Reach and Rise Academy LLC
101 Putman Rd
Fountain Inn, SC 29644
(O) 864-724-2200
Website: ReachNRise.com

EROLLMENT APPLICATION

CLIENT INFORMATION:

CLIENT NAME: FIRST NAME: LAST NAME: NICK NAME:
D.O.B: AGE: SS No.: GENDER: MALE: ☐ FEMALE: ☐
ADDRESS: CITY: STATE: ZIPCODE: COUNTY:

LEGAL GUARDIAN/PARENT INFORMATION:

FIRST NAME: LAST NAME: RELATIONSHIP:
ADDRESS: CITY: STATE: ZIPCODE.
HOME PHONE #: CELL PHONE #: WORK PHONE #:

FIRST NAME: LAST NAME: RELATIONSHIP:
ADDRESS: CITY: STATE: ZIPCODE.
HOME PHONE #: CELL PHONE #: WORK PHONE #:

EMERGENCY CONTACT INFORMATION:

CONTACT #1: FIRST NAME: LAST NAME: RELATIONSHIP:
ADDRESS: CITY: STATE: ZIPCODE.
HOME PHONE #: CELL PHONE #: WORK PHONE #:

CONTACT #2: FIRST NAME: LAST NAME: RELATIONSHIP:
ADDRESS: CITY: STATE: ZIPCODE.
HOME PHONE #: CELL PHONE #: WORK PHONE #:

CONTACT #3: FIRST NAME: LAST NAME: RELATIONSHIP:
ADDRESS: CITY: STATE: ZIPCODE.
HOME PHONE #: CELL PHONE #: WORK PHONE #:

MEDICAL INFORMATION:

PRIMARY CARE PHYSICIAN PRACTICE LOCATION:
PHYSICIAN. NAME: FIRST: LAST: OFFICE PHONE #:
OFFICE ADDRESS: CITY: STATE: ZIPCODE:

DENTIST PRACTICE LOCATION:
PRIMARY CARE PHYSICIAN PRACTICE LOCATION:
DENTIST NAME: FIRST: LAST: OFFICE PHONE #:
OFFICE ADDRESS: CITY: STATE: ZIPCODE:
ALLERGIES? YES ☐ NO. ☐ PLEASE LIST:
DIETARY NEEDS? YES ☐ NO ☐ PLEASE LIST:
SPECIAL NEEDS OR CONCERNS PLEASE INDICATE:

INSURANCE INFORMATION:

MEDICAID: ☐ PRIVATE INSURANCE: ☐ MEDICARE: ☐ COMBINED: ☐

INSURANCE #1:
PROVIDER NAME: INSURANCE #: DATES OF COVERAGE:

INSURANCE #2:
PROVIDER NAME: INSURANCE #: DATES OF COVERAGE:

PARENT/GUARDIAN FIRST NAME: LAST NAME: D.O.B:

SCHOOL INFORMATION:

SCHOOL NAME: SCHOOL ADDRESS:

SCHOOL #: TEACHER: GRADE:

SCHOOLSERVICES: 504 PLAN ☐ IEP: RESOURCE SERVICES:

SELF-CONTAINED SERVICES: ACTIVITIES/SPORTS/GROUPS:

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Emergency Contact Card

Children will NOT be released to anyone not listed on this card. All names listed below must be as they appear on their photo ID, and must be at least 18 years old. Everyone must show photo Identification the FIRST time they pick up so we can make a COPY and document for proof of identity, including parents. Any changes to this card must be made in person by the parent/guardian who signed the child up. People picking up or dropping off your child may receive notes/messages regarding payments due, any incidents that occurred that day, etc.

Please list below anyone who is authorized to pick up your child from camp:

Name: Phone Number:

Name: Phone Number:

Name: Phone Number:

Name: Phone Number:

Name: Phone Number:

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Transportation Form

REACH AND RISE ACADEMY

I am the parent of and give my permission for my child to travel by van to attend the Reach and Rise Academy Hybrid schedule along with Afterschool.

I acknowledge that Reach and Rise Academy is responsible for transportation only from the facility to the event and that I must bring my child to the facility and pick up my child from the facility. I also understand that my child must comply with the traveling rules and procedures. By granting this permission, I waive any claims against , and release and hold from harmless, Reach and Rise Academy and any of their religious, employees, volunteers, agents, and representatives, from any harm that occurs to my child while participating in the field trip.

In the event my child requires medical treatment or transportation for medical care, Reach and Rise Academy will attempt to contact me at the number listed in my child's file. If they are unable to reach me they may contact the designated emergency contact at the number(s) listed on your child emergency contact list form. If the chaperones, volunteers, or other adult supervisors are unable to contact the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency or physician office, or to call an emergency paramedic ambulance service.

My Child is covered by the following medical insurance:
Insurance Co. Name: Group #:

Does your child/Children have any allergies? Yes ☐ No ☐
If yes , please explain::

Parents/Guardian's Signature Date
:

_____ _____

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Medical Emergency Release Form

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, may be given emergency treatment by an employee of **Reach and Rise Academy**. I also give permission for my child to be transported by van, or ambulance to an emergency center for treatment, and agree to hold **Reach and Rise Academy** harmless.

