

**2014-2015 Before and 21<sup>st</sup> CCCL After School Program  
Mapleton Elementary School  
REGISTRATION FORM**

CHILD'S NAME \_\_\_\_\_

Child's Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

I plan to use the program (please list **drop off/pick up times** in the boxes for each day)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM drop off time					
PM pick up time					

I will need the am program on weather delay days.      Yes                  No

\_\_\_\_\_ My child has permission to have snacks in the afternoon and breakfast in the morning (if attending am program.)

\_\_\_\_\_ My child has my permission to participate fully in the activities of the Before and/or After School program. I understand that I will be notified in advance of any field trips. I also waive any liability to Mapleton Local Schools and any staff associated with the before/after school program while participating in these activities and field trips. I give permission for my child to be transported by bus for field trips for which I have given prior permission. I understand that it is my responsibility to transport my child to and from the Before & After School Programs and my home.

**\*\*Parent/Guardian Must Sign:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send this form with \$25 registration fee per family to the school office as soon as possible,** at the following address: Mapleton Elementary School

Tracie Raynard  
2 Mountie Dr.  
Ashland, OH 44805

Questions, call Mapleton Elementary office at 419-945-2188.

**Complete separate registration forms for each child.**

## Policy Agreement

- I understand that I will be billed bi-weekly
- I understand that there is AM tuition of \$3/day and \$5/day for AM delay days
- I understand that there is PM tuition of \$4/day if your child does not qualify for Free/Reduced Lunch and no if your child qualifies for Free or Reduced Lunch
- I understand that a late fee will be added if the tuition payment is late
- I understand that a \$65 non-sufficient fund fee will be charged for returned checks
- Students in the morning will be provided access to breakfast and students in the afternoon will be provided with a snack
- I understand that a late fee of \$1 per minute will be imposed if my child is picked up after closing of the program (6 PM)
- I understand that I must sign my child "in/out" everyday
- I understand that the following steps will be taken when a child is left at the site past closing time:
  - All emergency contacts on the child's enrollment form will be called until 6:45PM
  - The sheriff will be notified that the child has not been picked up, so they can assist in finding parents
- I understand that all registration forms must be completely filled out and turned in prior to my child's admission into the program
- I understand that I am required to disclose all medical, physical or behavioral issues at the time of my child's enrollment and update information on an ongoing basis
- **I understand that the Before/After School program is not offered when school is not in session**
- I understand that I forfeit the privilege of participating in the program if all policies are not followed
- I understand that parents will be held financially liable for property damage caused by their child. This includes, but is not limited to any property owned or possessed by the Mapleton Local Schools, Tri-County ESC 21<sup>st</sup> CCLC and any personal property of others.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

21<sup>st</sup> Century Community Learning Center  
Child Health and Enrollment Information  
Please print all information

First day of attendance _____
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Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Please list people in the order you would like them to be contacted in case of emergency and circle 1, 2, or 3 to show which number to call 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup>.

1. Parent/Guardian name \_\_\_\_\_

Home address (if different than child's) \_\_\_\_\_

Employer name and address \_\_\_\_\_

1 2 3 Home phone \_\_\_\_\_ 1 2 3 Cell phone \_\_\_\_\_ 1 2 3 Work phone \_\_\_\_\_

2. Parent/Guardian name \_\_\_\_\_

Home address (if different than child's) \_\_\_\_\_

Employer name and address \_\_\_\_\_

1 2 3 Home phone \_\_\_\_\_ 1 2 3 Cell phone \_\_\_\_\_ 1 2 3 Work phone \_\_\_\_\_

Please list 2 people (local) to be contacted in the event of an emergency **if the parent cannot be contacted**. Any person listed should be able to assist in contacting you and be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chronic Physical Problem (s): \_\_\_\_\_

History of hospitalization: \_\_\_\_\_

Diseases this child has had: \_\_\_\_\_

Allergies and treatment: \_\_\_\_\_  
\_\_\_\_\_

Medications, food supplements, modified diet or fluoride supplements: \_\_\_\_\_  
\_\_\_\_\_

List of person(s) **not permitted** to pick up this child: (Please print)

Name \_\_\_\_\_ Restraint papers or divorce decree attached Yes No

Name \_\_\_\_\_ Restraint papers or divorce decree attached Yes No

Name \_\_\_\_\_ Restraint papers or divorce decree attached Yes No

Immunization forms are on file with the school. If you have updated forms please give a copy to the school.

(The 21<sup>st</sup> CCLC center)

\_\_\_\_\_ has  
**permission** to secure emergency transportation  
for my child in the event of an illness or injury  
which requires emergency treatment. The  
emergency transportation service will determine  
the facility to which my child will be transported.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

**OR**  
Do not sign  
both.

(The 21<sup>st</sup> CCLC center)

\_\_\_\_\_ **does not have permission** to secure emergency  
transportation for my child in the event of an  
illness or injury which requires emergency  
treatment. I wish for the following action to be  
taken:

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster: **My child's name**    yes    no    **phone number**    work    cell    home    no

**Parents/guardians name**    yes    no

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child's photograph to be taken while participating in the before and or after school program for the purpose of publicity (news articles, newsletters, media productions).

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

## Child Drop Off/Pick Up Policy

When you enroll your child in the Before/After School Program, it is to be understood our policy is for you to bring your child into the school each morning, sign the attendance sheet, and let a staff member know your child has arrived. Please note, we are not legally responsible for your child when she/he is dropped off outside the building.

As a parent or guardian, I am aware the Before/After School staff is not responsible for my child unless I bring my child into the building and sign the attendance sheet and inform staff of my child's arrival.

When picking up your child in the afternoon, you will need to sign them out on the attendance sheet and let a staff member know your child is leaving.

Your child will only be released to persons listed on the child release form on the back of this policy. The person must show ID to staff before they will release the child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Before/After School Care

#### Parent Handbook Review Statement

\_\_\_\_\_, have received a copy of the Before & 21<sup>st</sup> CCLC After School Parent Handbook. I have read and understand the policies and procedures in the Parent Handbook and will abide by its contents.

I am the parent/guardian of \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**(OVER)**

# Child Release Authorization

## 21st Century Community Learning Center

### After School Care

My Child \_\_\_\_\_, may be released to or picked up by the following individuals:  
(Please Print)

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

~~~~~  
Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

~~~~~  
Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

~~~~~  
Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

~~~~~  
Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make sure that the authorized adult picking up your child has a picture ID with them!