

(Office Use Only) Start Date: _____
Enrollment Date: _____

QUINCY AFTER SCHOOL CHILD CARE, INC.
School Age Program
2010-2011 School Year

Child's Name: _____ Birth Date: _____
Home Address: _____ Zip: _____ Phone: _____
Child's School: _____ Sex: M F
Primary Family Email: _____

General Description:

Eye Color _____ Skin Color _____ Hair Color _____
Height _____ Weight _____
Birth Marks: _____ Primary Language _____

Parent/Guardian: _____ Relation: _____
Home Address: _____ Home Phone: _____
Pager/Cell: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Work Hours: _____

Parent/Guardian: _____ Relation: _____
Home Address: _____ Home Phone: _____
Pager/Cell: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Work Hours: _____

Doctor's Name _____ **Phone:** _____
Insurance Co: _____ Policy No.: _____
Child's Allergies _____
Allergy Reaction: _____
Allergy Treatment: _____
Medications: _____

In the event of an emergency, the following people are authorized to be contacted and my child can be released to them when I cannot be reached. These contacts cannot be the guardians listed above and must be listed in the order they should be contacted.

1. Name: _____	Home #: _____
Address: _____	Work #: _____
Relationship: _____	Cell #: _____
2. Name: _____	Home #: _____
Address: _____	Work #: _____
Relationship: _____	Cell #: _____
3. Name: _____	Home #: _____
Address: _____	Work #: _____
Relationship: _____	Cell #: _____

→ _____
Parent/Guardian Signature

Date

DEVELOPMENTAL PROFILE

The following questions are designed to assist us in providing the best possible care for your child. All information is confidential. Please fill out this profile completely.

1. Is there documentation of a physical exam, immunization record, and lead screening on file at your child's school? YES___ NO___

2. Has your child had any chronic illnesses or hospitalizations? YES___ NO___
If yes, please describe: _____

3. Has your child ever had surgery? YES___ NO___
If yes, please describe: _____

4. Does your child have any disabilities or special needs that we should be aware of to help facilitate care for your child? YES___ NO___
If yes, please describe: _____

5. Does your child have an I.E.P. (Individual Education Plan) that QASCC may access to help facilitate care for your child? YES___ NO___

6. Has your child had the chicken pox **or** the chicken pox vaccine (Varicella)? YES___ NO___

7. Is your child on a special diet? YES___ NO___
If yes, please describe: _____

8. Is your child taking daily or frequent medication? YES___ NO___
If yes, please describe: _____

9. Other than crying, how does your child act when nervous or scared? _____

10. Is your child receiving any on-going treatment that we should be aware of? YES___ NO___
If yes, please describe: _____

11. Please list the names and ages of your child's siblings, if any. Please add any information regarding siblings that may assist us in the care of your child.

12. Have there been any changes in the family status such as a recent move, a new sibling, a divorce, a separation, or the death of a loved one that we should be aware of? _____

13. Does your child have any allergies? YES___ NO___
If yes, please describe the **allergy**: _____

Please describe the allergy **reaction**: _____

Please describe the allergy **treatment**: _____

14. If there is any other information you feel we (as a provider of care) should know about your child, please describe: _____

Release of Information

I give my permission to the staff and administration at Quincy After School Child Care, Inc. to speak to teachers, administrators, and all other pertinent personnel at _____ school about my child who attends Quincy After School Child Care, Inc. at the _____ site.

I understand that this release form will be in full effect until I notify Quincy After School Child Care, Inc. in writing of my intention to nullify the release of information form or I withdraw my child from the Program.



Parent/Guardian Signature

Date

Release of Child as a Helper

_____ **Yes**, my child can be released to the Principal of the school or a classroom teacher to help set up for plays, concerts, classrooms, etc. I understand that while my child is with the Principal or the classroom teacher from the school, Quincy After School Child Care, Inc. is released from all liability, as the child will be in the care of the Quincy Public Schools staff member.

