

# After School Care Application 2018-2019



[www.veteransparkdistrict.org](http://www.veteransparkdistrict.org)

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**What School Does Your Child Attend?** (Please Circle):

Roy            Scott            Westdale            Whittier            Melrose Park            Jane Addams

**What Grade Is Your Child?** (Please Circle): K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>

**Days Per Week Attending** (Please Circle):    3 Days            4 Days            5 Days

**Which Days Attending?** (Please Circle):    M    T    W    Th    F

**Accurate Information:** It is important that we have correct information on all registration forms. If it is found that you have used an In-District address that is not the child's legal residence, your child will be dismissed from the activity/program. Phone numbers **MUST** be working numbers. If there is an emergency, it is imperative that we are able to reach a parent or legal guardian. Veterans Park District is **NOT** responsible for incorrect or inaccurate information that is provided at the time of registration. If your phone number changes, please pass that information on to the After School Director as soon as possible.

**Who can make changes to your child's registration information if necessary (Change of name, contact information, etc)?**

Name of Person: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

# Veterans Park District Preschool ASC Program Enrollment Form

*Please print and fill out all sections completely*

Child's Name: \_\_\_\_\_  
Last First

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

Phone: \_\_\_\_\_ Gender M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnic/Racial Group: White  Black  Hispanic/Latino  Asian  American Indian/Alaskan Native   
Native Hawaiian or Other Pacific Islander (PI)  Other/Multi-racial  \_\_\_\_\_

.....  
**Mother's Name:** \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work # \_\_\_\_\_

**\*\*\*Mother's Email Address:** \_\_\_\_\_

.....  
**Father's Name:** \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work # \_\_\_\_\_

**\*\*\*Father's Email Address:** \_\_\_\_\_

.....  
**Marital Status:** Married  Separated  Divorced  Single Parent  Remarried

**Legal Guardian Parents Above:** Yes  No  If No, Print primary parent name: \_\_\_\_\_

.....  
**Emergency Contacts/Authorized Pickup List:** Please list **3 people** to call other than parents in case of necessity and are authorized to receive their child. Persons on list must have identification:

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Veteran Park District Preschool**

*Please print and fill out all sections completely*

**Child's Personal History**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child speak English? Yes  No  Understand English? Yes  No

Do parents speak English? Yes  No  Language Spoken at home: \_\_\_\_\_

Other children in family? Yes  No  If yes, list name and ages: \_\_\_\_\_

Child Resides with: Mother  Father  Other  specify other: \_\_\_\_\_  
*(If parents are divorced, we require a copy of the current child custody agreement)*

**Child's Health History**

Does your child have any **health conditions or medical needs**? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any **special needs or require any accommodations**? \_\_\_\_\_

\_\_\_\_\_

Does your child have any **ALLERGIES**? Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any **foods your child cannot eat**? \_\_\_\_\_

*\*\*\*If your child needs to substitute foods listed on our menus we must have a Medical Exception Statement For Food Substitution form completed by your child's physician. Please see the After School Director for form.*

**Child's Physician:** \_\_\_\_\_ **Office Phone#:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

.....

**Emergency Care Release**

I, \_\_\_\_\_, parent/guardian have enrolled my child in Veterans Park District preschool, and hereby authorize Dr. \_\_\_\_\_, my child's physician, or any other physician in his/her group practice, in my behalf to administer Emergency medical assistance to my child during a Park District activity. In the event the above doctor listed or any physician in his/her group practice is not available, I hereby authorize the Veterans Park District, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I provided accurate and all information regarding my child's medical needs and health conditions, therefore I know no reasons why my child should not participate in activities, except as noted above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Veterans Park District After School Care Tuition Instructions

- The Veterans Park District After School Care Program bills parents according to their child’s program and schedule given at time of registration.
- Full tuition is due for scheduled program days whether or not your child is in attendance.
- NO credit/refund is not given for absences, holidays, emergency closings, vacations taken by families, moving out of the area, weather, days missed due to illness or discontinuing in the middle of the school year. There are no tuition refunds given for partial attendance. Please check the parent handbook for observed holidays and school breaks.
- Tuition payments are due monthly on **last service day of the month, one month in advance**. The same monthly payment due dates also apply to families receiving assistance from Action for Children. If a payment is due during a Holiday Break, check to see which park locations are open for payment or you may pay before the break begins.
- Payment can be made in advance, however if a payment is late, **an additional \$30.00 per child** will be assessed every week payment is not made.
- Payments can be made with Cash, Check or Money Order (made out to Veterans Park District ONLY). We also accept Visa, MasterCard, AmEx or Discover.
- You may stop by any of the Veterans Park District registration offices to pay in person or call to pay over the phone. **It is strongly suggested you call before stopping in as hours and days open can vary per location.**
- A child will be placed on Pause (see pause procedure in parent handbook) after **2 weeks** of non-payment, unless a payment plan is approved by the After School Director and Executive Director.
- Parents/guardians/designee who is late picking up their child/children will be charged \$5.00 for the first 10 minutes from time of dismissal and \$2.00 for each additional minute.
- Should at any time, you need to discontinue from the program please contact the After School Director. We require a 2-week WRITTEN notice given to your child’s teacher or emailed to the After School Director. This will allow us to transition the child out of the program properly. If notification of withdrawal is not given, billing will continue. If you would like to return to the program after withdrawing and space is still available, you must wait 6 weeks after your child’s last day and re-register with a registration fee and first month’s tuition.

