



**Before & Afterschool Enrichment Program
Application Form**

Child's Name: _____	Sex: _____	Age: _____	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		
Weakest Subject: Reading Math			
Child's Name: _____	Sex: _____	Age: _____	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		
Weakest Subject: Reading Math			
Child's Name: _____	Sex: _____	Age: _____	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		
Weakest Subject: Reading Math			

Parents Information:

Name(s) _____

Address _____

Street City State Zip

Home Phone _____

Mom Cell Phone _____ Mom Work Phone _____

Dad Cell Phone _____ Dad Work Phone _____

Dad Email _____ Mom Email _____

Emergency Contact:

Name _____ Relationship: _____ Phone Numbers: _____

Name _____ Relationship: _____ Phone Numbers: _____

Is there anyone besides the parents/guardians listed above that will be picking up your child(ren)? Yes No

If yes, Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

* We will need a call the day of to let us know. We will also require that the person picking up your child(ren) provide a Driver's License or State ID. This is for your child's protection.

Times you plan to drop off your child(ren): _____

Times you plan to pick up your child(ren): _____



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2015-2016 Fee Schedule

	Monthly Rate	Yearly Rate
After Care	\$320.00	\$3,200 per year
Before Care	\$180.00	\$1,800 per year
Before/After Care	\$360.00	\$3,600 per year

COMPETITIVE DISCOUNTS

The following discounts cannot be combined with other offers.

- Sibling = 10% off**
- Military = 10% off**

	Daily Rate	
Full Day/Holiday Camps	\$25 (Enrolled) before and after care already included	\$35 (Non-Enrolled) + \$6 for before and after care
Early Dismissal Day	\$12.50 (Enrolled) before and after care already included	\$17.50 (Non-Enrolled) + \$6 for before and after care
Parent Night Out	\$15 (Enrolled) 2 nd child = \$10	\$20 (Non-Enrolled) 2 nd child = \$15

*Enrolled = Completed PART or FULL time contractual enrollment forms. Regular weekly participant.

Three plans are available for payment of tuition:

_____ **Option I Single payment of full year's tuition**

- ❖ Due by August 15th

_____ **Option II Tuition divided into two payments**

- ❖ First payment due by August 15th
- ❖ Second payment due January 15th

_____ **Option III Ten monthly payments**

- ❖ Due on the 15th of the each month starting August 15th

Notes: All families will be required to fill out a credit card authorization form and will be charged according to the plan that is chosen. You credit will be charged for 10 consecutive payments if you select option 3.



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CHILD 1 ~ Health Information

Child's Name: _____
Allergies? No Yes *If yes, please specify* _____

Medical Conditions? No Yes *If yes, please specify* _____

Doctor's Name: _____ Phone Number: _____

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* _____

Has he/she ever been tested for them? No Yes *If yes, please specify* _____

Has your child had any of the following common childhood illnesses? Please circle.

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles
Polio Scarlet Fever Tuberculosis Whooping Cough

Does your child have any problems with any of these? Please circle.

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice
Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms

CHILD 2 ~ Health Information

Child's Name: _____
Allergies? No Yes *If yes, please specify* _____

Medical Conditions? No Yes *If yes, please specify* _____

Doctor's Name: _____ Phone Number: _____

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* _____

Has he/she ever been tested for them? No Yes *If yes, please specify* _____

Has your child had any of the following common childhood illnesses? Please circle.

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles
Polio Scarlet Fever Tuberculosis Whooping Cough

Does your child have any problems with any of these? Please circle.

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice
Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms



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CHILD 3 ~ Health Information

Child's Name: _____

Allergies? No Yes *If yes, please specify* _____

Medical Conditions? No Yes *If yes, please specify* _____

Doctor's Name: _____ Phone Number: _____

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* _____

Has he/she ever been tested for them? No Yes *If yes, please specify* _____

Has your child had any of the following common childhood illnesses? Please circle.

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

Does your child have any problems with any of these? Please circle.

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms

Parent Signature: _____ Parent Signature: _____ Date: _____



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Enrollment Contract

Please indicate the contract to which you will be agreeing:

- Full-time Contract**
Before and After School
- Part-time Contract**
Before School Only
- Part-time Contract**
After School Only
- Full Day/Drop-In/Holiday Camp**
No School Days

This agreement is made by and between Anetrise Jones, CEO of Growing Scholars Educational Center and _____, parent/guardian of _____. The following has been agreed upon between the two parties:

It is my desire to have my child(ren) enrolled in the Beyond the Bell program at Growing Scholars Educational Center.

I have received a copy of the Growing Scholars Educational Center policy handbook. I have read, understand and agree to abide by the policies contained therein. I also understand that my child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the center's surroundings. Unless otherwise notified, the child(ren) will be accepted and permanently enrolled. I further understand that if the policies outlined in this handbook are not adhered to, it would be sufficient cause for the removal of the child(ren) from the Beyond the Bell program.

