



# ENROLLMENT AGREEMENT

1. I understand that I am enrolling my child, \_\_\_\_\_, in The Arc's After School Program being held at 1300 Austin Avenue (inside Austin Avenue United Methodist Church) Waco, Texas 76701. Hours of operation are 3:00 p.m. to 5:30 p.m.
2. I understand that the ASP Program is open according to school calendars, both for full day classes and early release days.  
My child's school is (name of school) \_\_\_\_\_.
3. I understand that there is a \$25.00 non-refundable registration fee. Arc membership dues are \$20.00 per year and must be current or paid with enrollment forms for attendance in ASP.
4. I understand that I am responsible for payment of weekly fees in the amount of \$50.00. The fee for the shuttle service in outlying areas is on a sliding scale basis, where applicable. These weekly fees are due the Friday prior to attendance week.
5. I understand that in the event of any absences during Program hours activities, I will be responsible for fees for time reserved (**no per diem for care**), not actual time spent at the Program.
6. I further understand that I am responsible for notifying The Arc ahead of time when my child **WILL NOT** be attending the program by calling 756-7491. Voice mail is available to leave a message.
7. I will give 30 days notice in writing prior to withdrawal from the program during which time I will be responsible for payment of fees.
8. **I will update my child's file information as changes occur.**
9. The Program staff will assume full responsibility, as deemed reasonable, for my child from the time he/she arrives at the Program until my child leaves the Program.
10. If a medical emergency arises, the Program staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.

**I agree to adhere to the Policies and Procedures of The Arc's After School Program as stated here and give my child permission to participate fully in this Program.**

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Signature

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Date

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Relationship to Child

**Submit this completed statement accompanied by the non-refundable enrollment fee of \$25.00, membership fee of \$20.00, first week's fees, and completed enrollment forms to The Arc.**



Program Use: Date of receipt \_\_\_\_\_ First date of attendance \_\_\_\_\_

### Enrollment Form

#### 1. Child's Identification

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

If child does not go by his/her first name, what does he/she prefer to be called?  
\_\_\_\_\_

School Child Attends: \_\_\_\_\_

#### 2. Parent(s)/ Guardian(s)/ Custodian(s) Identification:

1. \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Child resides with above? (Circle) Yes No

Please explain arrangement if applicable: \_\_\_\_\_

2. \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Child resides with above? (Circle) Yes No

Please explain arrangement if applicable: \_\_\_\_\_

Prefer to be contacted first: (circle) #1 or #2

**Parent's Status:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Is there a separation or divorce custody problem of which the Program staff should be aware?

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

If yes, please explain:

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If your child has a childcare provider who will be picking him/her up, please list information:

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Name	Contact #
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**Emergency Persons:**

These should be local persons who may be notified in case of emergency or illness when the parents or other caregivers are not available.

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Name	Relationship with Child	Work #
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Address	Home #
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Name	Relationship with Child	Work #
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Address	Home #
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Name	Relationship with Child	Work #
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Address	Home#
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**Release of Child:**

May child leave the Program with the persons listed above? (Please check below)

\_\_\_\_\_ Yes, he/she may depart with any of the persons listed

\_\_\_\_\_ No, he/she may not leave with the following person(s) (include any person not listed):

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**Child's Information:**

Does your child have any eating problems or food allergies? \_\_\_\_\_

\_\_\_\_\_

What type of foods does your child like to eat for a snack? \_\_\_\_\_

\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

\_\_\_\_\_

When you discipline your child, how do you do this? \_\_\_\_\_

\_\_\_\_\_

What makes your child upset? \_\_\_\_\_

\_\_\_\_\_

How do you suggest we calm your child down? \_\_\_\_\_

\_\_\_\_\_

Does your child tire easily? \_\_\_\_\_

\_\_\_\_\_

Does your child bite, hit, pinch, etc? Explain: \_\_\_\_\_

\_\_\_\_\_

Is your child sensitive to any stimulus we should know about? \_\_\_\_\_

\_\_\_\_\_

Please give any further information that you believe will be helpful to staff in understanding and caring for your child: \_\_\_\_\_

