

Registration Instructions

Extended Day- Aftercare Registration Instructions. Complete and return the following paperwork (**attention Yvonne Perrottet**):

- ✓ Extended Day-Aftercare Registration
 - ✓ Parent Statement of Understanding
 - ✓ Automatic Draft Payment (if applicable)
- Review the Schedule of Fees and select the appropriate payment amount.
 - ✓ Automatic payments will be deducted 5 days prior to the 1st of the month.
 - ✓ Payments by check will be due to the Business Office on the 20th of the month prior to service (i.e. November's payment is due October 20th).

Please Note

- Hours: 3:30 pm to 6:00 pm.
- Registration for the Extended Day-Aftercare Program is on a rolling basis, but payment must be received before your child attends the program.
- Everyone must register and complete the paperwork, even if your child has been currently enrolled.
- Space is limited for the Aftercare Program, and openings are allocated on a first come-first served basis.

Schedule of Fees

Fixed Schedule:

(Payments by check must be brought to the Business Office or sent by mail)

<u>Number of Days/Week</u>	<u>Monthly Fee</u>	<u>Annual Fee</u>
5 Days	\$250	\$2,000
4 Days	\$225	\$2,000
3 Days	\$200	\$1,500
2 Days	\$150	\$1,250
Drop In	\$20/Day	

Please note:

- The program hours end promptly at 6:00 p.m. Late pickup may result in additional fees.
- A 10% sibling discount will be applied if you have more than one child enrolled in the Aftercare program.
- Doane Academy accepts payment by cash, check or credit card; however, all payments must be received in advance before your child attends the Aftercare Program.
- Please note that the Business Office can no longer keep credit cards on file.

Parent Statement of Understanding

The following information is important to the safety and protection of your child. Please read this information, sign where indicated and return with the registration packet.

- I understand that an adult over the age of 18 must physically walk my child into the program and sign my child in and out each day.
- I understand that I am not to leave my child(ren) at the Doane Academy Aftercare Program site unless a staff member or volunteer is there to receive and supervise my child.
- I understand that Doane Academy Aftercare Program staff and volunteers are not allowed to babysit or transport my child at any time outside of the Doane Academy Aftercare program.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives must be listed with Doane Aftercare and must be over the age of 18.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Doane Academy Aftercare Program experience.
- I understand that Doane Academy Aftercare is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand Doane Academy Aftercare discourages the use of electronic equipment during program time. Doane Academy Aftercare will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- Doane Academy Aftercare has permission to use any photos, voice recordings or videos taken of my child for any and all promotional purposes. ._____ (Please initial)
- My child is in good health and can participate in the normal activities of the program.
- I agree to follow the Doane Academy Aftercare Payment Policies.

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____

Date: _____

Extended Day-Aftercare Program Primary Program to Sixth Grade

Desired Start Date: _____

Schedule: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Drop In

Child's Name: _____ Gender: ___ Male ___ Female
Address: _____ Birth date: _____
City/State/Zip: _____ Age: _____
Home Phone: _____ Grade Entering September 2013: _____

Mother or Legal Guardian

Name: _____
Address: _____
City/State/Zip: _____
Work Phone: _____
Cell Phone: _____
Employer: _____
E-mail: _____

Father or Legal Guardian

Name: _____
Address: _____
City/State/Zip: _____
Work Phone: _____
Cell Phone: _____
Employer: _____
E-mail: _____

Custody Information

Has there been a divorce or separation? ___ Yes ___ No

If Yes, who has custody? _____

The joint/non-custodial parent should be contacted in the event of an emergency ___ Yes ___ No

Emergency Contact #1	(in addition to above)	Emergency Contact #2
Name: _____		Name: _____
Relationship: _____		Relationship: _____
Cell Phone: _____		Cell Phone: _____

Has your child been diagnosed or treated for the following: ___ Asthma ___ Seizures ___ Allergies
___ Allergies to Insect Stings ___ Spectrum Disorder ___ Allergy to Poison Ivy ___ ADD/ADHD
___ Special Dietary Needs ___ Other _____

Physician's Name: _____ Phone Number: _____

Please provide details for any of the above checked boxes: _____

Signs or symptoms to watch for: _____

Please list current medications, prescribed or over the counter that your child is currently taking: _____

Would you like to discuss your child's personal, medical or behavioral needs with the Aftercare Director?
___ Yes ___ No

The Aftercare Director has permission to view my child's IEP (if Applicable) ___ Yes ___ No

Parent/Guardian Signature: _____ Date: _____