



2019/2020

Skate Odyssey Afterschool/Summer Camp ENROLLMENT APPLICATION

Father _____

Mother _____

Address: _____

Address: _____

City: _____ State: ___ Zip: _____

City: _____ State: ___ Zip: _____

Employment: _____

Employment: _____

Day Ph.(____) _____

Day Ph.(____) _____

Night Ph.(____) _____

Night Ph.(____) _____

Cell: (____) _____

Cell: (____) _____

Email: _____

Email: _____

Child's name _____ Age _____ Birth date _____ MS 121 Form _____

Child's name _____ Age _____ Birth date _____ MS 121 Form _____

Parent's are _____ married/together _____ separated _____ Divorced. If parents are separated or divorced, do parents share custody _____ yes _____ no; _____ has full custody. Do you have court documents supporting this custody arrangement? _____ yes _____ no Current copy of record on file. _____ Does your child have health insurance _____ yes _____ no

Health Insurance Provider: _____

Policy Number/Group: _____

Please provide a copy of insurance card with this application

Afterschool care includes care from 2:00-6pm

*\$65 Per Week, Per Child

Summer Camp \$30 a day for 2-3 days or \$125 4-5 days includes activity fee may be additional fees for some fieldtrips.

Holiday care includes care from 6:00am- 6:00pm

- Holiday full day up charge \$15 a day. (School is in session.)
- Non-Enrolled Holiday Full week care \$30 a day for 2-3 days or \$125 4-5 days (Thanksgiving, Christmas, Spring Break, and Summer Camp)

Additional Fees

Registration fee- \$50 for one child or \$75 Family Rate (**NON-REFUNDABLE**)

Camp T-shirt \$10 (Optional for Afterschool)

Skate Odyssey Afterschool/Summer Camp agree that:

1. In return for the sum that the parent agrees to pay, the school will give care to the above named child the times agreed upon by the parent/guardian. The center is open from 2:00-6pm Monday thru Friday (6:00am-6pm during summer & school holidays).
We will be closed on the following holidays:
Labor Day, Thanksgiving Day and the Friday after, Christmas Eve and Day and Day after Christmas, New Years Eve and Day, Good Friday, Memorial Day, and Independence Day
Note: Other days may be scheduled by administration. Prior notice will be given.
2. The center will exercise reasonable care and judgment in all matters related to the welfare and safety of the child. In case of an accident or illness to the child, the counselor will promptly take such reasonable measures as are, in his or her judgment, in the best interest of the child and will notify the parent as soon as possible.
3. Any individual picking up children from the facility **must** be on approved pickup list and show **photo I.D.** when signing children out at time of pickup. No individual will be allowed to pick up your child if they are **NOT** on the approved pickup list and they do not have **proper identification.**
4. The center will provide snack, and a variety of other play and learning activities, and homework help.

THE PARENT AGREES THAT:(Initial by each statement)

_____ 1. The parent will pay in advance for care the sum of \$_____ as indicated above. Responsibility for payment on time is that of the parent/guardian who signs the agreement form. **All checks returned are subject to a \$20.00 service fee.**

_____ 2. The parent will give **two weeks** notice when the child is to be withdrawn from our program DURING WHICH PAYMENT FOR SERVICES IS REQUIRED.

_____ 3. The parent will not violate the hours of care agreed upon. In an emergency, a parent may call the center for a child to remain past closing time. **A late fee will be assessed of \$1 per minute after five minutes to be paid at the time of pickup.**

_____ 4. In all emergencies, the center has permission to take such reasonable measures as are, in the judgment of the staff, necessary to the welfare and safety of the child.

_____ 5. The center reserves the privilege of dismissing any child if, after entering he seems unable to participate in group experiences or is a threat to him/herself, staff, or another student.

_____ 6. Liability for acts of the child while under the care of the center is the parent's responsibility.

_____ 7. Parents understand that primary accident or hospitalization insurance on the students and the obtaining of such insurance protection, if desired, is the responsibility of the parent.

_____ 8. If a child has a fever or vomiting, the parent will be contacted and asked to come for the child.

_____ 9. Allergy warning - We serve peanut products, milk, soy, eggs, wheat, chocolate, fish and other tree nuts. If your child has a significant allergy to any of these products, we CANNOT guarantee that your child will not be exposed to these substances in our facility.

