

Enrollment Agreement 2019-2020

These forms must be completed and returned to the TVCOG Financial Secretary with registration fee in order to be enrolled in the program.

1. I understand that I am enrolling _____ for the 2019-2020 school year. He/ she will attend **Full-Time or Part-Time (Please Circle)** (M-F) \$70 Full Time regardless of attendance or \$15 a day (2 day minimum a week)

2. I understand that the program is open according to the official school calendar. I understand that the program is not open during vacations, inclement weather and other closings. The program will be open for four hours on early dismissal days.

3. I understand that fees for the EACH week of participation will be due on that Friday. All students will receive a weekly statements and invoices. I understand that my child will not be able to attend if payment has not been made in 2 consecutive billing periods.

4. I understand that my child must be picked up by 6 p.m. and that in the event that I am late, a fee of \$1 per minute will be incurred.

5. The program staff will assume full responsibility for my child from the time he/she arrives at the program until they leave the program.

6. I understand that if a medical emergency arises, the program staff will attempt to contact me. If I cannot be reached, I understand that staff will take appropriate measures to ensure my child's safety, including transportation by ambulance to the hospital. I understand that I will be responsible for payment of any fees as a result of this type of situation.

7. Property damage to TVCOG equipment or the building will be the responsibility of the signed parent of guardian of the child.

I agree to the stated policies and procedures both here and as outlined in the afterschool handbook and give permission for my child to participate fully in this program.

Signature of parent/guardian/custodian _____
Date _____ Relationship to child _____

Media Release

I DO/ I DO NOT give permission to have my child appear in any media coverage approved by the TVCOG afterschool. This includes website and Facebook.

Signature and date: _____

After School Registration Form

Name: _____ Male _____ Female _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Grade (Fall 2019): _____

School: _____

Mothers Name: _____ Contact: _____

Fathers Name: _____ Contact: _____

Email: _____ Email my statement to this address : YES NO

Who should be contacted first? Mother Father

Who is authorized to pick up your child? Please Note: Authorized persons must be an adult or an older sibling in high school or above. We will only allow your child to leave with the people you list here.

Name	Relationship to child
Custody restraints/ person(s) that may NOT pick up your child.	

Emergency Contacts:

Name	Best Contact Phone

Health History

This information will help us provide the best care for your child during After School and will help in the event of an emergency. Please provide accurate and thorough information.

Asthma– Does your child carry an inhaler? Yes No

ADD/ADHD

Heart Defect/Disease

Diabetes

Hypertension

Epilepsy

Other: _____

Allergy Information

Please list any known allergies.

Food Allergies: _____

Bee Stings

Trees, Grass, Pollen

Other: _____

Does Your Child Carry An Epi-pen? Yes No

Insurance

Does your family carry medical insurance? Yes No

If yes, what is your insurance carrier? _____

Policy Number: _____

Child and Family Information

Child's favorite snacks: _____

Favorite activities: _____

List any noticeable fears: _____

The most positive characteristics of my child's personality are: _____

Special Concerns: _____

Does your child participate in other group activities? _____ Where: _____

Does your family attend church? _____ Where: _____

Parent's method of discipline: _____

How did you hear about this facility? _____ Referred by: _____