\_\_\_\_\_

**Diapered?** Yes \_\_\_\_\_ No \_\_\_\_\_      **Work on Toilet training:** Yes \_\_\_\_\_ No \_\_\_\_\_

Note: \*\*Parents must supply diapers and/or feminine hygiene products.\*

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Other siblings in the home:

Name

Date of Birth

Enrolled in program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

**Diagnoses:** \_\_\_\_\_  
\_\_\_\_\_

Allergies (food, medication, bees) \_\_\_\_\_  
\_\_\_\_\_

Chronic or recurrent illnesses or disorders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take medication for these illnesses listed above? If so, please state the name of the drug and the dosage. \_\_\_\_\_  
\_\_\_\_\_

Will the medication need to be given during program hours? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when will it need to be given? \_\_\_\_\_

Describe how. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What should we (you) do if your child has a problem related to his/her medical condition during program hours? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the signs of problems that may occur? \_\_\_\_\_  
\_\_\_\_\_

Please list an **emergency phone number:** \_\_\_\_\_

Doctor's Name:

Phone #

What hospital do you prefer? \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder's I.D. \_\_\_\_\_

**Medical Consent:**

In the event that my child, \_\_\_\_\_, (Birthdate) \_\_\_\_\_, may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to \_\_\_\_\_ Hospital and Doctor \_\_\_\_\_ or his/her designee to provide this care.

I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
**Date**



## AFTER SCHOOL PROGRAM

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1. This is a release. Read it carefully before signing. By signing this release, you are giving up your and your child's rights to sue The Arc of McLennan County, a Texas nonprofit corporation, its agents, officers, volunteers, employees and any parties that operate, administer, co-organize or provide transportation to or from the activities described below (collectively, the "Released Parties") or expect the Released Parties to be legally responsible or pay for any damages or medical expenses if your child is injured or killed, becomes ill or your child's belongings are damaged as a result of your child's participation in the activities described below.
2. Voluntary Participation. I acknowledge that my child(ren) \_\_\_\_\_ (my "Child"), and I have voluntarily chosen for my Child to (a) participate in THE ARC OF MC LENNAN COUNTY After School Program, a day program administered by the Released Parties, for after school childcare, which may include numerous activities, including, but not limited to, sports, hikes, arts and crafts, science experiments, cooking projects, and possibly, field trips to various locations by private car and bus including bowling alleys, sporting events, movies and fairs, any activities incidental thereto and (b) be present at or use, as applicable, facilities, other locations, equipment and/or transportation provided by the Released Parties or others in connection with my participation in such activities (the activities in clauses (a) and (b) are referred to collectively as the "Activity").
3. Acknowledgement and Acceptance of Risks. My Child and I understand that certain risks are inherent in the Activity, and that these risks cannot be eliminated, altered or controlled. My Child and I understand that the risks that contribute to the unique character of the Activity can also be the cause of my Child's injury, illness or death or damage to my Child's belongings. My Child and I voluntarily elect, with knowledge of the risks involved, for my Child to participate in the Activity. My Child and I acknowledge and willingly assume all risks and hazards in the Activity and in the use of the Released Parties' facilities and/or equipment.
4. **Release.** I am the parent or legal guardian of my Child. In consideration for my Child being permitted to participate in the Activity, my Child and I voluntarily agree and promise not to make a claim against, sue or attach the property of the Released Parties, and my Child and I release, waive, discharge and hold harmless the Released Parties for all demands, actions or claims of liability arising out of their negligence, fault, recklessness or any other act or omission that causes my Child's illness, injury, death and/or damage to me or my Child's property as a result of my Child's participation in the Activity and in the use of the Released Parties' facilities and/or equipment.
5. Knowing and Voluntary Execution. I have read this document in its entirety. I understand that by signing this document, my Child and I are assuming all the risks of the Activity. I understand that this is a release of any and all claims. I understand that this is the entire agreement between us and the Released Parties and that it cannot be modified or changed in any way by oral statements by any Released Parties or by us. I voluntarily sign my name as evidence of the acceptance by me and my Child of all the provisions in this document and our agreement to be bound by them.
6. Media Release. I give permission for The Arc of McLennan County to have my child appear in any media coverage and use for publicity and fundraising purposes photographs of my child.

