

Date Application Completed _____

Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION:

Date of Birth: _____

Full

Name: _____

Last

First

Middle

Nickname

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes No

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Sandhills Farm Life After-School Discipline Policy

The staff of the After-School program will seek to do their best at praising, rewarding, and encouraging your children. We will model desired behaviors, while at the same time, provide other options for inappropriate behaviors. The staff will supervise, care for, and teach all children regardless of age, race, or religious preference. This staff will be consistent concerning the After-School Discipline Policy.

Rewards will consist of the following: movies on Friday; participation in special activities; extra time outside; and special snacks.

Below you will find the protocol that will be followed in responding to negative behavior:

- 1st Offense Verbal warning, time out
- 2nd Offense Limited computer time
- 3rd Offense Note to parents, conference, lose privileges
- 4th Offense Suspension from after-school program

*Exceptions to the discipline plan: Fighting with another student or being disrespectful to any teacher will result in the child(ren) being immediately sent to the principal, where appropriate consequences will be given.

Parents please review this policy with your child and return the bottom portion of this paper signed and dated. Thanks in advance for your cooperation, support, and understanding of this policy. We look forward to a great year!

I, the undersigned parent or guardian of _____ (child's name)
do hereby state that I have read and received a copy of the Sandhills Farm Life After-School
Program Discipline Policy.

Signature of Parent or Guardian _____ Date: _____