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# Hickory Ridge Academy Before and After School Care







## Before/Afterschool Care 2023-2024

Completion of this agreement is required for enrollment.

### Enrollment Information

#### Child's Information

Child's first name		Child's middle name		Child's last name		Child's nickname	
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language			
Child's home address			City		State		Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade		Does your child have special needs?	
Has your child ever been asked to leave another summer or daycare program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which session of childcare will your child be attending? <input type="checkbox"/> Afterschool Only <input type="checkbox"/> Both Before and Afterschool		Does your family have an outstanding balance from any other previously attended childcare facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### Family Information

List family members & pets your child lives with – include first names, relation and ages of siblings

Parent/guardian/sponsor		Relationship to child		Home phone		Cell phone		
Home address if different from above			City		State		Zip	
Home email		Work email			Work phone			
Employer	Employer address		City		State		ZIP Code	Work hours
Other parent/guardian/sponsor		Relationship to child		Home phone		Cell phone		
Home address if different from above			City		State		Zip	
Home email		Work email			Work phone			
Employer	Employer address		City		State		Zip	Work hours

#### Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

Please notify the center if an Emergency Release Contact will pick up your child on a given day.  
 [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]

<b>Person #1</b>		Relationship to child		Home phone		Cell phone		
Home address			City		State		Zip	
Home email		Work email			Work Phone			
Employer	Employer address		City		State		Zip	Work hours
<b>Person #2</b>		Relationship to child		Home phone		Cell phone		
Home address			City		State		Zip	
Home email		Work email			Work Phone			
Employer	Employer address		City		State		Zip	Work hours
<b>Person #3</b>		Relationship to child		Home phone		Cell phone		
Home address			City		State		Zip	
Home email		Work email			Work Phone			
Employer	Employer address		City		State		Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_



Before/Afterschool Care

**Medical Information**

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks \_\_\_\_\_

**Child's Medical & Developmental History**

- Does your child have any special medical conditions?  No  Yes Explain \_\_\_\_\_
- Does your child have any chronic illnesses?  No  Yes Explain \_\_\_\_\_
- Please list a brief history of your child's serious injuries and hospitalizations. \_\_\_\_\_
- Does your child have diabetes?  No  Yes *If yes, please attach care instructions from your physician.*
- Does your child have asthma?  No  Yes *If yes, please attach care instructions from your physician.*
- Will medication be administered regularly?  No  Yes *If yes, please attach care instructions from your physician.*
- Does your child have any special dietary needs?  No  Yes Explain \_\_\_\_\_
- Is your child able to fully participate in all activities?  Yes  No Explain \_\_\_\_\_
- Does your child have any physical restrictions?  No  Yes Explain \_\_\_\_\_
- Does your child function at the level of other children in his/her age group?  Yes  No Explain \_\_\_\_\_
- Is your child able to walk  Yes  No

**Illness History** (please check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vision problems           | <input type="checkbox"/> Nosebleeds               | <input type="checkbox"/> Seizures         |
| <input type="checkbox"/> Hearing problems          | <input type="checkbox"/> Skin rashes              | <input type="checkbox"/> Mouth sores      |
| <input type="checkbox"/> Constipation              | <input type="checkbox"/> Sore throats             | <input type="checkbox"/> Fainting         |
| <input type="checkbox"/> Diarrhea                  | <input type="checkbox"/> Ear infections           | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Other            |

Please attach care instructions from your physician for any of these illnesses.

**Disease History** (please check all that apply and add the date)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chicken Pox (Varicella) _____  | <input type="checkbox"/> Bronchiolitis _____              | <input type="checkbox"/> Botulism _____                |
| <input type="checkbox"/> Measles Rubeola _____          | <input type="checkbox"/> Pneumonia _____                  | <input type="checkbox"/> Hemophilus Influenza _____    |
| <input type="checkbox"/> Rubella (German Measles) _____ | <input type="checkbox"/> Pertussis (Whooping cough) _____ | <input type="checkbox"/> Meningococcal Infection _____ |
| <input type="checkbox"/> Mumps _____                    | <input type="checkbox"/> Tetanus _____                    | <input type="checkbox"/> Rabies _____                  |
| <input type="checkbox"/> Scarlet Fever _____            | <input type="checkbox"/> Diphtheria _____                 | <input type="checkbox"/> Bacterial Meningitis _____    |

**Allergies** (please list)

<b>Medication Allergies</b>	Reaction	<b>Food Allergies</b>	Reaction
_____	_____	_____	_____
<b>Bee Stings Allergies</b>	Reaction	<b>Respiratory Allergies</b>	Reaction
_____	_____	_____	_____
<b>Other Allergies</b>	Reaction	<b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Please attach care instructions from your physician for any life-threatening allergies.