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

Name: (Print Clearly): \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY INFORMATION**

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

**Doctor's Name:** \_\_\_\_\_

**Doctor's Phone Number:** \_\_\_\_\_

**Insurance Information:**

**Name of Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Which hospital do you prefer for your child: (Circle One)**

**Hillcrest**

**Providence**

**Parent Name & Contact Number:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Signature - Parent/Guardian**





**PARENTAL EMERGENCY MEDICAL CONSENT**  
**This form must be presented upon admission for treatment.**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for medical and/or surgical treatment to \_\_\_\_\_ Hospital and Doctor \_\_\_\_\_ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

**1. Parents/Guardians/Custodians With Whom The Child Resides:**

1.	Name	Relationship to Child	
	Address		
	City	Zip Code	Home Phone
	Employer	Work Phone	
2.	Name	Relationship to Child	
	Address		
	City	Zip Code	Home Phone
	Employer	Work Phone	

**2. Persons Who Are Authorized To Pick Up Child If Parents Are Unavailable:**

1.	Name	Relationship to Child	
	Address		
	City	Zip Code	Home Phone
	Employer	Work Phone	
2.	Name	Relationship to Child	
	Address		
	City	Zip Code	Home Phone
	Employer	Work Phone	

**3. Custody Restraints/Person(s) Who May NOT Pick Up Child:**

1.	Name	Relationship to Child
2.	Name	Relationship to Child

**4. Medical Information:**

Doctor	Phone	
Address	City	Zip
Last Tetanus	Allergies	
Medication		
Religious Preference (Optional)		
Insurance Company	Policy Holder's I.D.	

This consent will be in effect beginning (date) \_\_\_\_\_ and continuing while the child is enrolled in this facility.

\_\_\_\_\_  
**Signature Parent/Guardian                      Date                      Signature Parent/Guardian                      Date**

**THE ARC OF MC LENNAN COUNTY**  
**PHYSICAL ASSESSMENT AND HEALTH FORM**

**1. HEALTH STATEMENT - TO BE COMPLETED BY PARENT.**

**Child's Full Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

1. What is this child's diagnosis: \_\_\_\_\_

2. Significant illnesses and surgeries child has had (give age at time): \_\_\_\_\_

\_\_\_\_\_

3. Any special health-related needs of child (allergies, medications, injuries, etc.):

\_\_\_\_\_

**2. PHYSICAL ASSESSMENT - To be completed by a physician or his/her designee.**

1. Is there any condition of vision, hearing or speech of which the child care program should be aware, or could compensate for by appropriate action? \_\_\_\_\_

\_\_\_\_\_

2. Is this child subject to any conditions which limit classroom activities or physical education? \_\_\_\_\_

\_\_\_\_\_

3. Is this child subject to any condition which may result in an emergency situation?

\_\_\_\_\_

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? \_\_\_\_\_

\_\_\_\_\_

5. Are immunizations up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what is needed? \_\_\_\_\_

\_\_\_\_\_

6. Other significant findings: \_\_\_\_\_

\_\_\_\_\_

7. He/She **IS IS NOT** (Circle One) physically and emotionally able to participate in the Program. Recommendations: \_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_



## MEDICATION AUTHORIZATION

**I DO            I DO NOT            (CIRCLE ONE)**  
**allow The Arc of McLennan County's After School Staff to administer medication to my child, \_\_\_\_\_**  
**\_\_\_\_\_ (Child's Name).**

**Will The Arc Staff be administering medication to your child on a daily basis? (Circle One)**

**Yes                      No**

### List Medications:

<b>MEDICATION</b>	<b>AMOUNT</b>	<b>TIME</b>	<b>METHOD</b> <small>(FEEDING TUBE/MOUTH)</small>
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**List any other medications that The Arc Staff may administer to your child during after school hours. (i.e., Tylenol, Aspirin, etc.)**

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\_\_\_\_\_  
**Initials**

**AUTHORIZATION FOR DISPENSING MEDICATION**

**PARENT'S AUTHORIZATION**

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.	Expiration Date	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

