

# ALTA’S SUMMER OWLS

**SUMMER LEARNING PROGRAM**

### 916 ROCK QUARRY RD

### SUITE 109/111

**RALEIGH, NC 27610**

PHONE- 919.322.2535

FAX- 919.322.2545

**Child’s Information:** Today’s Date

Date of Enrollment Date of Birth: Gender: Age

Full Name: Last First Middle Initial

Child's Nickname Child’s School Current Grade

Physical Address: \_ City State Zip Code

### Program Type (select all that apply):

**Days of the Week in Care**: Monday \_\_Tuesday Wednesday Thursday Friday

***Fees are billed on a weekly basis ONLY. There are no daily rates available.***

**Meals Typically Served While in Care:** Breakfast, Lunch & PM Snack are Provided –

**Family Information:** With whom does the child reside? Relationship to child

Mother's Name: Father's Name:

Address: Address:

Daytime Phone: Daytime Phone:

Employer: Employer:

Email: Email:

Work Phone: /Cell: Work Phone: /Cell:

Guardian: Mother Father Both Other

**Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Family Physician:

Phone #:

Hospital Preference:

Insurance Company Name: Policy Number/s:

### Medical Alerts: Are you allergic to any type of Medications and/or have other areas of concern, List:

**Dietary restrictions**, List:

***Attach necessary documentation for Medical alerts such as allergic reactions, contacts, necessary medications, etc.***

Parental and/or Guardian Contacts: **To ensure the safety of your child, we will perform an ID check, NO EXCEPTIONS.** Child will be released only to the custodial parent, legal guardian AND/OR the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Helpful information about your child (likes, dislikes, behavior, abilities, special needs/requirements, other information):

### Statements of Acknowledgement:

I acknowledge that I have received, read, understand, and will adhere to the policies and procedures contained in the Alta’s Summer Owls policy and procedure packet and all other registration materials.

I understand that should any information change, it is my responsibility to have a corrected enrollment application updated, signed, and delivered to the front office as soon as possible.

I understand that neither the staff or child can eliminate the risk of minor injuries (scrapes, cuts, falls, etc.), which are possible due to the nature of this program and will receive an incident report for said injuries should they require basic first aid. I hold harmless and release any and all liabilities from the entities or persons mentioned within this document from claims and liabilities as a result of participation in this program.

I have read, understand, and accept Alta’s Summer Owls Discipline Policy. *Policy is attached.*

I give permission to Alta’s Summer Owls to make photographs, video, and/or illustrations of my child. Alta’s Summer Owls Staff will not post or share any images of your child with other organizations, individuals, or on social media sites for your child’s safety.

I have read, understand, and accept Alta’s Summer Owls Late Fee Policy. I acknowledge and accept that if late fees are charged, regardless of the person picking up my child, that I will be responsible for paying all charges and that if late fees are not paid services can and will be suspended / terminated.

*Please initial the following items indicating that you have read and accept the terms and fees as outlined.*

### PRICING AND PAYMENTS:

 **Registration fee: $35.00. DUE ON 1ST DAY OF CAMP.** This includes you child’s first Summer Program T-Shirt.

###  Current tuition for Summer Learning Program: $95.00/week

 **Field Trip fee: Included in Tuition**

 **Late Fee: $1.00/minute** WILL APPLY IF CHILDREN ARE NOT PICKED UP by 5:30 p.m.

###  Payment for the FINAL WEEK is due on the MONDAY OF THAT WEEK.

 The program fee is due **WEEKLY** ON FRIDAY morning payable at the time of drop-off (Fees paid on Monday will incur a late payment fee of **$25**).

 **Late Payment Fee: $25**/Fees paid on Monday will incur this charge. Monday drop-off will not be allowed until full payment of WEEKLY AND LATE PAYMENT FEE is made in full.

**\_\_\_\_\_ The FULL WEEKLY TUITION AMOUNT is due, whether or not your child attends every week in order to hold your space. Failure to pay for 2 consecutive weeks of camp tuition is grounds for discharge from the summer learning program.**

###  ALL FEES ARE NON-REFUNDABLE EVEN IF YOU CHOOSE TO PICK YOUR CHILD UP EARLY!

 **Acceptable forms of payment are:** Money Orders (Made payable to: ALTA COMMUNITY ACTION ASSOCIATION), and Debit or Credit Card payments! Payments made with your credit/debit card will incur a $3.00 fee to your total payment.

