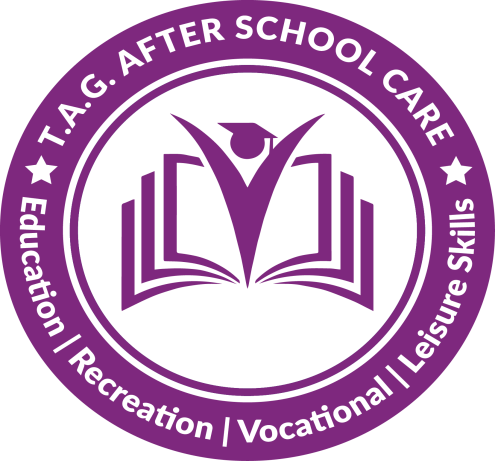
**T.A.G After School Care**

5391 S Shelby Street

Indianapolis, IN 46227

(317)

To enroll your child, the following paperwork is required prior to the first day of attendance.

1. Physical form completed and signed by a physician for each child.
2. Immunization record
3. Copy of your child’s original birth certificate
4. Copy of parents/guardians Driver’s license
5. All other forms included in the Parent Handbook Folder.
6. $25.00 non-refundable registration fee

**Welcome**

The T.A.G After School Program is happy to serve your family. We are eager to assist your child in becoming a happy and healthy individual that is preparing to contribute to society in a positive manner. Our staff is trained in positive behavior supports and de-escalation techniques that are proven to be effective with a diverse population. We hang our hat on being multifaceted communicators utilizing the form of communication that is prescribed for each individual. We will promote independence and choice in activities while providing a safe environment for all to enjoy. Thank you for allowing us to assist your family before and after school.

**Tuition and payments**

Full time fees = more than 3 days per week

    160.00 per week

Part time fees = 3 days or less per week

    $40 per day

Hourly fees

    $13.00 per hour

* A $25.00 non-refundable registration fee is due at the time of enrollment.
* A deposit equal to one week’s tuition is due by the child’s first day of attendance.
* Payment is due the Friday before by 6:30 pm, for the following week.  A late fee of $10 will be added to each week payment is overdue.  If payment is not received after 10 business days, attendance will be denied.
* Hourly fees will be billed on the day of service and due by Friday of that week.
* Children considered part time will contract for the days to attend and these will be billed on a weekly basis.  Parents are obligated to pay for the contracted days whether the child attends or not.
* Returned payments will require a $25.00 cash payment to T.A.G After School Care Program.  After two returned payments, all fees must be paid in cash or money order.
* Two-week written notice is required to withdraw a child from the program.  A notice of less than two weeks will still require regular tuition due for a two-week time period.

**Hours of Operation**

* T.A.G After School Care is available 2:30 pm-6:30 pm on school days. Care will start at 2:00 pm on Wednesdays.
* A late fee of $1.00 per minute after 6:30 pm will be added to that week’s tuition for any child still in our care.
* If a child is not picked up by 6:45 pm and notification of a delay has not been received, T.A.G After School Care staff will attempt to call the listed emergency contacts to arrange for pick up.  If the emergency contacts are unavailable, staff will be obligated to notify Child Protection services for temporary arrangements.
* T.A.G will observe the regular school calendar. Due to the fact the tuition is figured on an annual basis and then averaged weekly, no tuition reductions will be granted for holidays that fall during the week.
* In the event of extended school breaks (Fall Break, Winter Break, and Spring Break) no care will be offered and no tuition will be billed.
* No child will be denied enrollment based on race, religion, sex, national origin, or disability.  However, T.A.G After School Care reserves the right to deny attendance to any child whose behavior endangers the safety of the other children or adults.
* Children will only be released to an authorized pick up person, including a parent or guardian who has proper identification.
* If an intoxicated or impaired person insists on removing a child from the T.A.G After School Care Program, we will immediately report the incident to the local police agency.
* The person dropping off or picking up a child is responsible for notifying a staff member of the child’s arrival or departure.  The person dropping off or picking up is also responsible to sign the child in and out on the clipboard.
* Our program has an open-door policy regarding unscheduled visits from custodial parents/guardians during T.A.G After School Care hours.
* Our facility prohibits the use of alcohol, tobacco, illegal substances and firearms.

**Enrollment Application**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies, disability or special need? (meds, treatments, food intolerance, behaviors)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name (or Legal Guardian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name (or Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If divorced, who has legal custody\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The child will only be released to the people on this application and the following emergency contacts:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a parent/guardian, I give consent to have my child receive first aid by Akers Group After School Programs staff and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person(s) listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every six months.

