

Eagle Adventure Zone  
After School Care Consent  
Grade K-5  
2011-2012



Select option:

- Regular ASC
- Drop-In only (2:40-4:00)
- Drop-In only (2:40-6:00)
- Staff

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_ Suffix: \_\_\_ (Jr., II, III)

Name Called: \_\_\_\_\_ Gender: Male/ Female Grade in 2011-2012: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as of 8/01/11: \_\_\_\_\_

Circle applicable response(s): **Parents Married / Parents Separated / Parents Divorced / Father Deceased / Mother Deceased**

If divorced, check the parent(s) with primary custody: \_\_\_ **Mother** \_\_\_ **Father** \_\_\_ **Joint Custody**

Student's primary residence is with the following: \_\_\_ **Father** \_\_\_ **Mother** \_\_\_ **Stepfather** \_\_\_ **Stepmother** \_\_\_ **Guardian**

Primary Residence	Father (___ Stepfather)	Mother (___ Stepmother)
First (name called) and Last Name		
Business Firm Name		
Business Number		
Cell Number		
Email Address		

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**This must be completely filled out. I authorize my child to be released to the following emergency contacts. These contacts may be called if the parents are unable to be located. Three contacts are required (Other than parents at primary residence listed above):**

\_\_\_\_\_  
Name (Relationship to child) (\_\_\_\_\_) Home Phone (\_\_\_\_\_) Mobile Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (Relationship to child) (\_\_\_\_\_) Home Phone (\_\_\_\_\_) Mobile Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (Relationship to child) (\_\_\_\_\_) Home Phone (\_\_\_\_\_) Mobile Phone

\_\_\_\_\_  
Address

**Eagle Adventure Zone**  
**After School Care Application**  
**Grade K-5**  
**2011-2012**



Students are not permitted to have medications in their possession while on the school campus.

With certain medical conditions, (e.g. diabetes, asthma, severe allergy) emergency medications may be kept with the ASC Director. Records will be kept of all medications administered.

My child may take the following medications as needed from the ASC Director. I understand that the manufacturer's label dosage directions will be followed:

- |                              |                             |                                 |                              |                             |  |
|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Benadryl for allergic reactions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cough Drops                              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tums                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cortaid Anti-Itch Cream (Hydrocortisone) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Motrin/Advil (Ibuprofen)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sting Stop Swabs                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tylenol (Acetaminophen)         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Calamine Lotion                          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Triple Antibiotic Ointment      |                              |                             |  |

**Medical History (Please mark N/A if none)**

List all allergies for your child: \_\_\_\_\_

List all medications given on a daily basis: \_\_\_\_\_

List any information an EMT person would need to know in the case of an emergency: \_\_\_\_\_

I agree that I have read and understand the provided policies and procedure for the ASC program of Mount Paran Christian School. Specifically, I am aware of the escorting procedures and dismissal/pickup procedures for my child to arrive and depart from the ASC program.

I agree that all parts of this ASC form are correct, and I agree to update any information, including phone numbers, addresses, emergency contact info, etc. as needed.

I authorize Mount Paran Christian School (MPCS), through its nurse or other appropriate school employee, to administer first aid or other minor medical treatment including the above referenced over-the-counter medication(s) as shall be deemed best under the circumstances to my child. I consent for my child to receive such treatment during After School Care hours and at school activities, including all school sponsored programs and events, regardless of whether or not the event or program is occurring on the MPCS campus. I understand the school will attempt to notify parents/emergency contact in the event of an emergency requiring immediate medical care for my child. If the school is unable to notify me or the appropriate emergency contact, I give permission for my child to be treated by qualified medical personnel at an emergency clinic, hospital, or other similar medical facility. I release and hold harmless the Board of Directors, as well as any school employee, both individually and in his or her official capacity(ies), from any liability for administering medications and first aid to my child or seeking medical care for my child. I agree to indemnify and hold harmless MPCS, its employees and agents, both jointly or severally, from and against any and all claims, damages, causes of action or injuries that arise from the medicating, providing first aid or seeking emergency medical care for my child while at school or at school-sponsored programs or events, regardless of location. I acknowledge that it is my responsibility to keep my child's records (phone numbers, work location, emergency contact, health status, and immunization records) current. I also understand that neither medical nor accident insurance is provided by MPCS and that the responsibility for providing such coverage rests with me as parent/guardian for my child.

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

Eagle Adventure Zone  
 After School Care  
 Financial Contract  
 2011-12 Academic Year



If ASC is not needed on a regular basis, please check here:

\_\_\_\_DROP-IN ONLY

Student Name \_\_\_\_\_

Person responsible for financial obligations:

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

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

A non-refundable, non-transferable deposit of \$50 is required with application for full time ASC. The deposit will be applied toward the June 1, 2011 payment.