_____ 10. A calendar of activities is available with information about field trip departure and return times. If your child arrives after the field trip has departed, we are unable to return for your child and cannot guarantee someone will be available to watch your child on campus.

Skate Odyssey Afterschool, Inc. and parents understand and agree that:

1. This agreement is a contract binding for both center and parent.
2. The contract may be terminated by either the parent or the center upon notification of intention at least two weeks in advance, or at anytime by mutual agreement of both parties. **Significant behavior infraction may result in immediate dismissal.**

(Signature of Parent/ Guardian)

(Date)

(Authorized Signature of Center)

(Date)

SKATE ODYSSEY AFTERSCHOOL/SUMMER CAMP CHILDCARE CENTER POLICIES

Enrollment information:

Hours of operation: The center will be open for care from 2:00 - 6:00 pm, Monday – Friday.

1. Children cannot be accepted earlier or kept later. In case of extreme emergency, parent must call the center at **HL 662-253-0061, OB 662-893-2187** or the **Program Director at 662-420-0648** for child to remain past closing time. **After the center is closed, a late fee will be assessed of a \$1 per minute after five minutes to be paid at the time of pick up.**
2. The parent or legal guardian must complete all enrollment forms.
3. **Any individual picking up children from the facility must be on approved pickup list and show a photo I.D. when signing children out at time of pickup.**
4. Parents are to notify center of change in work, cell, or home phone numbers in order to be reached in case of an emergency. Parents should also notify the center in event of any family changes (divorce, custody, etc.).
5. Parents are welcome to visit the center at all times. If a parent’s presence is disruptive to the class or their child, they may be asked to limit visits to noninvasive class times.
6. A calendar of activities is available with information about field trip departure and return times. If your child arrives after the field trip has departed, we are unable to return for your child.
7. In the event of an emergency or inclement weather the facility may close. **ALL OTHER DAYS After-School WILL BE OPEN.** The Center will notify parents if we plan to close for any other reason. We do follow DeSoto County inclement weather policy.

Payment and fee Policies:

1. The parent will pay in advance for care (cash or check or credit/debit cards accepted).
2. Payments are due the Friday before the upcoming week. A late payment of \$10 is added to payments not received on time. Unless prior arrangements have been made.
3. Communication of all financial matters is directed to the billing representative. It is the responsibility of the parent or guardian to make acceptable arrangements.
4. Returned check Policy: All checks returned are subject to a \$20.00 service charge
5. If a client chooses to withdraw from the program, a two-week advance notice is required during which payment is required even if the child is not receiving care.
6. Afternoon snack will be provided by the center. Parents may provide refreshments only on a child’s birthday or other special celebration such as Valentine’s Day, Easter, Christmas, etc. Foods for special events, that are brought to the facility by parents, should be “store bought” and not “home cooked.” Please notify the center prior to event.

Sick Children Policies:

7. If a child has a fever, he will not be admitted until free of fever for 24 hours **WITHOUT** fever medication. If a child is vomiting or has diarrhea, he may not return to the center until 24 hours after symptoms have passed
8. If a child becomes ill during the day, his parent will be called to come and take him home. Sick children cannot be properly cared for at the center.
9. If a child needs a prescribed medication during the day, it must be sent in a bottle containing only the prescribed dosage, labeled with the child’s name. A form with specific instructions for administrating must be filled out and signed by the parent. Medicine should be given to the After-School counselor not left in a child’s belongings.
10. In the event that the child has a contagious illness, the parent will notify the center; the child will not be allowed to return until all danger of contagion is past.

