



**Application for Before-School Child Care, Watkins Glen Elementary School, 2011-2012**

Child Name \_\_\_\_\_

Child 2: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *More children can be listed on back.*

Does child have any allergies? \_\_\_\_ If so, explain: \_\_\_\_\_

Does child have any allergies? \_\_\_\_ If so, explain: \_\_\_\_\_

Does child have any special needs? \_\_\_\_ If so, explain \_\_\_\_\_

Does child have special needs? \_\_\_\_ If so, explain: \_\_\_\_\_

I am eligible for \_\_\_\_ free or \_\_\_\_ reduced lunch.

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**Accidents:** You will be notified of all accidents requiring first aid treatment.

**Behavior:** ***NO hitting, pushing, shoving, biting, fighting, swearing or other unsafe, violent, inappropriate and/or out of control behavior. Children will respect self, others & their belongings & school property.***

1<sup>st</sup> offense-behavior re-directed,

2<sup>nd</sup> offense-time out (1min./yr.of age),

3<sup>rd</sup> offense-parent notified (note to be signed by parent, returned to monitor),

4<sup>th</sup> offense-parent asked to pick up child & child terminated from program.

We need a safe, healthy environment for all. Violent, unsafe behavior will not be tolerated.

**Breakfast:** Breakfast will be provided & is included in the cost.

**Candy/Food:** Please do not bring items unless there is enough healthy snack for all participants.

**Emergency Contact:** Kristen Field is the current before-school program monitor. Principal, Rod Weeden, is on site approximately 8:00-4:00 daily. Elementary School phone number is 535-3250.

**Fees:** 11-12 before-school cost is \$10/wk per child (\$5/day, *not to exceed \$10/wk*). **All payment is due in advance.**

**Clothing:** You may wish to leave an extra set of clothing at the program. Children should wear clothing appropriate for the weather/forecast. Please have/wear sneakers daily (for outside play).

**Family Contacts:** List family/friends who have permission to pick up your child.

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>City</u>	<u>Day Phone</u>	
_____	_____	_____	_____	_____	- _____ ext _____
_____	_____	_____	_____	_____	- _____ ext _____
_____	_____	_____	_____	_____	- _____ ext _____

**Health:** Please ensure updated health records & immunizations are on file for this student with the Watkins Glen Elementary School nurse, Mendy Thorsland.

**Holidays/ Half Days:** Service will **not** be provided during school-year legal holidays or Superintendent's Conference Days. These dates are listed on the school calendar. At this time, we **may** plan after-school daycare for 10/28, 3/9, 6/20, & 6/21, as these are all half days. The proposed cost would be an additional cost of \$10 per day for care running from 12:05 -3:30, and parents would need to pick their child up, as there is no bussing after 12:05 PM on these days. **No after-school daycare will be considered for 9/9, as this is Grand Prix Day & it will be hard to access the school building after 12:05.**

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If you are interested in the additional childcare offered on district half days, please check here \_\_\_\_\_. There are also two parent teacher conference days when students are not in session (November 10 and April 20). If you are interested in this additional childcare option at a proposed cost of \$20 for each full day, please check here \_\_\_\_\_. Parents of children signed up for the morning program will be contacted in advance to see if there is enough interest to have childcare available on the above listed dates.

**Payment Schedule:** Payments are due Fri. before the wk of service. A **\$5/day late fee** will be assessed on the 2<sup>nd</sup> (& future) times a family is late paying. **\$25 fee for each returned check.**

**Personal Possessions:** We discourage bringing personal items to the program unless they can be shared with all participants. We cannot guarantee prevention of loss or breakage.

**Drop Off:** You are responsible for dropping off your child. Please sign in on the sheet daily. Also, if someone else will be picking up your child, please make sure we have a note in advance or with the designated pick up person. They must be listed above as family/ friend able to pick up your child and be prepared to show picture ID to identify themselves.

**Sickness:** If your child is sick, they may not attend the program. If they are well enough to attend, they will participate in all activities. (See school rules for further information on illness).

**Termination:** Please give 2 weeks notice before terminating the program. The childcare program may terminate service for children who are a danger to themselves or others, and when tuition payment is not received on a timely and regular basis.

My signature below attests to the accuracy and honesty of information above. I am responsible for informing the Child Care Program Monitor of changes in address, phone, and of others who may pick up my child. **14 days notice** is required before dropping from the program. I am responsible for any/all health care costs should an accident arise. I will not hold staff, the program, school district or employees responsible for any liability. My signature below allows permission for my child(ren) to attend school year **field trips** and activities 9/7/10-6/22/11, i.e. to Public Library.

<i>Please print</i>	<i>Please sign</i>
Parent Name _____	Signature _____ Date _____ Phone _____
Parent Name _____	Signature _____ Date _____ Phone _____
Child Name _____	
Child Name _____	

**Please note: All current Watkins Glen Elementary School rules, policies, & practices apply.**

Child 3: _____	Child 4: _____
Birth Date: ____/____/____	Birth Date: ____/____/____
Does child have any allergies? ____ If so, explain: _____	Does child have any allergies? ____ If so, explain: _____
Does child have any special needs? ____ If so, explain: _____	Does child have any special needs? ____ If so, explain: _____