Please indicate your choice of payment plan:  1 payment  3 payments  10 payments

AFTER SCHOOL CARE (2:40p.m.-6:00p.m.)	ONE PAYMENT	THREE PAYMENTS	TEN PAYMENTS	DROP-IN (2:40-4:00)	DROP-IN (2:40-6:00)
<i>PK - Fifth Grade 5 day option</i>	\$2,673.00	\$2,673.00 (\$891.00 x 3)	\$2,680.00 (\$268.00 x 10)	\$10 per day	\$25 per day
<i>PK - Fifth Grade 3 day option</i>	\$1,604.00	\$1,605.00 (\$535.00 x 3)	\$1,610.00 (\$161.00 x 10)	\$10 per day	\$25 per day
<i>PK - Fifth Grade 2 day option</i>	\$1,070.00	\$1,071.00 (\$357.00 x 3)	\$1,070.00 (\$107.00 x 10)	\$10 per day	\$25 per day

If you have chosen the one pay plan, this amount is due in full **by June 1, 2011.**

If you have chosen the three pay plan, you will make 3 equal payments due on **June 1, 2011, October 1, 2011, and February 1, 2012.**

If you have chosen the ten pay plan, you will make 10 equal payments beginning with **June 1, 2011.** Payments are due the first of each month from June 1, 2011 through April 1, 2012. There is no payment due in January.

If an account falls past due thirty (30) days, the parents and/or guarantors will be contacted and the student will not be allowed to attend ASC until the tuition is paid to an up-to-date status. The account will be subject to appropriate penalties including all late fees.

Withdrawal from ASC during the year will require pro-ration of yearly ASC fee along with a withdrawal fee of 1/10<sup>th</sup> of the yearly 10 pay ASC amount. In addition, any changes in ASC enrollment after the first day of school will result in a \$25 change fee. All other terms and conditions stated on the Tuition Financial Contract apply to this contract as well.

I have read and I understand the ASC policies and financial terms and conditions and agree to abide by them.

\_\_\_\_\_  
 Signature of Parent or Guarantor responsible for payment of fees and charges for ASC

\_\_\_\_\_  
 Date

**Eagle Adventure Zone**  
**After School Care**  
**Policies and Procedures**  
**Kindergarten – Fifth Grade**



1. Each child is required to have a completed ASC enrollment package on file in the ASC office. This is in addition to the school registrar's files. **Please notify the ASC Director immediately throughout the year if there are any changes in the information contained in the ASC enrollment form.**
2. Parents will be notified immediately of any illness or serious injury to the child. In the event that your child becomes ill and must leave the school, arrangements should be made to pick up your child within the hour. The child will be moved to a quiet area away from other children where he/she will receive the necessary attention until the parent arrives. Children are not permitted to stay at the school while experiencing fever, diarrhea, and vomiting, or exhibiting signs of contagious diseases or adverse reactions to any medication.
3. *Discipline:* The ASC program is an extension of the regular classroom. The approach of positive reinforcement to correct behavior will be used. Rewards shall be given for individual and group behavior. The specific details of behavior management program will be modified for the age of each group. In the case that an inappropriate behavior has been exhibited an explanation of the behavior and the explanation of the expected correct behavior will be sent home. If there is a second occurrence, the child will be placed in time out. If any problems continue, the ASC teacher will enlist the help of the parents and may consult with the regular classroom teacher for insight on effective disciplinary steps for the child. Any behavior difficulties which are exhibited on a regular basis will be addressed through the MPCS Principal and may result in removal from the ASC program.
4. Students may not attend the ASC program if they were not present in school on that day.
5. The ASC program cannot take any responsibility for lost or broken personal articles.
6. Drop-in care after 2:40 school dismissal will be available when space permits. Arrangements must be made with the ASC Director twenty-four (24) hours in advance. The charge will be \$25.00 per full ASC session (from 2:40-6:00 p.m.). The charge will be \$10 for drop-in care from 2:40-4:00 p.m.. No child will be permitted to participate in the ASC until all necessary forms have been completed and submitted to the ASC Director. Payment for Drop-in care is to be paid to the ASC Director and is due at time of pick up.
7. Students enrolled in the ASC program may be given the opportunity to participate in additional activities in other parts of the building (i.e. gym, library, etc.). The signature on the ASC form will serve as an in-house permission to remain on file.
8. For the protection of children, the ASC program follows all procedures of the school regarding severe weather, fire, physical plant problems, and structural damage. If any of these events occur you will be contacted as soon as possible.
9. The After School Care hours are 2:40-6:00. There is a snack provided. You must be prompt in picking up your child at the conclusion of his/her enrolled ASC session.
10. **A late fee at the rate of \$2.00 per minute will be assessed. This fee is expected at the time of pickup on the date in which the late fee was accrued.** If the child has been picked up late five times, there will be an additional \$10.00 fee charged and the child may be removed from the program. The classroom clocks will be utilized as the official time. If late fees remain unpaid after five school days, the student may not attend ASC until payment balance is clear.
11. Payments for ASC need to be made to the business office for students enrolled full time in ASC no later than the tenth day of each month to avoid a late fee. ASC payments for drop-in basis are to be made to the director of the ASC on the date the charge is accrued. If drop-in fees are added to the student's account, the business office will assess a service charge.
12. Students will need to be signed out of the ASC class by a parent or other authorized person.
13. If a child is to be released to anyone other than the parent, guardian or other previously approved persons the ASC Director is to be notified in writing of the change. Additionally, we request that you notify us in writing of any persons that are not allowed to pick up your child.
14. If a child is not picked up by 8:00 p.m. and no communication has been received from the parents, the child will be turned over to the appropriate Cobb County authorities.