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_



Medical Information (continued)			
Child's name		Birth date	
Child's Medical Care Provider			
Primary physician's name		Primary physician's practice name	Phone
Physician's practice address		City	State
Preferred hospital/clinic for emergency care		City	State
Dentist's name		Dentist's practice name	Phone
Dentist's practice address		City	State
Dentist's practice address		City	State
Child's Insurance Provider			
Child's health insurance provider name		Policy number	Secondary health insurance provider name
			Policy number
Child's Immunization History (please attach a copy of your child's immunization records)			
Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. <b>[Check with your state requirements. You may do this at <a href="http://www.immunize.org/states/">http://www.immunize.org/states/</a> Bold any immunization below that is a requirement.]</b>			
Anthrax	Influenza	Pneumococcal disease	Smallpox
<b>Diphtheria</b>	Lyme Disease	<b>Polio</b>	<b>Tetanus</b>
<b>Haemophilus Influenzae type b (Hib)</b>	<b>Measles</b>	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
<b>Hepatitis B</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Varicella (Chickenpox)</b>
Human Papillomavirus (HPV)	<b>Pertussis (Whooping Cough)</b>	Shingles (Herpes Zoster)	Yellow Fever
Additional Medical Policies			
1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.			<b>Initial</b> _____
2. I agree to provide information to the Academy about my child's conditions, illnesses, allergies or other needs.			_____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.			_____
4. If my child becomes ill during his/her time at the Academy, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .			_____
Emergency Medical Authorization & Consent			
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.			<b>Initial</b> _____
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.			_____
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.			_____
In case of a medical emergency, I will be responsible for the emergency medical expenses.			_____
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.			_____
Additional Medical Policies			
I give my permission to HRA to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which products you will permit.</i>			<b>Initial</b> _____

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_



**Payment Agreement/Contract**

Child's name _____	Birth date _____
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**Hours of Operation**

Regular center hours are 6 am to 6 pm Monday through Friday.  
 The procedure to notify families should severe weather or other conditions which prevent the program from opening on time or at all will be announced via Brightwheel. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

**Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)**

- Starting on _____ a payment of \$ _____ is due <input type="checkbox"/> Weekly	<b>Initial</b>
- Tuition is due and payable by the Friday at 5 pm the week before the child attends camp.	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absences.	_____
Early release, delayed openings, teacher workdays, Christmas break and Spring break will applied based upon current rate sheet.	_____
- I agree to pay the full weekly payment even if my child is absent for one or more days.	_____
- A late fee of \$35 is due if tuition is not received on time.	_____
- A \$75 registration fee is due upon enrollment and is NON-REFUNDABLE.	_____
- All students must be picked up not later than 6:00 pm. A late fee of \$1 per minute will be charged and must be paid before the child may return.	_____
- Accounts two weeks in arrears may result in immediate termination of service.	_____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event.	_____
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$50. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.	_____
- A 2-week written notice is required for any child being withdrawn from the program. Any portion of the week attended will result in the full week's fees being charged. Weekly rates are not prorated.	_____

**Other Agreements**

**Private Employment Acknowledgement and Release**

Any arrangement/employment between me and staff of this center (i.e., babysitting or tutoring), outside of the programs and services offered by HRA is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement.

**Initial**

**Media Release**

Occasionally, photos will be taken of the children at the center for use within the Academy or on our websites, newsletter or social media. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

**Initial**

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_



**Other Agreements** *(continued)*

Child's name	Birth date
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**Handbook Acknowledgement**

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.	<b>Initial</b> _____
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	_____
Information contained in the Family Handbook may be subject to change.	_____

**Contract Approval**

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

_____	_____	_____	_____
Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date