\_\_\_\_\_ Signature-Parent or Guardian \_\_\_\_\_ Date

**CAREGIVER'S RECORD OF ADMINISTERING MEDICATION**

<b>CHILD'S NAME</b>	<b>NAME OF MEDICATION</b>	<b>DATE GIVEN</b>	<b>TIME GIVEN</b>	<b>AMOUNT GIVEN</b>	<b>FULL NAME OF CAREGIVER OR EMPLOYEE</b>

Disposition of Left-over Medication		
<input type="checkbox"/> Returned to Child's Parent/Guardian	<input type="checkbox"/> Thrown Away	Date: _____

# ADMISSION INFORMATION

Operation Name <b>The Arc of McLennan County</b>		Director's Name <b>Erin Flood</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- consent for my child to be transported and supervised by the operation's employees:	
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>		<b>Walk home</b>		<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
<b>2. <input type="checkbox"/> FIELD TRIPS:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in Field Trips:	
<b>Parent's Comments:</b>					
<b>3. <input type="checkbox"/> WATER ACTIVITIES:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b>		<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
<input type="checkbox"/> Saturdays	from:		to:		
<input type="checkbox"/> Sundays	from:		to:		

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

# ADMISSION INFORMATION

**SCHOOL AGE CHILDREN:**

My child attends the following school:  
 \_\_\_\_\_  
 Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ Health Care Professional's Signature Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Signature - Parent or Legal Guardian Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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SIGNATURE _____	DATE _____
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<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
<b>R</b>	_____	_____	_____	
<b>L</b>	_____	_____	_____	

SIGNATURE _____	DATE _____
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Signature – Parent or Legal Guardian

Date



**Parents Keep**

**The Arc of McLennan County**  
**POLICIES AND PROCEDURES**

**ENROLLMENT IN THE ARC'S AFTER SCHOOL PROGRAM  
CONSTITUTES AN UNDERSTANDING THAT YOU WILL ABIDE  
BY THE POLICIES LISTED AS FOLLOWS:**

**SECTION I. PARENT'S EXPECTATIONS OF THE PROGRAM**

***PARENTS MAY EXPECT THAT:***

1. Their children are cared for in a safe, supportive environment.
2. They may visit with the Program Director(s) about concerns related to their child or the program.
3. They will be told about any misbehavior on the part of their child, and to visit with the Program Director and Coordinator in order to bring about improvement in the situation.
4. They will be regularly informed by the Program Director about Program activities.

**SECTION II. PROGRAM'S EXPECTATIONS OF THE PARENTS**

***THE PROGRAM EXPECTS THAT PARENTS WILL:***

1. Pay fees on time as explained in Payment Policy.
2. Keep the child's records up-to-date, such as Enrollment Forms and Release Forms.
3. Pick up children on time by 5:30 P.M.- Afternoon Closing Time.
4. Contact the Program Director if their child will not be attending on a scheduled day.
5. Pay attention to any communications from the Program Director regarding their child's behavior, and cooperate in efforts to bring about improvement in the situation.

### **SECTION III. CHILDREN'S EXPECTATIONS OF THE PROGRAM**

#### ***CHILDREN MAY EXPECT:***

1. To have a safe, supportive and consistent environment.
2. To use all the program equipment, materials and facilities on an equal basis.
3. To receive respectful treatment.
4. To have discipline that is fair and non-punitive.
5. To receive nurturing care from staff members who are actively involved with them.

### **SECTION IV. PROGRAM'S EXPECTATIONS OF THE CHILDREN**

#### ***THE PROGRAM EXPECTS THAT THE CHILDREN WILL:***

1. Be responsible for their actions.
2. Respect the Program rules that guide them while at the Program.
3. Remain with the group and child care staff at all times.
4. Take care of materials and equipment properly and return them to their place when done, or before taking out new ones.

### **SECTION V. FEES AND PAYMENT POLICY**

**\$50.00 per week for members of The Arc**

**(+ weekly transportation fee, where applicable)**

**\$60.00 per week for non-members of The Arc**

1. Enrollment fee of \$25.00 is non-refundable.
2. Tuition payments are due before the end of each week and are paid to reserve a space for your child in ASP childcare, irrespective of the actual number of days and/hours the child attends. Payments can be made for more than one week at a time, i.e, every two weeks, monthly.
3. Any tuition that is not paid by the last day of the first full week of ASP after school care in which it is due will result in an immediate suspension of child care services until the fees are paid in full. If the tuition is not paid in full by the end of the second full week, the child shall be automatically discharged from the Program. Reinstatement may occur on a space-available basis when all fees have been paid.
4. If a child withdraws or is discharged from the Program, tuition will be due for the balance of that child care session.



