After School HEROS

(**H**omework, **E**xercise and **R**ecreation **O**n **S**ite)

Enrollment Form

2023-24 school year

Child's name _____ **Nickname (if any)** _____

Birth date _____ **Age** _____ **Biological Sex: M or F**

Child's grade _____ **Classroom teacher** _____

Parent/Guardian 1's name _____

Mailing address _____

E-mail Address _____

Home Phone _____ **Cell** _____ **Work** _____

Parent/Guardian 2's name _____

Mailing address (if different) _____

E-mail Address _____

Home Phone _____ **Cell** _____ **Work** _____

Please indicate by writing "**1**", "**2**" and "**3**" by the above phone numbers, the order in which we should try to contact you or the other parent/guardian should an emergency situation arise.

Emergency Contact Information

In the event that a parent or guardian cannot be reached at the phone numbers listed above during an emergency situation, who else should we try to contact? Please list at least 2.

Name **Home Phone** **Cell Phone**

_____

_____

_____

Medical Background

In order to provide your child with the best services possible, we need to know about their medical background. Please indicate if your child has any of the following conditions, and if so please provide a brief description and provide the name and dosage of any medications he/she takes at home:

_____ Has no special conditions

_____ Asthma _____

_____ Food Allergies _____

_____ Diabetes _____

_____ Special Diet _____

_____ Epilepsy or Seizures _____

_____ ADD/ADHD _____

_____ Regular Medications _____

_____ Allergic to Medication _____

_____ Other _____

Please also indicate, and/or feel free to discuss with staff at any time throughout the year, any social or emotional situations that may be going on in your child's life, such as custody issues, insecurities, anxiety, fears, loss of pet, etc. A better understanding of your child and what's going on with them behind the scenes will allow staff to offer extra support and comfort to your child when needed, and to better handle sensitive situations, should they arise.

_____

_____

All personal and medical information contained within this packet will remain confidential and only After School HEROS staff and personnel from the Office of Child and Family Services will have access to it.

Statement of Consent

In the event of an emergency or non-emergency situation requiring medical treatment, I _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child(ren), in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent/Guardian signature: _____ Date: _____

Child's Physician: _____ Phone: _____

Insurance Co: _____ Policy/Member #: _____ Group #: _____

Pick-Up Permission Form

We require **written** permission from you, the child's parent/guardian, indicating specific individuals who will be allowed to pick-up your child(ren). These individuals must be **18 years old or over** and must provide staff with **picture identification** at the time of pick-up (at least until we get to know them). Verbal permission, given over the phone, is not acceptable. In the event that you need to add or delete a name from the lists, you may do so. However, this must be done in writing before someone new is allowed to pick-up your child(ren). Please note it is assumed that both parents/guardians have permission to pick up. If this is not the case in your child(ren)'s situation, please make a note of it on this form.

We will not allow your child to leave the program with anyone other than the people listed below, and no child will be released to anyone who appears to be under the influence of drugs or alcohol.

Please write down anyone who might ever be in the position of having to pick-up your child. Consider the following situations: car trouble, medical emergencies, snow storms, sick child that needs to be picked up early. Remember that your pick-up person might have a situation come up as well. Please have a back-up plan that you can put into motion if necessary. If applicable, please try to list your pick-up people in order of availability/preference.

I give my permission to the After School HEROS Program to release _____

_____ to the following people:
Child(ren)'s name(s)

Name and Relationship Address ***(required by NYS regulations)*** Phone Number(s)

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____

Parent/Guardian Signature: _____ Date _____

There may be times throughout the year when pictures of the children are taken. Please sign the line below if you grant permission for your child's picture to be taken and printed in the F-P District Newspaper.

_____
Parent/Guardian Signature

Permission to Administer Over-the-Counter Medications

Please indicate whether or not you grant permission for the After School HEROS staff to use the following products on your child as needed. If your child must use a specific brand of any of the products listed below, please indicate the brand name next to the product. If any brand is acceptable, just check "yes" beside the product.

_____Yes _____No Sunscreen

_____Yes _____No Hand Sanitizer

_____Yes _____No Vaseline/Petroleum Jelly (for chapped lips)

_____Yes _____No Antibiotic Ointment

I, _____ give permission to the After School HEROS staff to apply topical over-the-counter medications to my child(ren), _____. I understand that the stocked brand may be used unless I have indicated a specific brand above.

This permission will be in effect for the 2023 – 2024 school year. However, it may be update at any time, upon your request.

_____ _____

Parent/Guardian Signature Date

NYS Regulations require that at the time of administration, the child care provider must document the dosage and time that the medications are given to the child. All observable side effects must be documented and shared with the parent or guardian.

Agreement of Services Contract

It is agreed that child care services shall be provided for _____

_____(child(ren)'s name(s)) by the After School HEROS Program at Fabius–Pompey

Elementary School on the days that school is in operation, as scheduled by the Fabius-Pompey School District.

I require care on (please circle):

Monday Tuesday Wednesday Thursday Friday or Sporadically

Registration Fees

Non-refundable enrollment fee (1st child) ____$25_____

$10.00 (each additional child) _____

Total Due Now _____

Already Paid Reg. fee(s) _____

Cash or checks made payable to:
Muddy Sneakers, Inc.

All payments are due two weeks prior to actual attendance. I understand that no portion of the charges will be refunded for days absent from the HEROS program. I agree to make all payments on time and will pay an additional **$10.00 late charge** for payments not received by their due date. I am also financially responsible for late pick-up fees* and any additional attendance I request for my child. I understand that failure to pay tuition and fees in a timely fashion may result in termination of services. In the event that I fail to make payment, I will be responsible for any and all collection cost incurred by Muddy Sneakers, Inc.

***I understand that I will be charged a late pick-up fee of $5.00 for every 1 - 5 minute interval late.**

Muddy Sneaker, Inc. and the HEROS program staff are under no obligation to provide non-contracted services. All persons signing this contract are both individually and jointly liable for all fees and charges.

Parent/Guardian Signature: _____ Date: _____