Personal Items:

1. Children’s personal items must be labeled with the child’s name and placed in his or her designated area. (All items not claimed will be donated)
2. Electronics policy - No electronics. **Children may NOT bring I-pads, cell phones, I-pods, or any other electronic device with Internet capabilities to the center. Skate Odyssey is not responsible for lost, stolen or broken items.**

I HAVE RECEIVED THE PARENT POLICY STATEMENTS AND AGREE TO FOLLOW THE GUIDELINES THEREIN

Signature

Date

DIRECTOR USE ONLY: Enrollment Date: ____/____/____ Start Date: ____/____/____ Withdrawal Date: ____/____/____

Skate Odyssey Afterschool/Summer Camp Liability Waiver:

IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY AND IN THIS CASE SKATING AND PLAYING IN THE BUILDING OR ON THE PLAYGROUND. I HEREBY KNOWINGLY AND VOLUNTARIALY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANY LIABILITY MAY OR COULD ACCRUE TO SKATE ODYSSEY AFTERSCHOOL, INC., OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

SIGNATURE _____ DATE _____

**Skate Odyssey Afterschool/Summer Camp
Permission form for School transportation and Field Trips:**

Child's Name _____ Age _____ DOB _____

School _____ Grade _____ Teacher _____

I give permission for Skate Odyssey Afterschool/Summer Camp to transport my child to and from school. I give permission for my child/children to go on all field trips. I understand that this may include swimming and program related field trips and all regulations apply. Transportation will be by Afterschool bus or van. The chaperones will be Afterschool counselors and staff and carry full responsibility as such. I understand that I will be informed of times and places for the field trips. Parents are welcome to help with field trips. In the event of an emergency, Skate Odyssey Afterschool personnel may arrange alternate transportation.

Parent/Guardian _____ Date _____

Phone number/ cell _____

Address _____

Emergency friend and number _____

Photo Agreement:

May we take your child's photo? ____ YES ____ NO

May your child's picture or image be used for Skate Odyssey Afterschool/Summer Camp publicity, promotion, or media purposes? (Facebook, newspaper, etc.) ____ YES ____ NO

Under no circumstances is your child allowed to take photos or video other children in the Skate Odyssey After-School/Summer Camp Program. Violation of this policy will result in an immediate suspension or expulsion from the program.

Signature

Date

STUDENT HEALTH HISTORY:

STUDENT'S NAME _____ DOB _____

SCHOOL _____ TEACHER _____ GRADE _____

GUARDIAN _____

HOME NUMBER _____ WORK _____ CELL _____

HAS YOUR CHILD HAD THE FOLLOWING (PLEASE GIVE DATES IF KNOWN)

| | NO | YES | Date |
|-----------------|-------|-------|-------|
| Heart disease | _____ | _____ | _____ |
| Kidney disease | _____ | _____ | _____ |
| Rheumatic Fever | _____ | _____ | _____ |
| Convulsions | _____ | _____ | _____ |
| Diabetes | _____ | _____ | _____ |
| Asthma | _____ | _____ | _____ |
| Pneumonia | _____ | _____ | _____ |
| Tuberculosis | _____ | _____ | _____ |
| Chicken Pox | _____ | _____ | _____ |
| Mumps | _____ | _____ | _____ |

| | NO | YES | Date |
|----------------------------|-------|-------|-------|
| Measles | _____ | _____ | _____ |
| Glasses | _____ | _____ | _____ |
| Hearing Aids | _____ | _____ | _____ |
| Major Illness Specify | _____ | | |
| Significant injury Specify | _____ | | |
| Other | _____ | | |

Daily medication _____

My Child is allergic to the following:

| | | | |
|------------|-----|----|----------------|
| Penicillin | Yes | No | Comments _____ |
| Aspirin | Yes | No | Comments _____ |
| Tylenol | Yes | No | Comments _____ |
| Foods | Yes | No | Comments _____ |
| Other | Yes | No | Comments _____ |

Under care of a physician? Yes No Physician's Name _____

Dentist _____ Hospital Preference _____

May non- aspirin be dispensed to your child? _____ Yes _____ No

Any medication (prescription or otherwise) must be kept in the office with a completed medication form filled out by the guardian. List any special physical or medical needs (including allergies) and medications taken.

Emergency Contacts 1. _____ PHONE _____
2. _____ PHONE _____

Permission for Emergency Treatment

This certifies that permission is given for Skate Odyssey Afterschool/Summer Camp to seek emergency medical treatment for the above named child in the event a parent or emergency friend cannot be contacted immediately.

Signature of parent/guardian _____ **Date** _____

