-monitoring strategies, problem solving steps, conflict resolution and negotiation skills, and calm down routines as preventive measures.
- Act as a mediator and facilitator when two or more children are engaged in conflicts they cannot resolve on their own.
- Overlook minor incidents that are not dangerous or disruptive, allowing children opportunities to use the problem-solving steps.
- When a situation requires adult assistance, help the child regain control of his/her emotions (if needed). Recognize the child's feelings and comfort the child. When the child is calm, identify the inappropriate behavior and how it is hurtful to the child, to others, and/or to the environment. Help the child think of appropriate behaviors that might have been used in that situation.
- Direct the child to a different activity, if necessary.
- Help the child calm down by briefly removing him/her from the group or activity where the inappropriate behavior occurred. Be sure the child understands why he/she is being removed. Identify the behavior that is expected when he returns to the group or activity. Stay nearby to monitor. When the appropriate behavior occurs, immediately recognize and comment.
- Briefly remove the child from the classroom under the supervision of a staff member, repeating the step above to teach, monitor, and recognize appropriate behavior.
- If a pattern of inappropriate behavior develops or if the child's behavior results in destruction of equipment or injury to self or others, a conference with the parents will be required. Working together, we can develop a plan of action that will provide the support and resources needed to help the child.
- There shall be no physical punishment or threat of physical punishment.
- Each child's dignity will be maintained. Incidents will be handled calmly and in a positive, supportive manner.

I have read and understand the discipline policy of the center. I give my permission for the center to use all strategies set out above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Handbook for Families

Program policies and procedures are outlined in the Program Handbook for Families. During your family's orientation, the Program staff will review the handbook with you, including the following policies and operational guidelines:

- Program Eligibility, Registration, Enrollment, and Wait List Policies
- Program Structure and Organization (e.g. Non-Profit, For-Profit, Public Sponsored, etc.)
- Contact Information for Program Staff and Organization Leaders
- Program Philosophy, Vision, and Goals
- Expectations of Staff, Children and Parents, including Behavior Guidance Policy (See Behavior Guidance Form)
- Fee Schedule, Fee and Payment Policy
- Subsidy/Scholarship Program (if available)
- Withdrawal Policy and Procedures
- Program/Parent Communication
- Calendar
- Hours of Operation
- School/Program Closing Policies (Weather-related and other emergency closings)
- Notification of Absences
- Program Insurance
- Administration of Medication
- Health and Safety Policies
- Homework Policy
- Children Interviews (by licensing staff, child maltreatment investigators, and/or law enforcement)
- Licensing Compliance Record
- Notification of Injuries
- Notification of Contagious Illness
- Product Recall List
- Visitors and Observations
- Children's Personal Property at the Program

I have received a copy of the Program Handbook for Families and have reviewed the information listed.

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Parent/Guardian Signature

Date

## Statement of Responsibility

I/we hereby agree that all information provided on all registration forms is true and correct as of this date.

I/we.....

\_\_\_ certify that the undersigned are the authorized parent(s)/guardian(s) for the child named on this application.

\_\_\_ will notify the program in writing of any changes, additions, or deletions and provide updated information.

\_\_\_ understand that services can be suspended for non-payment of fees, repeated late pick-up, behavioral problems and/or failure to comply with program policies.

\_\_\_ will complete additional form(s) as requested.

\_\_\_ agree that if my child develops symptoms of illness while attending the school-age program, we will be notified. I must then make arrangements to have my child picked up as soon as possible.

\_\_\_ agree that I am required to report to Extended Day within 24 hours of the next business day if my child, or any immediate household member, develops a reportable communicable disease as defined by the State Board of Health. Should the disease be life threatening, the reporting shall be immediate.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_ Date\_\_\_\_\_