

Days: _____

Start Date: _____

Prime Time Afterschool Program @ Crocker Farm Enrollment Form

Child's Information

Child's Name: _____ Date of Birth: _____

Current School: _____ Grade: _____ Age: _____

Child's Home Address(es): _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Cellphone Number: _____	Cellphone Number: _____
Email Address: _____	Email Address: _____
Place of Work: _____	Place of Work: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

Healthcare Information

Child's Physician: _____ Health Insurance _____ Policy # _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Chronic health condition? If yes, please fill out the Individual Healthcare Plan form.

Special limitations or concerns? Yes No If yes please explain: _____

Individual Education Plan (IEP)? Yes No

Please provide documentation of physical examination and immunizations in accordance with public health requirements, and lead poisoning screening in accordance with public health requirements with this enrollment form.

I authorize program staff trained in the basics of first aid and/or CPR to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child by ambulance to the nearest medical care facility and secure necessary medical treatment.

Parent/Guardian Signature: _____

Child's Name: _____

Additional Emergency Contacts

Name 1: _____ Release child to? (yes/no) _____

Relation: _____ Address: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Name 2: _____ Release child to? (yes/no) _____

Relation: _____ Address: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Name 3: _____ Release child to? (yes/no) _____

Relation: _____ Address: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Transportation Plan

Program Arrival:
Parent Drop-Off _____
From Classroom _____
Bus/Van _____
Other: _____

Program Departure:
Parent Pick-Up _____
Unsupervised Walk (additional permission slip required) _____
Bus/Van _____
Other: _____

I give permission to the following people to pick my child up from the program:

First time pick-ups should bring photo ID.

Please provide a copy of any agreement or legal order pertaining to child pick-up.

Name: _____ Anytime Person Shows Up _____
Only When I Call Ahead of Time _____

Phone Numbers: _____

Name: _____ Anytime Person Shows Up _____
Only When I Call Ahead of Time _____

Phone Numbers: _____

Name: _____ Anytime Person Shows Up _____
Only When I Call Ahead of Time _____

Phone Numbers: _____

Child's Name: _____

Photo Release:

Yes _____ No _____ : *Include my child in video, film, or photos of program activities for the purpose of publicity, promotion, fundraising events, educational materials, and warm fuzzy moments.*

Parent/Guardian Signature: _____ Date: _____

Release of Information:

I _____, give permission to **Prime Time After School Staff** to share and exchange
(parent/guardian name)

information with Crocker Farm School Staff regarding my child(ren) _____ for the purpose
(child(ren) name/s)

of providing assistance to my child(ren). This may include sharing information about a disability. _____ *(initial)*

Signature _____

Date _____

Payment Information:

Child's Name: _____

Mondays, Tuesdays, Wednesdays, Thursdays, Fridays- 3:15-5:30; Full-time (5 days a week)

Number of Days a Week (Section)

1 day a wk (M,T,W,H,F) \$68.00 Monthly Rate ✓

Full time (Mon.-Fri.) \$306.00 Monthly Rate

Fees are billed in advance on a monthly basis.

Please return to: LSSE, 170 Chestnut St., Suite 1, Amherst, MA 01002

For more information please call 413-259-3065

Payment

Cash _____

Check (made payable to the Town of Amherst) _____

Credit Card Visa _____ MasterCard _____ Discover _____

_____ - _____ - _____ Exp. Date: ____/____/____

If you'd like us to automatically charge your credit card monthly, please check here: _____

What month would you like Auto-Pay to start: _____

Individual Health Care Plan Form

Child's Photo

Plan must be renewed annually or when child's condition changes

Check all that apply....

Plan was created by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other: _____

Plan is maintained by:

- Director
- Assistant Director
- Child's Educator
- Other: _____

Name of child:	Date:
Any change to the child's Health Care Plan? YES (indicate changes below) NO (updated physician/parental signatures required)	
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at the program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name of educators that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):	

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of birth: _____ Back-up medication received? YES NO

Parent signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Discipline and Behavior Management Policy

In order for children to cultivate strong and positive self-concept, developmentally appropriate problem solving abilities, and a resilient notion of self-discipline, they must receive constructive, non-violent, understanding and comprehensive feedback or interactions from adults and their peers. This facility values praise, positive reinforcement, and individualization as effective approaches regarding behavior management for children. Based on these principles of how children learn, engage and obtain values, this program will practice and honor the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of time-out sparingly.
12. DO stay consistent in our behavior management program.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

14. DO individualize behavior management programs for different children, in order to provide equitable access to safety and progress in our program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, restrain or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom or other bodily accidents occur.
4. DO NOT deny food, rest, or lack of access to a bathroom facility as punishment.
5. DO NOT relate discipline to eating, resting, toileting or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children or their parents/guardians, families, or ethnic groups.

Adapted from:

http://ncchildcare.dhhs.state.nc.us/pdf_forms/discipline.pdf

Program Behavior Management Procedures and Regulations

The facility has specific procedures outlined for certain cases of behavior within the program. The programs regulations for suspension and expulsion are as follows:

1. If the child's behavior escalates to the point where they are a danger to themselves or others', the parent/guardian of child will be called and asked to pick up the child. Depending on the circumstances and individualized behavior program in place, the child may be subject to suspension. This is at the discretion of the site coordinator or program director.
2. If the child is inflicting purposeful (i.e. not caused by accident involving an intense sport activity) physical harm to other children, staff, or site coordinator, the child's parent/guardian will be called and the child will be suspended from the program. In an extreme case, the child may be subject to expulsion from the program. Violence is not tolerated in this program.
3. If the child is using profane language, slurs, or inappropriate language, particularly if these unacceptable words are used in regards to a peer, staff, or site coordinator, the child's parent/guardian will be called. The program directors and/or coordinators reserve the right to suspend a child dependent on the severity and frequency of profane/inappropriate language.
4. If the child is destroying property, including but not limited to the facilities', other children's, or staff's/director's belongings, the child's parent/guardian will be called to pick up their child. Depending on the severity of property damage, the child may be subject to a suspension or expulsion. This is at the discretion of the site coordinator and/or program director.

I, the undersigned parent or guardian of _____ (Please print child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and Program Behavior Management Procedures and Regulations and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____



Prime Time After School Homework Contract

I _____ agree to do homework at Prime Time After School during the time chosen by my parents. I understand that my parents and the After School counselors and/or directors are in communication with my parents about how I am doing with my homework.

Child signature

Date

I would like my child to do homework on the following days

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I would like my child to spend (please check one)

15 minutes on homework _____

30 minutes on homework _____

45 minutes on homework _____

Complete homework _____

I would like my child to work on homework in the following categories (Please check as many as you like, please also prioritize)

Reading _____ Math _____ Writing and Spelling _____ Projects _____

I would like my child to (please check one)

Complete homework without assistance _____

Complete homework with help if necessary _____

Under this contract parents agree to ensure children have their homework every day in the homework folder supplied by the teacher, and After School staff agrees to check all homework after it is complete. It is advised that parents would also check children's homework daily.

Parent Signature _____ Date _____

Prime Time Staff Signature _____ Date _____