



# 2011-2012 BEFORE & AFTER SCHOOL CHILD CARE PROGRAM

## Registration Packet for:

Childs Name: \_\_\_\_\_ School: \_\_\_\_\_

**HELPING TO BUILD STRONGER KIDS EVERYDAY.**





# 2011-2012 After-School Program Registration Checklist

Name of Staff processing: \_\_\_\_\_

**All steps in the registration process must be complete prior to your child's first day in the Before and After School Program.**

- \_\_\_\_\_ Child Information Form Completed
- \_\_\_\_\_ At least 3 contacts provided (1 parent and 2 emergency contacts, or 2 parents and one emergency contact)
- \_\_\_\_\_ Health History Completed (If none apply, please write N/A)
- \_\_\_\_\_ Parent Signature on the back
- \_\_\_\_\_ Immunization Records (We need updated immunization records)
- \_\_\_\_\_ Child's Schedule (Please update as necessary)
- \_\_\_\_\_ Registration Fee Paid (\$15 for first child; \$10 for each additional child)
- \_\_\_\_\_ Participant Questionnaire
- \_\_\_\_\_ Current 1040 Tax Form

If you have any questions about the registration process, please contact the Columbus Parks and Recreation Office at 706-225-4658 or email: [communityschoolsadministration@columbusga.org](mailto:communityschoolsadministration@columbusga.org)

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Registrations will not be accepted without the first week's payment. All items listed above must be complete and/or turned into register.**



# Columbus Parks and Recreation

## Before and After School Program Registration Form

Participant Information (up to 5 children per form) – Please complete in full

Last Name, First Name MI	DOB	AGE	M/F	Grade	School

Address	City	State	Zip
Email Address	Home Phone	Cell Phone	
Mother's Name	Work Phone		
Father's Name	Work Phone		
Emergency Contact	Phone		
Emergency Contact	Phone		
Medical Insurance Co	Phone		
Family Physician	Phone		
Is he/she physically able to participate in all activities? Yes____ No____ If No, please explain	Special Health Concerns:		

Photographs and /or videos may be taken for promotional purposes during programs and special events. If you DO NOT wish to have your child(ren)'s photograph published in brochures and/or media release, please check box at right

### Emergency Medical Release

I declare that I am the parent or legal guardian of the above named participants. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Columbus Parks and Recreation Community Schools Program. In the event my child is injured or should require medical attention, I hereby authorize staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed numbers.

**In case I cannot be reached for an emergency, medical treatment, x-rays, injections, anesthesia, or surgery by a qualified physician may proceed without further authorization.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

### Liability Waiver (No registration will be accepted without a signed waiver)

In consideration of the opportunity afforded myself and/or my child by the Columbus Parks and Recreation Department, I hereby release the Columbus Consolidated Government, its Agents, Employees, Directors, Council and Elected Officials from all actions, damages, claims, and demands, in law or equity, of every kind and character I may now or hereafter have against them.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Program Enrolled	Child's Name	Weekly Fee

Registration Fee	Registration Fee Receipt Number	IRS Form1040 Verified Y N
Total Due	Amt Paid	Balance Due
Payment Type (circle one)	Check #	CAPS #
		Money Order#
		Processed By
		Status Code
		Date

Are the children above dependants of Active military or Army Civilians?  Yes  No, if yes please check with supervisor about the NACCRRRA program. 😊

PLEASE TURN THIS FORM OVER AND COMPLETE ALL BLANK FIELDS



**AFTER SCHOOL PROGRAM POLICY ON DISMISSAL OF PARTICIPANTS**

All school sites must have a dismissal time for program participants. We require that all parents provide the Supervisor with the following information:

Child's Name \_\_\_\_\_

1. My child can cannot walk home.

The time my child may leave (if walking home) \_\_\_\_\_

NOTE: If a child signs themselves out and then waits outside for a parent, staff will not leave until the parent shows up. If that parent arrives after the end of the program they will be charged a late fee.

2. The following people are authorized to pick my child up from the program:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Children **WILL NOT** be released to anyone whose name does not appear on this form. Please bring proper identification with you when picking up children. In an emergency, please call the Parks and Recreation Office at (706) 225-4658 and the site your child attending. The safety of our participants is extremely important to us. Please be sure to inform us of any changes to the above information. Thank you for your cooperation.

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

**It is the responsibility of the parent to pick up participants on time at the end of the scheduled day if the child is not allowed to walk home. Pick up time is no later than 6:00 pm on regular scheduled days and no later than 6:30 pm on all day programs and camps.**

The following policy will be implemented for late pick-up:  
If there is an emergency and you are unable to pick you child up on time, please notify the Site Supervisor at the provided site number. Your child will never be left alone at the site due to late pick-up: however, if you have a late pick-up you will be charged as shown. We reserve the right to contact the Columbus Police Department if a child is not picked up in a timely manner. Please be aware all late pick-up fees are PER CHILD

After 6:00 PM	\$10
After 6:10 PM	\$20
After 6:20 PM	\$30

In accordance with our policy, we will continue to add \$10 for each additional 10-minute increment after 6:30 PM in which the Columbus Police Department will be contacted. The site clock will be used to establish the official time when determining late fees. All late fees must be paid in full before the next program day. Children will not be allowed to return to the program until all fees are paid.

