

FARMINGTON EXTENDED CARE & LEARNING
SCHOOL YEAR ENROLLMENT FORM
2018-2019

Registration Fee:

Check #: _____

Rcv'd: _____

____ ProCare

____ Copy to Site

____ Spreadsheet

____ Confirmation

Y N Photo waiver

Anticipated start date for the EXCL program: ____/____/____

CHILD'S INFORMATION:

Child's Name: _____ DOB: ____/____/____ Gender: M F

Home Address: _____ Town: _____ Zip: _____

School: _____ Grade in Sept. 2018: _____

Sibling(s) in the Program: Name: _____ Age: _____

Name: _____ Age: _____

PARENT/GUARDIAN INFORMATION:

Mother/Guardian _____ Father/Guardian _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Child resides with: (circle one) Mother Father Guardian Both Parents

Parent(s)/Guardian(s) are: (circle one) Single Married Separated Divorced

Court Order(s): (circle one) Yes No

If there is a court order, please supply a copy for our confidential files.

ADDITIONAL EMERGENCY CONTACTS:

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AUTHORIZATION LIST FOR STUDENT PICK-UP (must be over 18 years of age):

Other than Parents/Guardians, the following adults are authorized for student pick-up:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

****Adults authorized for student pick-up will be asked for a picture ID upon arrival.***

PHOTOGRAPHY PERMISSION:

I **Do / Do Not** (*circle one*) give permission for my child to be photographed/video recorded by EXCL staff for program use, and or the news media to publish those photographs.

MEDICAL INFORMATION:

Please list any known allergies and/or medications for your child:

Allergy: _____ Medication: _____
Allergy: _____ Medication: _____

Other allergies: _____

Special personal/medical needs for your child: _____

Will medication be needed while at EXCL (*circle one*): Yes No

****If medication will be needed at EXCL, we must have a copy of the Doctor's Orders on file.***

MEDICAL TREATMENT AUTHORIZATION:

Please read the following statement and complete the following information:

"In case of accident or serious illness, I request that Farmington EXCL contact me. If EXCL is unable to reach me, I hereby authorize their personnel to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, or in the judgment of Program Staff immediate medical attention is needed, EXCL may make whatever arrangements seem necessary."

Dentist's Name: _____ Hospital: _____
Physician's Name: _____ Phone: _____
Insurance: _____ Group #: _____ Policy/ID#: _____

"I hereby release the Farmington Extended Care & Learning program, and Farmington Public Schools, from any claim arising from the actions of medical personnel or EXCL staff."

****All medical, and /or transportation expenses are the responsibility of the parent****

PROGRAM INFORMATION:

Please enroll my child in the following program(s): (*circle choice(s)*)

BEFORE SCHOOL (7:00am – 8:30am).....M T W R F
AFTER SCHOOL (3:15pm – 6:00pm).....M T W R F
BEFORE & AFTER SCHOOL (7:00am – 8:30am and 3:15pm – 6:00pm)M T W R F

ADDITIONAL ENROLLMENT INFORMATION: *(optional)*

Has your child ever been in a child care situation before *(circle one)*? Yes No

If "yes", where did your child attend and for how long? _____

Was it a positive experience? Yes No

Why, or why not? _____

How does your child relate to other children/adults? _____

Discipline techniques used at home: _____

Specific interests/hobbies: _____

How does your child feel about being enrolled in the EXCL? _____

Is there any additional information that you would like to share with us about your child? _____

HOMEWORK CLUB: *(For children in grades 1st – 6th ONLY)*

EXCL provides a homework setting for students each day; however this does not involve tutorial services. EXCL provides for a quiet, supervised homework/study area Monday through Thursday. Typically, homework time is scheduled for forty-five minutes each day. During this time, children may work on assigned homework or his/her daily reading requirement. Please remind your child that Homework Club is for study, and is not an opportunity for socialization. **Children should come to Homework Club prepared, with sharpened pencils, paper, rulers, or other items that will be needed to satisfactorily complete the assignment.** Children may be asked to leave Homework Club for disruptive behavior. EXCL staff will assist children with understanding their homework assignment. If a child has a great deal of difficulty, a note will go home to parents and to the classroom teacher, asking for further clarification and assistance with the assignment.

_____ My child will attend Homework Club

_____ My child will do his/her homework at home

_____ My child will do his/her homework after participating in co-curricular activities *(for 5th and 6th grade students)*

SCHOOL CLOSING PLAN

In the event school closes early, my child should:

____ Follow his/her normal routine for that day of the week. ***Please provide specific details, for example, my child will be going home on the bus or my child will wait for parent pick-up at early dismissal.***

____ Attend EXCL, regardless if the early dismissal occurs on a day he/she regularly attends EXCL. If the early dismissal day is not a day and time he/she normally attends EXCL I understand that there will be additional charges for childcare added to my child’s account.

____ Other arrangements will be made on a case by case basis. Please contact me to confirm:
Phone: _____

TUITION FEE AGREEMENT 2018/2019

My child, _____, is registered to attend Farmington Extended Care & Learning (EXCL) at _____ school in the:

- ____ Before School program
- ____ After School program
- ____ Before & After School programs

The monthly tuition fee is: \$_____/\$. I have chosen to pay my child’s tuition on a:

____ **MONTHLY basis (one check for the entire monthly amount that is due by the 1st of each month prior to receiving services)**

____ **FOUR TIMES/MONTH (four equal payments totaling the entire monthly tuition that must be submitted weekly prior to the last day of each month)**

***Tuition and registration are non-refundable.
Fees cannot be prorated for holidays, illness or personal leave.
A late fee of \$30.00 will automatically be charged for each month that tuition is not paid in full.***

I have had the opportunity to read, and do understand the “2018-2019 Farmington Extended Care & Learning Parent Handbook”. I agree to pay all tuition and fees, noted above and in the handbook, to “Farmington EXCL” in consideration of my child’s enrollment in Farmington Extended Care & Learning for the 2018-2019 school year. I also understand that my child is not officially **enrolled** in EXCL until the completion of all registration materials, including the Tuition Fee Agreement form, and payment of registration fees. **Yearly registration fee: \$40.00 due at time of registration.**

Please provide the name of the person(s) responsible for Tuition Payments:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Printed Name: _____