

For Official Use Only

Receipt # _____ Member # _____ Verified by _____ Approved by _____ Site Director _____

IMMUNIZATION RECORD: Yes _____ No _____

SHILOH MCDONOUGH COMMUNITY OUTREACH, INC.

2017-2018 AFTERSCHOOL/SCHOOL BREAK ENRICHMENT PROGRAM ENROLLMENT FORM

Current copy of immunizations-form must be submitted with enrollment packet & payment.

Please complete **ALL** sections

School Name: _____ Program Start Date: _____ Program End Date: _____

Child's Name: _____ Home # _____

Street Address: _____

City: _____ State: _____ Zip: _____ Birth Date: _____ Ethnicity: _____

Age: _____ Grade: _____ Sex: _____ Child lives with: _____

1. Parent/Guardian Name _____ Relationship: _____ E-Mail _____

Street Address (if different from Child's) _____

City: _____ State: _____ Zip: _____ Home #: _____

Work #: _____ Cell #: _____ DOB: _____

Employer: _____ Income: _____

Employer's Complete Address _____ City _____ State: _____ Zip: _____

2. Parent/Guardian Name _____ Relationship: _____ E-Mail _____

Street Address (if different from Child's) _____

City: _____ State: _____ Zip: _____ Home #: _____

Work #: _____ Cell #: _____ DOB: _____

Employer: _____ Income: _____

Employer's Complete Address _____ City _____ State: _____ Zip: _____

EMERGENCY CONTACTS & INFORMATION

In the event of an emergency, SMCO Staff will take all possible steps to locate parent/guardians. In the event a parent/guardian cannot be reached I authorize SMCO Staff to contact the following people: (Please include two local contacts.) ****TWO PEOPLE OTHER THAN THE PARENTS****

1. Name: _____ Relationship: _____ Home #: _____

Work #: _____ Cell #: _____

2. Name: _____ Relationship: _____ Home #: _____

Work #: _____ Cell #: _____

CHILD HEALTH INFORMATION

Authorized Physician: _____ # number: _____

Clinic/hospital: _____ Health Insurance Company: _____

Name of Policy Holder: _____ Policy or Group Number: _____

Does your child have any allergies? **Yes or No** If yes, please explain: _____

Does your child have any disability, chronic or recurring illness or conditions, i.e. asthma, diabetes etc.? **Yes or No** If yes please explain: _____

Current Medications: _____

My Child has the following Special Needs i.e. ADD, Autistic, Lactose intolerant etc.: _____

The following accommodations may be required to most effectively meet my child's needs in SMCO Afterschool Enrichment Program: _____

PARENT PICK-UP AUTHORIZATION

SMCO Staff will only release a child to the parent/guardians or contacts listed below. Any person picking up a child will be asked to show a picture ID and must be **18 years of age or older**.

1. Name: _____ Relationship to Child: _____

Complete Address: _____

Cell#: _____ Work #: _____ Home #: _____

2. Name: _____ Relationship to Child: _____

Complete Address: _____

Cell#: _____ Work #: _____ Home #: _____

3. Name: _____ Relationship to Child: _____

Complete Address: _____

Cell#: _____ Work #: _____ Home #: _____

4. Name: _____ Relationship to Child: _____

Complete Address: _____

Cell#: _____ Work #: _____ Home #: _____

The following people are not authorized to pick-up my child. **(If this person is the child's parent you must include a court order)**

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

PROGRAM POLICIES & AUTHORIZATION

Please read and initial the following policies and authorizations:

_____The Shiloh-McDonough Community Outreach (SMCO) Staff agrees to provide child care Monday-Friday from school dismissal until 6:30 PM. This care includes an afternoon snack and meal.

_____SMCO Staff agrees to keep parent/guardian informed of any incidents, including; illnesses, injuries, exposure to communicable diseases.

_____I give permission for SMCO Staff to administer first aid, and in the event of an emergency, to secure a physician for emergency medical treatment for my child. I understand that a conscious effort will be made to contact the parent/guardian before seeking treatment. I understand and accept that this expense is my responsibility. I understand it is my responsibility to carry primary accident insurance.

_____I give permission for SMCO Staff to contact the emergency contacts listed above in the event they are unable to reach the parent/guardian.

_____I understand that my child must be signed and escorted out of the after-school program daily, by an adult over the age of 18.

_____I understand SMCO Staff will only release my child to the parents/guardians and contacts listed on this form. I understand that I must provide in writing, authorization for my child to be picked up by someone other than the individuals listed on this form.

_____I understand that before any medication is dispensed to my child; I must provide written authorization, which must include: date, child's name, name of medication, prescription number, if any; dosage, date and time to be dispensed and parent/guardian signature. All medication must be in its original container. SMCO Staff will keep a written verification log of date, time, and staff member who administered the medication and any reactions to the medication

_____I acknowledge it is my responsibility to keep SMCO Staff advised of any significant changes to my child enrollment form to include but not limited to; addresses and # numbers of all individuals, change in work location, family doctor, allergies and other health information. I agree to provide this information to SMCO Staff at the time of the changes.

_____I understand that is my responsibility to know and abide by all policies and procedure included in SMCO Staff Afterschool Program parent handbook.

_____I understand that failure to pay my After-school payments promptly will result in removal from the program.

By initialing the policies and authorization statements above and signing below, I acknowledge that I have read and understand the policies/guidelines and agree to abide by them.

Parent/Guardian Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____

Dear Prospective SMCO Afterschool/School Break Enrichment Families,

Thank you for your interest in SMCO Staff Afterschool/School Break Enrichment Program! As a Bright From the Start licensed program, we are required by law to have all of the information on the following enrollment forms complete and available at the site. Incomplete information causes SMCO Staff to be cited and fined for violations of state law. Continual fines can cause us to lose our license to provide child care for you and your child. As a result, incomplete enrollment forms **CAN NOT BE ACCEPTED**.

The following information must be included:

- **You must submit an immunization form along with the enrollment forms in order to register.**
- Names, addresses, and # numbers of both parents
- Names, addresses, and # number of both parents employer
- Names, addresses, and # numbers of two emergency contacts, other than the parents.
- Names, addresses, and # numbers of individuals authorized to pick-up your child
- Name, address, and # number of child's doctor/hospital
- Insurance provider name, group number, and policy number

We thank you in advance for your cooperation and understanding.

Sincerely,

SMCO CEO

Afterschool/School Break Enrichment Program Director