### SUMMER LEARNING PROGRAM AGREEMENT:

This agreement summarizes the policies and procedures of the Summer Learning Program, the services to be provided, and the fees, which will be charged for these services. By signing this agreement, the parent(s) or guardian(s) indicates their compliance with the requirements set forth in this document understanding of, and agreement with the caregiver's policies. This agreement is subject to change with two weeks written notice but shall be renewed annually.

Your signature below indicates that you have received the above items, agree this is a legally binding form, and that the information on this Summer Learning Program form is accurate and correct. Providing false information on this form may cause the child to forfeit their summer program contract.

### Signature of Parent/Guardian Date Print Name Child’s Name Driver's License # Driver’s License State

|  |  |
| --- | --- |
| **For Office Use Only:** Office staff Signature: | * Complete  Incomplete
* ID Photocopied
 |
| Items missing from child’s packet |  |

**ALTA’S SUMMER OWLS HEALTH POLICY**

### 817 NEW BERN AVE

**RALEIGH, NC 27610**

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Health Policy & Reminders

In childcare settings, children and caregivers work and play together in close areas, sharing germs. Germs spread quickly and children can infect others before developing symptoms. During winter months, there is a higher concentration of germs inside because less fresh air circulates the air. Also, children and adults spend more time indoors during winter months, which increases their exposure to germs. Hand-washing is the single most effective way to cut down on the spread of infectious diseases and when done consistently and properly it reduces the risk of spreading germs.

**Our number one priority is to keep all safe while they are in our care.** Certain symptoms in children suggest the presence of a communicable infection or disease. If we see certain symptoms, you will be asked to come pick up your child as soon as possible until the symptoms clear and in some cases, you will need to provide a note from a certified physician before the child can return. We understand that this may be an inconvenience for you during the day, however the health of your child is much more important to us and we hope that you understand that we have to make decisions based on the 'best interest' of all of our children and staff. As the parent of a well child, I am sure that you would want us to protect your child from any contagious infections, viruses, or diseases so as a parent of the sick child, please be mindful and considerate of others.

### We will contact you if your child has any of the following symptoms:

* Sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water (must be 24 hours without diarrhea before returning to facility); or
* have one or more episodes of vomiting within a 2-hour period; or
* have a red eye with white or yellow discharge (may return after 24 hours of treatment); or
* have unidentified ear drainage until there is no drainage; or
* have scabies, lice (nit free with no live bugs); or
* bedbugs; or
* have known chicken pox or a rash suggestive of chicken pox; or
* have sore throat, swollen glands in the neck, or strep throat (may return after 24 hours after treatment has started); or
* have pertussis, until five days after appropriate antibiotic treatment; or
* have impetigo, until 24 hours after treatment; or
* have unexplained skin issues, boils, bumps, or a rash that is draining with any fluids (rash must be dried out & healed); or
* have unusual respiratory symptoms; wheezing, severe coughing, difficult or rapid breathing

### WE DO NOT UNDER ANY CIRCUMSTANCES ADMINISTER MEDICATION EXCEPT IN THE CASE OF AN EXTREME EMERGENCY. Your child must be able to administer his/her own medications, or you must administer it yourself prior to dropping your child off at our facility. We will supervise children who need to administer their own medication and secure medications in a locked box for safety. If your child requires self-administered medication during care hours, a Medication Care Plan signed from your child’s physician will need to be completed and filed with the facility.

The health and safety of those served by the program and staff is a top priority. Thank you in advance for your understanding and cooperation!

Sincerely,

***ALTA’S SUMMER OWLS Management***

**PARENT/GUARDIAN PRINTED NAME**

**PARENT/GUARDIAN SIGNATURE**

**DATE CHILD’S NAME**

**ALTA’S SUMMER OWLS**

**DISCIPLINE AND BEHAVIOR POLICIES AND PROCEDURES**



Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

**WE:**

### DO praise, reward, and encourage the children.

1. **DO reason with and set limits for the children.**
2. **DO model appropriate behavior for the children.**
3. **DO modify the classroom environment to attempt to prevent problems before they occur.**
4. **DO listen to the children.**
5. **DO provide alternatives for inappropriate behavior to the children.**
6. **DO provide the children with natural and logical consequences of their behaviors.**
7. **DO treat the children as people and respect their needs, desires, and feelings.**
8. **DO ignore minor misbehaviors.**
9. **DO explain things to children on their levels.**
10. **DO use short supervised periods of "time-out” if necessary**
11. **DO stay consistent in our behavior management program.**