Parent’s Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following:

Date of enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the type of care needed and days your child will attend:

Full time Part time Hourly

Monday Tuesday Wednesday Thursday Friday

Estimated Departure time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* A late fee will be charged for late pick-ups.
* I agree to pay on Friday for the following week’s care and I am aware that a late fee will be charged for payments not received on Friday.
* I agree to provide a physical health exam with up-to-date immunizations according to the current recommended guidelines for childcare centers for my child prior to the first day of attendance.
* I am aware that a $25.00 fee will be charged for returned payments.
* I am aware that part time enrollment is contracted and I am obligated to pay for my contracted days as listed above.
* I agree to pay a registration fee at the time of enrollment. This registration fee is non-refundable.
* I agree to pay a deposit of one week’s tuition at the time of enrollment. The deposit will be credited back to my account when I turn in a two week notice to discontinue care.
* I acknowledge that a two week written notice is required to withdraw my child from the program. I will be expected to pay for that two-week time period regardless of attendance.
* I have received my Parent Handbook, containing additional detailed policies and procedures and agree to comply with the provisions listed.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY: \_\_\_\_\_\_\_ Registration Fee Collected \_\_\_\_\_\_ Paperwork Complete

\_\_\_\_ Proof of Date of Birth

\_\_\_\_ Immunization Documentation

\_\_\_\_ Physical Exam

\_\_\_\_ Parental Agreement

\_\_\_\_ Enrollment Application

**Medication Administration Authorization**

I understand that any medication given to my child is to be brought in the original prescription container with the pharmacy label intact. Any expired medication will not be used and will be discarded. Any unused medication will be either discarded or returned to the parent. A physician’s order is valid for one year or until the medication prescribed is expired or no longer needed. It is the responsibility of the parent to alert the staff with written communication of any changes in medicine type, dosage, frequency, etc. Please have the child’s physician complete the medication form.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T.A.G After School Care Program Photography Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed for classroom decorations, professional picture days, and classroom activities.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social & Emotional Development**

**Developmental History…**

What health problems has your child had in the past?

Has your child been hospitalized? If so, when and why?

Current health and safety needs (feeding, positioning, therapies):

Does your child have any difficulties with talking or making sounds?

Does your child have any problems with mobility?

**My Child’s Daily Routine…**

Favorite toy, game, activities?

Is your child toilet trained?

How does your child indicate bathroom needs?

What are your child’s regular bladder and bowel schedule?

Does your child need help dressing?

**Social Relationship & Play…**

Activities I enjoy doing with my child:

My child is unique because:

Does your child have a favorite comforting item such as fidget, device, etc?

How does your child express anger and frustration?

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous Information**

**Illness:** If a child becomes ill while participating in the After School Care Program, we will attempt to keep the child isolated until an authorized person can come for the child.  According to the State Board of Health, a child may not attend T.A.G After School Care Program if he or she has any of the following symptoms:

1. Fever of 100.5 degrees or more taken under the arm
2. Diarrhea – two loose stools within one hour
3. Vomiting
4. Unexplained skin rashes or eruptions
5. Drainage from the ears
6. Severe cold symptoms (coughing, sneezing, chills, nasal discharge, sore throat, itchy-watery eyes)
7. Head lice
8. Scabies
9. Pinkeye (conjunctivitis)

* Children may not return to T.A.G After School Care until he or she has been symptom free for 24 hours, unless released by a physician’s note.  In the case of head lice, the child must be nit free.
* Sick children need to be picked up within one hour of the time of notification.  A late fee of $1.00 per minute will be charged for a sick child who is here exceeding an hour.
* Parents will be notified pf any exposure to communicable diseases by the After School Care staff by letter or email.

**Suspected Child Abuse or Neglect:**  All cases of suspected child abuse or neglect will be promptly reported to the proper law enforcement agency in compliance with Indiana State Law.  Failure to report suspected child abuse or neglect is a criminal offense.

**Supplies to be provided by Parents:**  The listed items are necessary to be able to provide the best care possible for your child.

1. A complete change of clothing
2. Diapers/Briefs and wipes in the original and unopened package
3. Formula or liquid supplement, if needed during T.A.G After School Care hours
4. Preferred comfort items from home

**Snacks:** Any child that is present during snack time will be served a snack at no additional cost.  Please advise us of any dietary restrictions or substitutions required for your child in a written statement from your physician.  Families will be responsible for providing any substitutions if T.A.G After School Care Program is unable to find an appropriate alternative.  No outside food can be brought from home unless there is an allergy or dietary restrictions.  Homemade treats are not allowed to be shared among