5. If all of the child's required enrollment forms are not completed and returned to the Program Director by the day the child is scheduled to start the Program, the child will not be allowed to attend until these completed forms are submitted to the Program Director. The parent/guardian/custodian will be responsible for payment of weekly fees starting from that date in order to reserve the enrollment spot until such time as the completed forms are returned.

## **SECTION VI. TAX STATEMENTS**

The Program does not provide an itemized statement for tax purposes. We suggest that you keep a record of your monthly checks as an accurate account of your child care expenses.

## **SECTION VII. REGISTRATION AND ENROLLMENT**

The Program encourages children of all backgrounds to attend. The Program does not discriminate on the basis of sex, race, color, creed, national origin or ethnic background.

**Registration:** The parent must complete an enrollment form and submit it with a \$25.00 non-refundable registration/enrollment fee to the Program Director. Registered children who cannot be immediately enrolled will be placed on a waiting list.

**Eligibility:** A child may be registered for enrollment in the program at any time. Children must be in Special Education classes in local schools that agree to bus enrollees daily to The Arc center, unless other transportation arrangements are made on a personal basis.

**Openings:** When openings occur, parents of registered children are contacted for enrollment on a first-come basis for the available time according to the date of registration receipt.

**Enrollment:** Parents of registered children will be contacted regarding enrollment in the program.

1. If the parents wish to enroll their child(ren), the parents will be provided with a set(s) of enrollment forms. Prior to the child's first day of attendance, the parent(s) will complete **all** forms and submit them to the Program Director. A completed set of forms is required for each child enrolled in the program.
2. Upon enrollment, the parent must make payment to the Program Director of a non-refundable enrollment fee and first week's tuition fee. The parent must sign and return a program registration agreement.
3. Children will be allowed to attend the program only after all forms have been completed and returned, and payments have been submitted. If the parent has not submitted completed forms after the date when the child was scheduled to start attendance, the parent will be responsible for payment of weekly fees in order to reserve the enrollment spot until such time as the completed forms are returned.

**Parental Notification:**

Good communication is important in building a relationship between center staff and parents! Please keep your child’s caregiver informed about any significant events happening in your child’s life. We will keep you informed of any significant happenings at our center by posting notices on the door and putting copies in your child’s backpack. We will also provide verbal and/or written daily reports when you pick up your child, when needed.

**SECTION VIII. ENROLLMENT FORMS**

Parents will be asked to complete the following:

**Texas Dept. of Protective and Regulatory Services Admission Information Form 2935**

The Arc Packet:

**Enrollment Agreement**

**Enrollment Forms**

**Medication Authorization**

**Physical Assessment and Health Form**

**Release Forms**

**Emergency Information**

The Program expects the forms to be kept current. The parent must provide new information to the Director regarding information on forms such as: emergency persons, names, employers, phone numbers, arrival/departure changes.

For the protection of your child as well as the other children in care, your child must have all vaccinations required by the Texas Department of Health. You must provide an immunization record upon enrollment and provide updates to that record whenever your child receives more immunizations, and/or parents must sign a form specifying that records are on file at their child’s school.

State law requires vision and hearing screenings for four-year-old children. Please provide copies of your child’s screening results or sign a form specifying that records are on file at your child’s school.

We will also ask you to sign a statement acknowledging receipt of a copy of this parent handbook, which obtains our operational policies. If we need to change any of these policies, you will be notified of the changes in writing before the change takes effect.

**SECTION IX. WITHDRAWAL FROM THE PROGRAM**

Parents wishing to withdraw their child from the Program must provide a statement in writing at least 30 days prior to the discontinuation of this service. Tuition will be due for the balance of the ASP session.