Parents/Guardian's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and agree to hold **Reach and Rise Academy** harmless.

Parents/Guardian's Signature _____ Date: _____

I further acknowledge **Reach and Rise Academy** shall not be responsible for paying for the child's health care. This includes negligent emergency medical treatment, ambulance/medical transportation, medical, hospital or any other associated fees.

I agree that neither I nor my child will bring any claims of any kind against **Reach and Rise Academy** as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of the facilities, toys, other children or employees, whether such claims are known or unknown a rise in the future.

Parents/Guardian's Signature _____ Date: _____

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LIABILITY WAIVER

CHILD INFORMATION:
Child #1
NAME: FIRST: LAST: DATE OF BIRTH: Age:
ALLERGIES: YES NO ☐ IF YES, PLEASE LIST:
Child #2
NAME: FIRST: LAST: DATE OF BIRTH: Age:
ALLERGIES: YES NO ☐ IF YES, PLEASE LIST:
Child #3
NAME: FIRST: LAST: DATE OF BIRTH: Age:
ALLERGIES: YES NO ☐ IF YES, PLEASE LIST:

PARENT/GUARDIAN:
FIRST NAME: LAST NAME: ADDRESS:
HOME PHONE NUMBER: CELL PHONE NUMBER: WORK PHONE NUMBER:
EMAIL ADDRESS:
SPECIAL NOTES:

The witness being the lawful parent and/or guardian of the above child(ren) hereby consent to the participation by the child(ren) in all activities conducted by Reach and Rise and to the participation of the child(ren) in all events related to Reach and Rise activities.

The child(ren) that participate in activities and adventures with Reach and Rise are consistently well supervised, however, accidents do happen. The witness assumes all rise of injury or harm to the child(ren) associated with participation in Reach and Rise activities and adventures and agrees to release, reimburse, defend and forever discharge Reach and Rise and its subsidiaries, vendors, staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of actions in respect of death, injury, loss or damage to child(ren), regardless of how it was caused, arising by reason of or during the child)ren) participation at Reach and Rise Academy, LLC.

Parents/Guardian's Signature _____ Date: _____

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Discipline Policy

It is the Reach and Rise Academy goal to provide a healthy, safe and secure environment for all students. Students are expected to follow the school rules and to interact appropriately in a group setting.

Student Rules:

- To treat myself, others and our school with Care, Honesty, an0d Respect
- To follow directions and instructions from staff
- To stay with my group and counselor at all times unless given permission to do otherwise
- To keep hands, feet and all other body parts to myself
- To be responsible for my personal belongings
- To respect the school facilities, equipment and property
- To use appropriate language and actions at all times.
- To Have Fun!!

If your child chooses to disobey the Academy rules, we will take the following steps:

1. Staff will redirect the student to a more appropriate behavior and remind him/her of the school rules.
2. If the behavior persists, the student will be placed on time-out and will lose minutes of REC Time or current activity. The staff will document the situation by filling out a Discipline Report
3. If a child's behavior at any time threatens the immediate safety of themselves, other children, or staff, the parent will be notified and expected to pick up the child immediately.
4. Continuing disruptive behavior may result in a suspension or expulsion from the Preschool program.

If your child is being sent home because they are not following the rules, or they are being disruptive to the rest of the students, he/she will be placed in the Office until they are picked up. students must be picked up within one hour. Please note that if you are contacted to pick up your child from school due to behavior issues, you will not receive a credit/refund for that day.

If we decide to terminate your child's school enrollment due to behavior issues, you will not receive a credit/refund for the week that the student was terminated. We will terminate his/her enrollment at the end of that school week and you will not be charged for any weeks after. If a child is expelled from school they may not return to school in the future. Corporal punishment will not be tolerated.

I have read the Behavior and Discipline policies , I have also discussed these policies with my child.

Parents/Guardian's Signature _____ Date _____

:

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Water Activities Permission Form

Childs Name:

Birthdate:

Special Needs or Comments:

☐ I **DO GIVE** my child permission to engage in all water play activities at Reach and Rise Academy. I understand that proper attire is required for my child to participate. Proper attire includes; a bathing suit, towel, sunscreen, and water shoes. Dry clothing to change into after water play is also required. Reach and Rise Academy and its staff are not responsible for lost or damaged clothing.

☐ I **DO NOT** wish for my child to participate in water play.

Parents/Guardian's Signature

Date
:

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Client Handbook

Program Objective

To provide a positive, enriching experience for children in the hours after school while in a safe, structured and supervised environment. Children in grades K-5, 8th, Grade (any age for fu for tutoring) are eligible to register for Reach and Rise Academy, afterschool and tutoring program**.**

Registration

In additional to the registration form below, you must complete ***FEE SCHEDULE*** before your child(ren) will be able to start in Reach and Rise Academy, LLC.

Hours of Operation

Monday-Friday, school dismissal until 6:00 pm. We are very understanding of family emergencies. Once repetition has started staff will speak with you for future instructions.