_____ **No**, my child may not be released to the Principal of the school or the classroom teacher to help for any reason. I want my child to remain under the supervision of Quincy After School Child Care, Inc. staff members at all times.



Parent/Guardian Signature

Date

Parent/Guardian Contract with Quincy After School Child Care, Inc.

I, _____, as the parent/guardian of, _____, am enrolling my child in the Quincy After School Child Care program at the _____ site. The weekly tuition payment amount I agree to pay is \$_____ per week for the following days of the 2010-2011 school year.

After School Schedule: _____M _____T _____W _____TH _____F

READ THE FOLLOWING CAREFULLY, AS YOU ARE SIGNING A CONTRACT FOR CHILD CARE SERVICES WITH QASCC. PARENTS/GUARDIANS ARE RESPONSIBLE FOR ALL ASPECTS OF THIS CONTRACT.

I enter into this contract with full knowledge of my obligations and agreement to:

- This contract constitutes an agreement between my family and Quincy After School to utilize care until the last day of school; this includes any days added onto the school year due to school cancellations for any reason, unless I give a two-week notice as explained in the contract below.
- Fill out a child information application with all the pertinent details relating to the safety of my child, updating information as necessary throughout the year.
- Attend a registration session with a QASCC representative to discuss the needs of my child/ family, review policies and procedures of the QASCC program and those required by the Department of Early Education and Care.
- Pay a non-refundable registration fee of \$40.00 before my child can begin the program and an annual \$20.00 registration fee for each year that my child is continually enrolled with QASCC. If enrollment is not continual, I understand that the registration fee will be \$40.00.
- All non-voucher families **must** complete a “SMART Tuition Form” or choose the “Half-Year Payer” option.
- Pay a two-week deposit. This deposit must be paid before my child can begin the program. This deposit is non-refundable if I do not give proper notification of withdrawal from the program.
- I understand that all returned checks QASCC receives will be assessed a \$25.00 service fee.
- I will call the main office or child care site directly when I know my child will not be in attendance of the QASCC program on any given day.
- **I understand that pick-up time is at 5:30pm each night. I understand I will be charged \$1.00 per minute after 5:30pm, payable directly to site staff.**
- **I understand that I am obligated to pay for holidays when the schools and QASCC are closed and for all days that the schools and QASCC are closed due to inclement weather or other emergencies.**
- I understand that I am not obligated to pay for school vacation weeks, unless I sign up for the vacation programs.
- I understand that a space is reserved for my child and that the slot cannot be used by any other family on a day-to-day basis. Therefore, I am obligated to pay for family-scheduled vacations and when my child is not in child care on a scheduled day when QASCC is open.
- I understand that a two-week notice is required to be given at the main office for any changes I make in my child(s) schedule including termination from the program. I understand there will be no fee for the first change in schedule. However, I will be assessed a \$5.00 service fee for each subsequent change in schedule.
- **I understand that after a two-week notice of termination from the program is given at the main office, the two-week deposit will be applied to the two weeks of care following the date of notification. If no two-week notice is given at the main office, the deposit will be forfeited and not applied to tuition. If I have not paid a deposit because I receive a voucher or other subsidy, I am financially obligated to pay for the two weeks of care directly following my notice of termination from the program.**
- Voucher payments are required to be kept current, a week in advance of services rendered, at all times. In place of a service fee for late payments, child care services may be terminated and my child care space may be forfeited due to late payments associated with my Voucher.
- **I understand that payment is due in full the Friday before the week of care has been utilized. A late fee of \$15 per week will be charged if I do not pay the Friday before my child attends the program for each and every week of the year I am late with my tuition payments.**
- I understand that if I fall behind on tuition payments and do not arrange a payment plan with the administration of QASCC to catch up, QASCC will terminate my child care services, effective immediately. This action will not terminate my obligation to pay the amount owed and I will forfeit my deposit.
- I understand that I will be responsible for any and all court fees if I fail to fulfill my financial obligations to Quincy After School Child Care.
- I understand that my child can be terminated from care for inappropriate behavior by me or friends or family members of mine.