**I have read and will abide by the After School Care Tuition Instructions**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Veteran Park District After School Care Behavior Policy

After School Care plays a role in communicating to children how to treat peers and adults with respect as well as helping build social skills. There may be times when children may not behave properly. For example: having difficulties sharing, disrupting activities, speaking disrespectfully to an adult, physical contact, etc. Therefore, our behavior policy is as follows:

- The After School Care Staff will explain to the child one on one why their behavior(s) is/are not accepted then **warn** the child that if the behavior(s) is/are demonstrated again they will have to sit out. Report #1 will be written, and parent will sign.
- If the child repeats behavior(s) or does not follow the After School Care rules again they will be placed on time out. (One minute per year). Report# 2 will be written, parent will sign.
- If behavior(s) is/are repeated or child does not follow After School Care rules after the time out, a behavior report will be written and the parent/guardian will be notified of their child's behavior.
- After three Behavior reports are made the parent/guardian will attend a mandatory meeting with the After School Care Director and Counselors to discuss the behavior(s).
- If the inappropriate behavior(s) continue(s) after the mandatory meeting, resulting in one(1) more behavior reports being written the 4<sup>th</sup> behavior report, the child **will be paused from After School Care Program for the length of up to 3 days**, at the discretion of the After School Care Director and Director of Recreation.
- The child will be allowed back once a Behavior Plan has been drafted by the After School Care Director and approved by the Director of Recreation or Executive Director, in the absence of the Director of Recreation.
- If the inappropriate behavior(s) continue(s), resulting in one more behavior report, 5<sup>th</sup> behavior report, being written, the child will be **terminated** from the Program at the discretion of the Executive Director.

\*If a child poses a direct threat to the health and safety of other children, staff or him/herself the parent of the child and the local police will be notified immediately. **Termination will be put into immediate effect**, at the discretion of the Director of Recreation and/or Executive Director.

I understand the above Behavior Policy for my child \_\_\_\_\_

*Print child's name*

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



**Veteran Park District**

**Equipment, Excursions and Public Park Facilities Consent**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I/We authorize Veterans Park District to take my/our child on walking trips and to nearby public park facilities. I hereby grant permission for my child to use all the play equipment and participate in all the activities of the After School Care program. I/we understand such trips are under the supervision of Veterans Park District after school staff and that health and safety precautions are taken in compliance with DCFS standards for licensure.**

**Veterans Park District**  
**After School Care Policy Agreement and**  
**Parent Handbook Verification of Receipt**

**I read, understood, and agree to ALL the policies and procedures stated in the Veterans Park District After School Care Parent Handbook.**

**From time to time policies and procedures are reviewed, changed and added. If so, I understand I will receive any changes to my existing handbook.**

I \_\_\_\_\_  
Parent/Guardian Name (Please print)

Parents of \_\_\_\_\_, hereby  
Child's Name (Please print)

certify that I have received a copy of the parent handbook by Veterans Park District and will abide by all policies and procedures.

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

Date \_\_\_\_\_

**Veteran Park District After School**

**Sunscreen/Insect Repellent Authorization Form**

When warm weather arrives, we ask that each child brings their own sunscreen labeled with their name. We prefer you bring **Sunscreen Spray** bottles as they are easier to apply to the children. Insect repellent is **OPTIONAL** and should also be labeled with your child's name.

We ask that you apply a coat of sunscreen on your child **before bringing them to school** and we will re-apply.

\*\*\*Please fill out below authorization with **Brand of Sunscreen** and bring labeled bottle(s)  
on the first day of class. \*\*\*

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

Brand Name of Sun Screen \_\_\_\_\_

**As far as I know, my child is not allergic to the sunscreen or insect repellent**

**I am providing for my child.**

Print Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_