

# Service Agreement

*Please read the following agreement carefully, fill out your child's name and attendance information, sign, and return it to ASP2 STEAM Academy Inc prior to your child's first day of attendance.*

It is my responsibility to read and comply with ASP2 STEAM Academy's Parent Handbook.

I hereby agree to notify ASP2 STEAM Academy Inc in writing in advance of my child's withdrawal **within 2 weeks** of this service agreement or **forfeit** any refunds of fees and payments made on my child's behalf.

It is my responsibility to notify ASP2 STEAM Academy Inc if my child will be absent or late on any given day. Attendance is highly important to receive the full expectations of the curriculum. If a student has 8 unexcused absences in one semester, the student may be subject to suspension until next semester. Medical conditions are excused with doctor's documentation.

I understand and agree that my child will be enrolled in the program below:

Early Pre-K   Pre-K Scholars   Kindergarten   1<sup>st</sup>   2<sup>nd</sup>   3<sup>rd</sup>   Grade

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

I will bring my child at: \_\_\_\_\_ and pick up at: \_\_\_\_\_

**Permission to Participate in ASP2 STEAM Inc Activities:**

**Child's Name:** \_\_\_\_\_

I hereby give consent for my child to use of all the play equipment and to participate in all the activities of ASP2 STEAM Academy Inc.

I hereby give consent for my child to be included in evaluations and assessments connected with ASP2 STEAM Academy Inc.

I am aware that NO MEDICAL INSURANCE IS PROVIDED by ASP2 STEAM Academy Inc.

I am aware there is one field trip per semester.

I hereby understand that I am responsible for my child whenever applicable if I fail to give written consent for my child to participate in ASP2 STEAM Inc activities away from school. *Consent forms will be provided prior to each scheduled activity.*

**Please Initial**

\_\_\_\_ ASP2 STEAM Academy Inc will not be responsible for anything that may result from false information given by parent or guardian.

\_\_\_\_ ASP2 STEAM Academy Inc WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day or who has not been signed out.

Father/Co-Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Co-Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

# Financial Agreement

ASP2 STEAM Academy Inc are due on the first Monday of each month.

## **For All Parents/Legal Guardians:**

I hereby agree to notify ASP2 STEAM Academy Inc, in writing, of my child's withdrawal by the 10<sup>th</sup> of the current month. Failure to do so results in full payment for that month due. Prorated return of payments will only be given if written notification is received by the 10<sup>th</sup>. There is a \$1 per minute fee after the required pickup time.

## **Responsible Party:**

Please indicate which person will be solely responsible for monthly fees. *It is acceptable, in the case of co-parenting families for example, to have monthly fee payments received from multiple sources, however only one person may be designated as the responsible party for the fees.* This person is the one ASP2 STEAM Academy Inc will notify if any source of monthly fees is late and they would be responsible to pay all portions of the fees to continue enrollment. They would also be the person responsible listed on the monthly statements sent out by accounting.

Responsible Party:

\_\_\_\_\_ Print                      Date \_\_\_\_\_

\_\_\_\_\_ Signature

# Child Pick up List

**Child's Name:** \_\_\_\_\_

Please list all persons who have permission to pick up your child/children from ASP2 STEAM Academy, other than parents or legal guardians. Only those individuals listed on this form will have permission to pick up your child/children from ASP2 STEAM ACADEMY. If you need to make changes to this form, please inform the Director or Assistant Director as soon as possible before any pick-up changes are to take place. Only a parent/guardian may make changes to this form.

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>

SIGNATURE PARENT/GUARDIAN DATE

\_\_\_\_\_

\_\_\_\_\_

## **IMMUNIZATION RECORD**

These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed.

This form is for \_\_\_\_\_ (Child's Name)

Completed by \_\_\_\_\_ (Parent's Name)

\*It is anticipated that varicella vaccine or history of disease will be required for students entering daycare and kindergarten in IMMUNIZATION HISTORY List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE AN (X). If you do not have an immunization record for this student at home, contact your doctor or public health agency to obtain the dates.

### TYPE OF VACCINE:

#### **DTP/DTaP/DT/Td (Diphtheria, Tetanus, Pertussis)**

(For children entering kindergarten, at least one dose of DTP/DTaP/DT vaccine must be after the 4th birthday. Children in grades 1-12 who have received the third or subsequent doses after the 4th birthday meet the requirement.)

First Dose	_____ / _____ / _____	mo/day/yr
Second Dose	_____ / _____ / _____	mo/day/yr
Third Dose	_____ / _____ / _____	mo/day/yr
Fourth Dose	_____ / _____ / _____	mo/day/yr
Fifth Dose	_____ / _____ / _____	mo/day/yr

**Polio** (If child received the third dose after the 4th birthday, further doses are not required.)

First Dose	_____ / _____ / _____	mo/day/yr
Second Dose	_____ / _____ / _____	mo/day/yr
Third Dose	_____ / _____ / _____	mo/day/yr
Fourth Dose	_____ / _____ / _____	mo/day/yr
Fifth Dose	_____ / _____ / _____	mo/day/yr

**HIB (Hemophilus Influenza B)**

(HIB vaccine is only required for children in licensed day care centers.)

First Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Second Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Third Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Fourth Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Fifth Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr

**Hepatitis B**

First Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Second Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Third Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr

**MMR (Measles, Mumps, Rubella)** (MMR must be received on or after 1st birthday.)

First Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Second Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr

**Varicella (Chickenpox)**

**Note:** Vaccine is needed only if your child has not had chickenpox disease. See below.

First Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr  
Second Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo/day/yr

Has your child had Varicella (chickenpox) disease?

Check the appropriate box and provide the year if known:

Yes (year) \_\_\_\_\_ (Vaccine not needed)

NO or Unsure (Vaccine needed)

**WAIVERS:**

For health reasons this student should not receive the following immunizations:

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(Please list above any immunizations already received)

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(Physician Signature)

(Date)

For religious reasons this student should not be immunized.

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(Please list above any immunizations already received)

For personal conviction reasons this student should not be immunized.

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(Please list above any immunizations already received)

This form is complete and accurate to the best of my knowledge

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(Please list above any immunizations already received)

This form is complete and accurate to the best of my knowledge.

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(Signature of Parent/Legal Guardian)

(Date)

## Permission to Photograph

I, \_\_\_\_\_

(parent's or guardian's name)  
give permission for

\_\_\_\_\_  
(name of child care provider or facility)  
to photograph my child,

\_\_\_\_\_  
(child's name)  
for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website *		
Use still photos in promotional materials		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
<b>Other (please list):</b>		

\* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(parent or guardian signature, and date)



**ASP2 STEAM Academy Inc.**  
**Emergency Contact Information**

Child's Name:	
Birth date:	
Street address:	
City, State, Zip Code:	

Sibling(s) Name:	Birth date:	Living in Child's Home? (Y/N):

Mother's (guardian's) name:	
Home street address (if different):	
City, State, Zip Code:	
Home Phone:	

Father's (Guardian's) name:	
Home street address (if different):	
City, State, Zip Code:	
Home Phone:	

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

1 <sup>st</sup> Alternate Contact:	
Relationship to child:	
Home street address:	
City, State, Zip Code:	
Home Phone:	

Is this person authorized to make medical decisions for your child if you cannot be reached?

Yes \_\_\_\_\_ No \_\_\_\_\_

2 <sup>nd</sup> Alternate Contact:	
Relationship to child:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____	

Child's Doctor (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

This is a legally binding form. By signing below, you state that all of the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Signature	Date

## **ACCEPTABLE USE AGREEMENT: INTRANET/INTERNET**

Grades K- 2, As a part of my schoolwork, my school gives me the use of computers and storage space on the server for my work. My behavior and language are to follow the same rules I follow in my class and in my school. To help myself and others, I agree to the following promises:

1. I will use the computers only to do school work, and not for any other reason. I will not store material that is not related to my schoolwork.
2. I will use the Internet only with my teacher's permission.
3. I will not give my password to anyone else, and I will not ask for or use anyone else's password.
4. I will not put on the computer my address or telephone number, or any other personal information about myself or anyone else.
5. I will not upload, link, or embed an image of myself or others without my teacher's permission.
6. I will not play games that a teacher has not approved.
7. I will be polite and considerate when I use the computer; I will not use it to annoy, be mean to, frighten, threaten, tease, bully, or poke fun at anyone; I will not use swear words or any other rude language.
8. I will not try to see, send, or upload anything that says and/or shows bad or mean things about anyone's race, religion or sex.
9. I will not damage the computer or anyone else's work.
10. I will not take credit for other people's work.
11. If I have or see a problem, I will not try to fix it myself but I will tell the teacher.
12. I will not block or interfere with school or school system communications.
13. My teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer.
14. I know that the conduct that is forbidden in school is also forbidden when I use computers outside of school if it interferes with other students' education, and if I break the rules there will consequences.

Print Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: I have read and discussed with my child the Acceptable Use Agreement, and I give permission for his or her use of the resources. I understand that computer access is conditional upon adherence to the agreement. Although students are supervised using computers, and their use is electronically monitored, I am aware of the possibility that my child may gain access to material that school officials and I may consider inappropriate or not of educational value.

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* STUDENTS MAY NOT USE COMPUTERS UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE TEACHER.

## CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born \_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of \_\_\_\_\_ and I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print)

***This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.***

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address \_\_\_\_\_

Telephone: Father \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Mother \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

\_\_\_\_\_  
Special Medications, Blood Type or Pertinent Information

\_\_\_\_\_  
Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_