Parent/Guardian Signature

Date

#1 EMERGENCY MEDICAL TREATMENT RELEASE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I give permission for Quincy After School personnel to call 911, or transport my child to the nearest hospital or _____ to obtain emergency treatment or medical/dental services for my child. I also authorize QASCC staff, trained in CPR and First Aid, to administer CPR and/or First Aid techniques when necessary.

→Guardian Initials: _____

#2 PHOTOGRAPHY & VIDEO RELEASE

▶ **YES** ___ **NO** ___ Photographs/video of my child may be used in newspapers or other types of educational publications (ex: drama projects, art projects, bulletin boards).

I understand that every attempt will be made to shield participants from public photographs and/or video recordings when at public venues, but due to the public nature of field trips or outings Quincy After School Child Care, Inc. cannot guarantee that your child’s likeness will not be captured while in public.

→Guardian Initials: _____

#3 BUGSPRAY CONSENT

▶ **YES** ___ **NO** ___ At the discretion of the Quincy After School Site Coordinator, QASCC staff may apply Bug Spray to my child on days or field trips when bugs or ticks are present, abundant or a possible risk. It is not possible to guarantee coverage at all times.

→Guardian Initials: _____

#4 SUNSCREEN CONSENT

→Please initial your desired option

_____ I give permission for the Quincy After School Child Care staff to provide sunscreen to my child on afternoons when we will engage in outdoor play or on field trips. QASCC staff will assist with sunscreen application if and when necessary.

_____ I will provide my own brand of sunscreen and will send it with my child each day for the QASCC staff to assist with applying in the afternoon. *If sunscreen is not packed with my child on any given day, QASCC can provide sunscreen to my child. (ONLY IF YOU ALSO INITIAL 1ST OPTION)*

_____ I do not want sunscreen of any kind to be applied to my child.

#5 GENERAL EXCURSION PERMISSION SLIP

I give permission for the Quincy After School Child Care School staff to take my child off of the child care premises for the following specified excursions (if applicable): walks to local parks, local beaches, libraries, corner stores/food establishments and the QASCC main office.

I will be notified by permission slip if my child is to be taken on any field trips that require bus transportation or requires the children to walk to a different location other than those listed above.

→Guardian Initials: _____

I authorize consent as I have indicated on the above sections numbered 1 through 5



Parent/Guardian Signature

Date

Payment Options Form:

Site: _____ *Parent/Guardian* _____

Days of the week:

Child Name: _____ M TU W TH F

Child Name: _____ M TU W TH F

Child Name: _____ M TU W TH F

Choose one payment type:

If you currently participate in the SMART program, you must continue with the SMART program:

- 1) ___ I am currently enrolled in the SMART tuition management system. For the 2010-2011 school year I will continue to be enrolled in SMART. I will continue my deductions for the dates I have chosen and Quincy After School will supply SMART tuition management systems with all of the other pertinent information.

If you have a Voucher (even without a parent fee) or Scholarship Recipients:

- 2) ___ I will make my child care payments at the QASCC main office or by mail. I understand that payments are due on the Friday before by 5:00pm for the week(s) or month ahead in advance of child care services. Payments can be made directly to Quincy After School in person at 44 Billings Rd., 2nd Floor in North Quincy or mailed to P.O. Box 710144, North Quincy, MA 02171.

2a.) With Option Two, I will be making my payments:
_____ Weekly _____ Bi-Weekly _____ Monthly (Due no later than the last Friday of the preceding month.)

If you are a Half-Year Payer:

- 3) ___ I will make my payments in-office in half-year installments. I understand that my payments must be made by the due date and in advance of care. I also understand that any late payments will be assessed a \$15.00 late fee. Payments can be made directly to Quincy After School in person at 44 Billings Rd., 2nd Floor in North Quincy or mailed to P.O. Box 710144, North Quincy, MA 02171.



Parent/Guardian Signature

Date