

L.A.S.E.R. Program Registration Form 2011-2012

Please circle the program that you are registering for:

Before School Only After School Only
Part Time
Before and After School Drop-in

CHILD:

Name: _____ Birthdate: _____ Sex: _____ Age: _____

Address: _____

School: _____ Grade: _____ Teacher: _____

1st PARENT/GUARDIAN:

Name: _____

Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell/Pager: _____

Email: _____

Company/Employer Name: _____ Work Phone#: _____

2nd PARENT/GUARDIAN:

Name: _____

Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell/Pager: _____

Email: _____

Company/Employer Name: _____ Work Phone#: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP:

Please list anyone allowed to pick-up your child. Identification by photo ID may be required at any time.

Name: _____

Phone#: _____ Second Phone#: _____

Relationship to Child: _____

Name: _____

Phone#: _____ Second Phone#: _____

Relationship to Child: _____

ADDITIONAL INFORMATION: Please take the time to answer the questions below to help us determine the needs of your child and family. You are not obligated to answer, but we would appreciate any information you are willing to provide.

1. How does your child get along with other children?
2. Does your child have any fears?
3. What would you like your child to gain from his/her experience in the Before and After School Program?
4. Any special instructions?

START DATE:

IMMUNIZATIONS: A current copy of your child's immunization records is required for registration.

HEALTH HISTORY: (Write Yes or No & give approximate dates; write N/A if not applicable)

ALLERGIES:

Frequent ear infections _____ Chicken Pox _____ Hay Fever _____

Heart defect/disease _____ Measles _____ Ivy Poisoning _____

Convulsions _____ German Measles _____ Insect Stings _____

Diabetes _____ Mumps _____ Penicillin _____

Bleeding/Clotting disorders _____ Mononucleosis _____ Asthma _____

High Blood Pressure _____ Epilepsy _____ Foods _____

ADD _____ ADHD _____ Other: _____

Disability or chronic or recurring illness: _____

Operations or serious injuries (dates): _____

Dietary modifications: _____

Current medication: _____

My child may participate in all L.A.S.E.R. activities except: _____

Physician: _____ Phone #: _____

Address: _____ Don't have a current doctor please use
closest available: _____

Preferred Hospital: _____ Closest Available: _____

Dentist: _____ Phone #: _____

Address: _____ Don't have a current dentist please use
closest available: _____

Insurance Information: If child is not insured by parents/guardian, please indicate name of person
child is insured by:

Insurance Company: _____ Policy/Group #: _____

PARENT/GUARDIAN AUTHORIZATION: I understand that my insurance policy is considered as primary coverage and that LASER is secondary. I understand that before I submit a claim to the LASER's insurance company, I must first submit a claim to my company. A statement of allowed expenses from insurer should be given to the LASER as soon as possible. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities including field trips except as noted above. The undersigned hereby agree to hold harmless and indemnify LASER and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of LASER property.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the LASER staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

SUNSCREEN RELEASE: I hereby give permission for the staff of LASER to apply or provide SPF30 sunscreen for my child while participating in LASER programs. I understand that, at no time, may any child have any sunscreen of any type in their possession. Time will be set aside for children to self-administer sunscreen twice daily and additionally when necessary. LASER is very concerned about dehydration and sunburns at camp. Please provide a water bottle with your child's name and one bottle of sunscreen for kids, SPF 30 with your child's name on it to be given to the staff on the first day of camp.

Signature of Parent/Guardian

Date

Drop-In Payment Agreement

I agree to pay the Drop-In fees at the time I drop my child off at the LASER Before and After School Childcare Program or School's Out Day Program. If my child attends the After School Program only, I will pay the Drop-In fees when I pick my child up. If at any time, there is a balance exceeding \$50 on my account, I understand that my child may not return to the program until that balance is paid in full. I understand that any past due balance will be assessed a \$10 late fee per day.

The Drop-In Fees are as follows:

Before or After	\$15.00
Before & After	\$30.00
School's Out Day	\$40.00
After School Fridays	\$30.00

Name (please print)

Date

Signature

Parent statement of Understanding

Child(ren) Name(s): _____

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that I am not to leave my child at the site unless a LASER staff member is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must be listed with the LASER program.
3. Should I, or another authorized person, arrive to pick up my child with the appearance of being under the influence of alcohol or drugs; I am aware that LASER staff, for the child's safety, may contact the proper authorities.
4. I understand that the LASER program is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
5. I understand that a \$10 late pick-up fee will be charged for every ten-minute portion of lateness after 6pm.
6. I understand that the LASER staff is not allowed to baby-sit or transport children at any time outside of LASER programs.
7. I understand that my child may be removed from a LASER program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I have read and understand the rules, guidelines, procedures and policies.
10. I understand that participation in the program may be terminated for verbal abuse to any LASER staff member by me or my child and that a refund will not be granted for involuntary termination.
11. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the LASER Office WRITTEN NOTICE 30 days prior to my child's last day in the program. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
12. The LASER director may, at their discretion, adjust the monthly rate plan applicable to childcare. I understand that I will receive at least four weeks notice prior to any such change.
13. Should a payment fee not be honored by my bank, I understand that I am still responsible for that payment and an additional \$20.00 service charge will be applied by the LASER program. This is in addition to any service fee my bank may require.
14. I have received, read, and agree to follow the rules, guidelines, procedures, and policies of the LASER program.
15. If there are any problems with the program or with my child while in the program, I agree to speak with the director first to resolve the situation.

I have read, understand, and agree to all of the statements above.

Parent Signature

Date

L.A.S.E.R. Program Attendance Schedule 2010-2011

Child's Name: _____ Teacher _____

My Child will attend LASER Before & After School Program on the following days:
(Please circle the days that your child will attend)

AM Monday Tuesday Wednesday Thursday Friday

PM Monday Tuesday Wednesday Thursday Friday

Please list any activities or clubs that your child participates in:

Activity	Day(s)	Time	Location	Who will pick up child?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please update this form as necessary throughout the year as your child's schedule changes.

Drop-off and Pick-up Procedures

Our number one concern in our program is the safety of our children. Monument Academy has dedicated their efforts to provide a safe environment for our students. They have enforced certain procedures and policies for the safety of your children. To continue to insure this safety, we will be following Monument Academy's security policies. Therefore, this will be the procedure for our program.

Procedures for drop-off

The facility will be open by 6:30 am. We will be located in the library. Your drop off point will be at the doors near the multi-purpose room. The doors will be open between the times of 6:30 to 7:15 am. After 7:15 am please enter by the front school entrance. All students must be signed in during drop off. Students K and 1st grade will be escorted to their classroom.

Procedures for pick-up

The facility will be closed at 6:00 pm unless arrangements have been made. The far right door near the library will be open. All students must be signed-out at the time of pick-up.

Early pick-up

If your child will be not attending after-school care for any reason, please leave a message at the front desk for Carol Suder.