**WE:**

1. **DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.**
2. **DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.**
3. **DO NOT shame or punish the children when bathroom accidents occur.**
4. **DO NOT deny food or rest as punishment.**
5. **DO NOT relate discipline to eating, resting, or sleeping.**
6. **DO NOT leave the children alone, unattended, or without supervision.**
7. **DO NOT place the children in locked rooms, closets, or boxes as punishment.**
8. **DO NOT allow discipline of children by children.**
9. **DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.**
10. **DO NOT photograph, record or place any images of your children on social media sites without your permission.**

**Signature of Parent/Guardian**

**Print Name Relationship to Child**

**Date \_ Child’s Name**

**GRIEVANCE PROCEDURES**

If a participant or family member has a problem, he/she should speak with the manager. If unable to resolve the issue with the manager, please make a request to speak with the DIRECTOR to discuss the issue. It is the policy of ALTA’S SUMMER OWLS Management to reasonably solve a participant or family member’s problems and/or meet their needs and expectations.

## To file a formal grievance, please contact the Executive Director - Felise M. Knight at 919.322.2535

**ALTA’S SUMMER OWLS DISMISSAL POLICIES AND PROCEDURES**

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**POLICY FOR DISMISSAL WITH CAUSE PARENT AGREEMENT FORM**

On very rare occasions, ALTA’S SUMMER OWLS may determine that there is not a satisfactory or appropriate fit for a given child's continued enrollment at ALTA’S SUMMER OWLS. The enrolling parent/guardian's signature on this form indicates that they have read, understand, and agree to the policy guiding dismissal with cause.

If ALTA’S SUMMER OWLS management determines that the enrollment of a child may not be a satisfactory fit for ALTA’S SUMMER OWLS for any reason, the Center Director or Owner will schedule a meeting with the parent/guardian to notify them of the schedule for discontinuing enrollment or if appropriate, the steps needed to avoid dismissal.

The parent/guardian understands and acknowledges that the Center Director/Owner is the sole spokesperson for ALTA’S SUMMER OWLS in the case of dismissal. The decision may not be discussed with or appealed to the teachers or any outside source. The decision made by the Center Director and Owner is final.

**The causes for dismissal include but are not limited to the following:**

1. Failure to pay tuition fees on schedule.
2. Behavior of parent/guardian that is inappropriate for the safety of the facility.
3. Behavior of a child that is inappropriate for the safety of the facility
4. Needs of a child that cannot be appropriately met by the facility.
5. A weapon, firearm or explosive device of any kind is found on a parent, guardian or child including, but not limited to knives, firecrackers, incendiary devices, firearms, bombs, etc.

**ALTA’S SUMMER OWLS RESERVES THE RIGHT TO CONTACT LAW ENFORCEMENT IF AN ISSUE ARISES THAT IS UNSAFE FOR CHILDREN, CUSTOMERS AND/OR STAFF MEMBERS.** I agree that I have read, understand and will abide by the Dismissal for Cause policy of the ALTA’S SUMMER OWLS Summer Learning Program Center.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**ALTA’S SUMMER OWLS TRANSPORATION PERMISSION SLIP**

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### BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN

I (Parent/Guardian) give permission for (Child's name)

 to be transported to/from **FIELD TRIPS, AFTER-CARE, AND OTHER OUTINGS** as it pertains to Alta’s Summer Owls Learning Program.

Method of Travel: City Bus, Walking, Activity Bus, Parent/Guardian Transport in personal vehicle

Transportation Provider(s): Go Raleigh, Private Transportation

Other important information

*Permission to transport attendees is valid for the duration of the Summer Learning Program June – August 2020.*

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date Child’s Name

**ALTA’S SUMMER OWLS TRANSPORATION PERMISSION SLIP**

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### PERMISSION FOR IMAGES ON SOCIAL MEDIA

I (Parent/Guardian)

* DO
* DO NOT

give permission for (Child's name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s image to appear on social media outlets

(ie. Facebook, Twitter, Instagram, Alta websites) as it pertains to Alta’s Summer Owls Learning Program.

Other important information

*Permission to post attendees is valid for the duration of the Summer Learning Program June – August 2020.*

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date Child’s Name