I understand that I must follow the termination policy as it is written in the Parent's Handbook that can be found on-line at www.growingscholarscenter.com.*

I agree to adhere to payment option _____ at the rate of \$_____, to be paid according to the payment option chosen. Our arrival time will be _____, and my child will be transported to his/her school at _____ in order for him/her to make it there on time for instruction, unless other arrangements are made by me.

I also agree to give a minimum of two weeks written notice (10 full program days) of my intent to withdraw my child(ren) from the program. If two weeks notice is not given, I agree to make a full tuition payment for the final two weeks. Unpaid vacation/sick days cannot be applied for the final two-week period.

*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

Please initial next to each item. We want to be sure you understand and agree to these policies.

- _____ I understand what the program fees that I am being charged are for.
- _____ I understand that there will be extra charges during school weeks if there is a snow day or late start or early dismissal.
- _____ I understand daycare payments need to be made according to the option that I have chosen and that those payments will automatically be drafted from my account on the 15th of the month.
- _____ I understand the late pickup/early drop off fee is \$20.00 for every 15 minutes, or part of.
- _____ I understand the pickup policy for other than parental pickup.
- _____ I understand the illness policy.
- _____ I am contracting for school year arrangements and understand that I must pay for 10 full months.
- _____ I understand the behavior policy and I have read and shared the daycare rules with my child(ren).
- _____ I understand the returned check policy.
- _____ I agree to pay the material fee and the tuition fee as assigned.

THIS AGREEMENT AND THE PARENT HANDBOOK (FOUND ONLINE AT WWW.GROWINGSCHOLARSCENTER.COM) WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

Director

Parent

Parent

Date



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Please read each section and initial where indicated for confirmation that you have reviewed and understand the contents therein.

At the end, a section is provided for your signature to finalize your agreement to the entire packet.

Child(ren)'s Name(s): _____

Excursion and Transportation Consent

I hereby give permission to Beyond the Bell for my child(ren):

Initials:

To participate in excursions not involving transportation such as walks in the neighborhood, walks to the playground, parks and libraries.

To participate in excursions involving public or private transportation to locations such as libraries, parks, playgrounds, museums, and pet stores.

Media Release

Photographs and videos are taken on different occasions such as birthdays, holidays, outings and special occasions.

We use these pictures/videos in our childcare center for teaching, arts and crafts, albums and various other things.

Initials:

I understand that Beyond the Bell, Growing Scholars Educational Center, and grant funders, may use photographs and/or digital videos for use in local publications, advertisings, websites, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

Discipline Policy

We believe that children learn from us. We are their role models.

Children are forming habits, attitudes and patterns that will affect them throughout life.

Initials:

We expect all employees to treat the children in a respectful manner and for the children, in turn, to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the child will be sent to the Site Director for further discussion. If this does not resolve the problem, the parents will be contacted for assistance. Chronic misbehavior can result in dismissal from the program.

Authorization for Medication

No medication will be given by child care personnel, or be on the property without our knowledge, without the signed permission of a parent or guardian. Please complete the following:

Initials:

Name of Medication(s) and Name of Child(ren) _____

Dosage(s): _____ Time(s) medication is to be administered: _____

Authorization for Emergency Medical Treatment

I hereby give permission for my child(ren) to be given emergency treatment (first aid and CPR) by a qualified staff member at Beyond the Bell. In case of any emergency, Beyond the Bell will attempt to reach either parent or the Emergency Number given by the parent. If for any reason none of the parties are available, I authorize Beyond the Bell to use and transport to, the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

In case emergency transportation is needed, I agree to pay all costs of transportation.

Initials:

Emergency Name: _____ Telephone Number: _____

Medical Insurance: _____ Insurance Numbers: _____

Know Your Beyond the Bell Handbook

I have reviewed the Beyond the Bell handbook online at www.growingscholarscenter.com and understand its contents and am in compliance of the expectations of both me and my child(ren) for this program contained therein.

Initials:



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General Consent

I hereby give my consent to have my child participate in all activities at Beyond the Bell. I give my permission to have my child taken to and from the program location on various field trips by means of transportation used by Beyond the Bell.

I also realize that Beyond the Bell will not be responsible for any minor injuries that might occur during the normal program day (i.e. scratched knee, cuts, bruises, bites, etc).

I have read all the information contained within this Consent Form Packet, initialed in the appropriate places, and hereby give my consent.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

For Office Use Only:

Referral Sources

(Please circle all that applies)

ADVERTISEMENT

Drive-by Sign

Local Bulletin

Flyer

Newspaper

REFERRAL

Parental Referral

Center Referral

Subsidy Program Referral

Dept. Hum. Res

OTHER

GS Tutoring Client

GS Imagine Birthday

GS Parent Night Out

GS Summer Camp

Returning Client

OTHER: _____

