

**HALEY PILOT SCHOOL
K0-K1 AFTER SCHOOL PROGRAM**

Dear Haley Families of Students in K0-K1,

The Haley After School Program provides students in grades K0 and K1 access to academic support and childcare from **2:30-5:30 pm every school day**. Given sufficient enrollment of students (8-10), the after school program begins on **September 17th 2018**.

REGISTRATION FORM:

Child's Name:		Program Start Date:	
Gender:	D.O.B.:	Grade:	Homeroom:
Parent/Guardian's Name:			
Tel #: ()			
Address:			
Zip Code:		Email:	
Parent/Guardian's Name:			
Tel #: ()			
Address:			
Zip Code:		Email:	

REGISTRATION INFORMATION

A one week deposit is due at the time of registration. Financial assistance is available. Upon request, please complete a Financial Aid Application with all required documentation.

Afterschool	2 days- \$67	3 days- \$77	4 days- \$87	5 days- \$97

Based on the above schedule your weekly fee is \$ _____, and the total amount due at the time of registration is _____. Tuition is based on the number of days per week your child is scheduled to attend the program. Please note

that parents are responsible to pay for holidays if their child is scheduled for that day. Payment is due one week in advance of services provided. In order to register for afterschool programming families must not have an afterschool balance of more than one week from the previous year.

BILLING POLICIES

- Payments made directly to the FRIENDS OF THE HALEY AFTER SCHOOL PROGRAM must be with a check or money order. No cash accepted.

OUT-OF-SCHOOL TIME SERVICE AGREEMENT

- All payments must be made one full week in advance of service.
- A two week notice in writing is required when decreasing the number of days or withdrawing from the program.

In addition, the parent agrees to the following:

- To provide the program with all the necessary forms in the intake packet including a physical examination form and immunizations for your child.
- Agree to notify the program of any changes in information in the enrollment packet.
- To contact the program if the child is going to be absent by 12:00 noon.
- To pick up children at the program on time.
- To pay \$1.00 per minute, per child, when the child is picked up late or has left my child in care longer than 10 hours.

Parent/Guardian Signature _____

Date _____

**Haley Pilot K0-K1 After School
Emergency Authorization and Consent Form**

<i>INSURANCE INFORMATION</i>		
Child's Name	Date of Birth	
Medical Insurance Company	Policy Number	
Other Coverage (Include Dental)		
Child's Physician		
<i>MEDICAL HISTORY</i> Please write "NONE" if there		
Allergies/Health Conditions	Reactions	Special Disabilities/Dietary Information/ Religious Restrictions

CHILD'S MEDICAL INFORMATION

<p>Documentation of a physical examination, immunization record, and lead screening is on file at my child's school. Yes___ No___</p> <p>Children attending a DPH licensed summer or vacation camp must provide a copy of the above documents.</p>
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MEDICAL TREATMENT CONSENT

<p>I hereby authorize certified staff of the YMCA of Greater Boston to give First Aid and CPR to my child as needed. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility as</p>

deemed appropriate by responding medical personnel, and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately.

I understand that if my child has medications available at the program I must complete annually a medication consent form and an Individual Health Care Plan signed by me and my child's doctor.

PARENT SIGNATURE: _____ **DATE:** _____

Emergency Contacts and Pick-up Authorization

Emergency Contacts*

Please list yourself and three additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program unless otherwise noted.

Parent/Guardian	Relationship	Address	Day Phone #

Pick Up Authorization

Please list below individuals who are authorized to pick up your child from the program, but would not be contacted in c

Parent/Guardian	Relationship	Address	Day Phone #

**Biological parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. A license or other positive proof of identification must be shown at pick-up time if the person is not known by staff members as an authorized pick-up person. If you wish to change, add, or delete any of these authorizations, you must do so in writing. Please note below any special instructions regarding these individuals.*

Child's Name: _____

PARENT SIGNATURE: _____ **DATE** _____