

Cool School Registration 2011-2012

Child/ren Full Legal Name _____ Birth Date _____ Grade in School _____ Teacher _____

Address: _____ City _____ Zip: _____

Home Phone: _____ Parent Email _____

INCOME VERIFICATION CONTRACT

Mother's Name: _____ Father's Name: _____

Mother's Work / School _____ Father's Work/ School _____

Work/ School Phone _____ Work/ School Phone _____

Step Father's Name _____ Step Mother's Name _____

Combined Family **Gross Weekly Income** \$ _____

Weekly Fee \$ _____ Staff Initials: _____

I certify that all information on this contract is TRUE and correct, and I agree to notify the TCCC should any of this information change during the school year.

I give TCCC permission to contact all employers or agencies above to verify incomes.

Parent / Guardian Signature _____ Date

PHOTO PERMISSION

I give TCCC permission to photograph my child/ren for publication in TCCC literature and the TCCC website.

Parent / Guardian Signature _____ Date

FIELD TRIP PERMISSION

I give my child(ren) permission to accompany Cool School on any and all trips, walking trips, and/or field trips.

Parent / Guardian Signature _____ Date

INDIVIDUAL EDUCATION PLAN

My child does_____/ does not_____ have an **(IEP) Individual Education Plan** at school. I agree to have the IEP include the Cool School program and inform the Cool School Director to better serve my child.

Parent/ Guardian Signature

Date

PAYMENT UNDERSTANDING CONTRACT

I understand that the weekly PAYMENTS **ARE DUE EACH Monday BY 6:00**

I understand that there will be a **\$5.00 LATE FEE** added to my weekly payment if payment is not received by Wednesday of the week due.

I understand my child(ren) will be **disenrolled** from Cool School if my payment is not received by the **following Wednesday**.

I understand payments should be made in the **exact amount**. "Change" may not be available at the time of payment; therefore, it is encouraged to credit any change to the next payment due. (make checks out to Tippecanoe County Childcare Inc.)

I understand I will be charged a **CHECK FEE** of **\$20.00** for any checks that don't clear the Bank. And my child(ren) **CANNOT BE DROPPED OFF** until the weekly fee, any late fees, and the check fee have been submitted.

Parent / Guardian Signature

Date

MEDICAL INFORMATION AND RELEASE CONTRACT

Doctor Phone Dentist Phone

Allergies, Reactions, or Special Needs (If "none", please indicate above)

Child	Medication	Amount	Color	Type	Times
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Note: 1) you are responsible for making sure Cool School has the medication.
2) You must have a doctor's note for us to distribute meds at any times.

*I give permission for my child(ren) to be administered the above prescribed medications by the Cool School staff.

*I understand that withholding important medical information will result in my child(ren)'s disenrollment from the program.

*I give permission for my child(ren) to receive necessary medical treatment in the case of an accident, injury, or serious illness. I agree to assume full financial responsibility for such treatment.

*I understand that efforts will be made to contact me; however, treatment may begin at once.

*My permission is also granted for transportation to an appropriate medical facility by TCCC staff or an ambulance.

*I understand that by enrolling my child(ren) in this program, my child (ren) and I assume the risk of any injuries or illness incurred through participation in this program.

Parent / Guardian Signature

Date

PERSONS AUTHORIZED TO PICK UP CHILD(REN)

EMERGENCY CONTACTS

First and Last Names	Relationship to Child	Home Phone/Work

Note: Include parents/guardians names above. Any later changes to this list must be in writing.

I understand that if my child(ren) are not picked up by 6:00 p.m., I will be charged a **\$5.00 LATE PICK-UP FEE for each 15 minutes beyond 6:00**, beginning with the **first** offense.

I understand that if my child(ren) are not picked up by 6:30 p.m. by myself or by any of the above listed people, Child Protective Services (CPS) will be called to assist in the situation. TCCC staff will attempt to contact all people on the pick-up list before contacting CPS.

I have read and understand all of the information in the PARENT/Student HANDBOOK.

I understand that my child(ren) is expected to remain in the program during hours of operation. If my child(ren) leaves the program without the consent of a staff member he/she will be disenrolled from Cool School.

CIRCUMSTANCES RESULTING IN DISENROLLMENT

- Failure to make weekly payment deadlines
- Failure to notify staff of any changes in registration packet information, especially concerning income and medications.
- Failure to comply with the Sign OUT procedures.
- Failure to respond to requests of the staff for conferences, or refusal to work with staff to correct disruptive behavior problems.
- *Behavior Problems* observed in your child(ren) including, but not limited to...
 - A. use of foul language
 - B. physical aggression
 - C. theft
 - D. refusal to comply with program rules and regulations
 - E. repeated violence or destruction
 - F. inappropriate behavior
 - G. Any action resulting in the physical harm of any other children and/or staff members.

AUTOMATIC DISENROLLMENT: Child Running away from Staff or program!

DISENROLLMENT PROCEDURE:

- ① Parents will be provided with a verbal or written notice from program personnel.
- ② Parents will receive a written request for conference with program personnel to discuss possible solutions.
- ③ If solutions are not met, parents will receive a written notice of disenrollment from the Afterschool Director.

I have read and understand all above information, and will comply with programs guidelines:

Parent / Guardian Signature

Date