Location

101 Putman Rd, Fountain Inn, South Carolina, 29644. Office Number: 864-724-2200 Email Address: ReachandRise 2019@gmail.com Website: ReachNRise.com Facebook: ReachandRiseAcademy

Program Format

Weekly activities of the program includes, educational services, direct child care and supervision services for pre-school students, peer and social development, psychological services, playtime, social skills, art services, music services, physical education services, home help and tutoring services. There is a 4K curriculum schedule, structured playtime, movement monitoring, physical education services, with a scheduled format for each day. The program provides 3 meal options; breakfast, lunch and afternoon snack. Reach and Rise participates in CACFP (Child Adult Care Food Program. Child(ren) meal are provided by Reach and Rise Program, and outside food is not allowed.

Non-Attendance

Please notify Director or Co-Director of Reach and Rise Academy, LLC at the earliest possible time and/or no later than pick-up the day prior, if your child will not be attending program during week. The weekly fees must still be paid regardless of the number of days attended within the week, unless prior approval is noted of vacation status, and/or family emergency. Students are required to attend at minimal 3 days per week to maintain active enrollment. This policy has been adopted for cost management for staffing and other program needs.

Vacation Policy
No fees will be charged for absences if the office has been notified within 2 weeks of vacation mode for a selected absence from the program. The office appreciates notification in written, or by email. To help assist with billing, classroom management and meal planning. Parents can request a vacation for from administrative office.

Pick-Procedure
Only parents and authorized individuals are allowed to pick child(ren) up from program. Parents are required to identify authorized individuals at the time of admission, and/or request changes to pick-up authorization in writing as need for expected changes. These procedures will be followed very strictly, with NO EEXCEPTIONS. In the event of an emergency, and a guardian/parent has to make a change of authorized pick-up. The parent is required to log into ProCare and update authorization for pick-up form, submit, then contact Director or Co-Director to notify of changes. Late Fee of $15.00 will be added to base tuition after 1 warning related to late pick-up. Pick-up time is by 6:00 pm. $15.00 will be added every, 15 minutes of late arrival.

Medication/Illness/Injury
Medication will only be dispensed with written consent and instructions from legal guardian which accompanies a medical prescription. Over the counter medication will NOT be administrated. Any program participant that becomes ill during the program will need to be picked up immediately following onset of illness. In the event a student is noted for a temperature exceeding, 98.1 degrees, student will be accessed for parent pick-up. In the event of injury, Reach and Rise staff will follow emergency medical protocol; including CPR or first aide, and not limited to contacting 911 for medical assistance, or arranging transport to hospital if necessary. Legal guardian will be contacted immediately.

Student Conduct/Discipline
All students enrolled are expected to show respect, follow program rules and display acceptable behavior. Reach and Rise Academy, LLC will notify parents of inappropriate behavior at the time of pick-up and/or at the time of occurrence depending on the severity of the situation. In situation of gross misconduct and/or repeated violation of program rules, a student will be suspended from the program up to discharge. Parents will be required to withdraw a child for excessive misbehavior which results in injury to staff, other students and/or threats of harm, injury of others or destruction of property. All students are required to participate in clinical support services, unless otherwise noted by Director.

Questions/Concerns
Contact Director or Co-Director any questions or concerns by email, phone or direct contact. Office line is 864-724-2200, Email ReachandRise2019@gmail.com

To register online, at ReachNRise.com.

Scheduled Holidays/Program Closing (Office is closed the following Monday for holidays on weekends) ***** Attendance is Not waived for closings).

- MLK Day
- Good Friday (Easter Holiday)
- Memorial Day
- Independence Day (4th of July)
- Labor Day
- Thanksgiving Day and Day After Thanksgiving
- Christmas Day and Christmas Eve
- New Year's Eve and New Year's Day

Parents authorization: By signing below, you are indicating you are responsible the responsible party. You are responsible for making payment for services and any outstanding charges. Students have permission to participate in all Reach and Rise Academy LLC, services and activities unless indicated, by the signing of another form restricting the activity, as noted by a physician to legal guardian in writing. I understand that there is no risk and/or dangers connected with such activities, but potential unexpected or accidental incidents are injury can occur. I agree to release Reach and Rise for any damage or liability associated with unexpected incidents, danger or injury of child or personal property of child, weather it is caused by negligence of Reach and Rise LLC and its owners, directors or employees, agents and otherwise. This agreement is deemed to be entered into, in the state of South Carolina and to be governed and enforced pursuant to South Carolina Laws. I hereby give Reach and Rise Academy, LLC permission to the physician selected by Reach and Rise Academy LLC to elect medical treatment for the health of my child.

I hereby release the use of music, photography and video images and work produced of the above registered child for the purpose of promoting and display to the general public.

I, THE OARENT OF THE ABOVE STUDENT OF LEGAL GUARDIAN, HAVE READ AND UNDERSTOOD REACH AND RISE POLICIES AND PROCEDURES, CLIENT CONTRACT AND AGREE TO ALL TERMS AND CONDITIONS.

Parents/Guardian's Signature _____ Date: _____