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

**BILLING PROCEDURES**

Weekly fees are due on Monday or the first day on which your child(ren) attend for the upcoming week. Fees not paid on time will incur a \$5 late charge **PER CHILD**. Children will not be allowed to return to the program until all outstanding balances including late fees are brought up to current standing.

**AFTER SCHOOL PROGRAM FIELD TRIP PERMISSION**

My child has permission to travel and to participate in any field trips planned during 20010/2011 school year. I understand these field trips are held on various days including early release days and all day camps and at different locations around the Columbus area. I further understand extra fees may be required for field trip participation. All times are approximate and are subject to change without prior notice. Children will be responsible for their own belongings on field trips.

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

**AFTER SCHOOL PROGRAM POLICIES**

**Program Age Policy**

Children must be 5 to 12 years of age and enrolled in Elementary or Middle School to be accepted.

**Parent/Guardian Responsibilities**

1. My child is not allowed to come and go freely from the Community Schools site.
2. I, or an authorized person must sign my child into the Before School Program and out of the After School Program.
3. The Before School Program (if available) begins at 7:00 AM Monday through Friday. I will not drop my child(ren) off prior to the start of the program. The After School Program ends at 6:00 PM Monday through Friday. Repeated late pick up will result in the removal of the participant from the program.
4. I will adhere to all policies set forth in the Parent Handbook.
5. I will provide the participant Questionnaire.

**Participant Behavior Objectives**

1. Respect Everyone
2. Keep hands, feet and other objects to yourself
3. Use listening ears
4. Use inside voices
5. Use walking shoes

Parks and Recreation is **not** responsible for children's personal belongings brought to the program. Please make sure your child's name is marked on **all** of his/her belongings.

Children who are disruptive in the group and/or not behaving appropriately at any time during the program will first be asked to the peace area for 3-5 minutes. When a child has a serious discipline problem (on any ONE occasion), the parent/guardian may be called by staff and asked to pick up the child within one hour of the call. Hitting or kicking other children or staff is not tolerated. Should it be decided by CSD manager that a child poses a serious discipline problem the child may be suspended from the program for a period of 1-5 days or may be removed from the program entirely. Seriously disruptive behavior including theft, damage to school property, causing or threatening harm to other children or staff, or racist behavior or language may result in automatic suspension without prior warning. **No refunds or credits will be given in regards to suspension or removal from program.**

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



Columbus Parks and Recreation  
**Before & After School Programs 2011-2012**  
Parent statement of Understanding

Child(ren) Name(s): \_\_\_\_\_

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that I am not to leave my child at the CPR or program site unless a CPR staff member is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must be listed with the CPR Childcare Office, and provide them with Picture Id.
3. Should I, or another authorized person, arrive to pick up my child with appearance of being under the influence of alcohol or drugs; I am aware that CPR staff, for the child's safety, may contact the proper authorities.
4. I understand that the CPR is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
5. I understand that I will be charged late fees as detailed in the parent handbook should I fail to pick up my child by the scheduled end of the program.
7. I understand that my child may be removed from a CPR program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I have read and understand the rules, guidelines and procedures and policies described in the CPR Childcare Office Parent Handbook and Childcare Policies.
11. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the CPR Childcare Office **WRITTEN NOTICE TWO weeks** prior to my child's last day in the program. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
15. I have received, read, and agree to follow the rules, guidelines, procedures, and policies described in the Parent Handbook. I have read, understand, and agree to all of the statements above.
16. I understand the overall importance of the participant questionnaire (PQ), needs to be completed in its entirety my child's needs are properly met.

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

\_\_\_\_\_  
Date



## Sample authorization to release confidential information form

Columbus Parks and Recreation procedures for requesting confidential information

The Staff at Columbus Parks and Recreation will not release any information regarding a child without the written request and consent of the parent registering the child. The program supervisor would determine if the reason to release is valid.

The request must be in writing and signed by the parent or legal guardian that registered the child for the activity.

Please sign below if you agree to these polices to protect your personal and private information.

Signature \_\_\_\_\_ DATE \_\_\_\_\_

Childs Name \_\_\_\_\_

Date \_\_\_\_\_



## **Drop-In Payment Agreement**

I agree to pay the Drop-In fees at the time I drop my child off at the Columbus Parks and Recreation Before and After School Program or Any other program that might be going on while school is not in session. If my child attends the After School Program, I will pay the Drop- In fees when I pick my child up. If at any time, there is a balance exceeding \$100 on my account, I understand that my child may not return to the program until that balance is paid in full. I understand that any past due balance will be assessed a \$10 late fee.

The Drop-In Fees are as follows:

Before School	\$5.00	Per child each day if they only attend 2 days or less
After School	\$10.00	Per child each day if they only attend 2 days or less
Full day Day-camps	\$20.00	Per child each day if they only attend 2 days or less
One Hour rate	\$15.00	Per week per day if the child is picked up by 3:30

**Parent Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_