## **SECTION X. HOURS OF OPERATION**

3:00 P.M. TO 5:30 P.M. - MONDAY THRU FRIDAY  
**EXCEPT ON HOLIDAYS**

## **SECTION XI. AFTERNOON CLOSING TIME**

The Program closes at **5:30 P.M.** Parents whose children remain past 5:30 P.M. must pay overtime fees as follows: **5 - 15 minutes overtime - \$5.00 per child**  
**Each additional 1 - 15 minutes - \$5.00 per child**

**Late fees are paid directly to the caregiver who must stay late.**

Child care services may be withdrawn if three (3) overtime charges occur.

## **SECTION XII. ABSENCES**

If your child will not be attending the Program because of scheduled appointment, vacations, or other planned absences, please notify the Program Director in advance. If your child is ill, or becomes ill and you pick up your child from school, please call The Arc and note the absence. Absentees without prior notification may be mistaken for a missing child and unnecessary concern and time spent in searching for the child may occur. If a child does not arrive at the program as intended, the Program Director will contact the parents. If the parents cannot be reached, the Program Director will contact the child's emergency persons.

## **SECTION XIII. TRANSPORTATION**

Children will arrive at the Program by buses sent by their school or other modes of selected transportation. Parents must alert the school of their child's enrollment prior to the child's first day in The Arc's program so the school or other entity can make provisions for transportation. The Arc cannot make this application of transportation for parents. \*\*We will transport from Connally I.S.D. in The Arc's van according to W.I.S.D. stated school calendar.

Staff and children must wear seat belts when they are in the van. The vans are equipped with fire extinguishers and first aid kits. The staff carries cell phones so the center can be contacted in case of a flat tire, mechanical trouble, etc. The staff person also carries a notebook with emergency numbers and other important information for each child.

Please call before 1:30 p.m. if your child **will not** be riding the van from the above named school district.

## SECTION XIV. RELEASE OF CHILDREN

Children will be allowed to leave The Arc with persons other than the parent **only** if permission has been given to the Program Director on the enrollment form or in writing by the parent. If a one-time exception is made to this schedule, the parents should provide the Program Director with this information in advance.

## SECTION XV. SCHEDULED AND UNSCHEDULED NO-SCHOOL, SCHOOL OPENING DELAYS AND SCHOOL CLOSINGS

1. **Scheduled No-School Days** - The Arc After School Program will not be available on these days. (Examples: teacher in-service days, conference days, etc.)
2. **Unscheduled No-School Days** - There will be no Program when school is cancelled due to water main breaks, heating failure, electrical problems, fire damage, weather, etc.
3. **Scheduled Early Dismissal Days** - The Program will be available on scheduled early dismissal days.
4. **Unscheduled Early Dismissal Days** - The Program will not be available when school is dismissed early due to weather, heating, electrical problems, etc.
5. **The Arc Calendar** - The Arc reserves the right to have not more than 6 days per school year which may be used as non-program days apart from the school calendar. Parents will be notified at least 1 week in advance of these early dismissals of the Program or Program activities.

## SECTION XVI. DISTRIBUTION OF MEDICATIONS

Whenever a child is to be given prescription or over-the-counter medicine, the parent must provide a completed, signed medication authorization form to the Program Director. The medication must be provided in the original or duplicate container, or a container accompanied by the doctor's directions.

If medication is to be kept at the Program for treatment of a chronic condition, no more than a one month supply should remain at the Program at any time.

## **SECTION XVII. HEALTH AND SAFETY POLICY**

If your child has a known medical condition (asthma, diabetes, seizure disorder, etc.), please be sure the director knows what to do if a problem should occur during Program hours. Please make sure that any medication is available and that the appropriate forms for its use have been completed.

If a child has any one of the following conditions, the parent will be notified to pick up the child immediately: **Contagious Disease, Fever over 100 F, Vomiting or Diarrhea, Accident Requiring Medical Attention.**

In case of accident or illness, parents of the child will be called immediately. In serious cases, the child will be taken to one of the local hospitals by emergency vehicle for treatment and the parents will be called as soon as possible.

Outdoor play will not be allowed when temperature (including wind chill) falls below 0 degrees. NO CHILD under the age of 14 may use the outside swing. The caregivers will supervise the use of swing when children go outside, as permitted.

In the case of someone appearing on the premises with a firearm, the emergency number (911) should be called and children should be taken out of danger and given aid.

Caregivers are to make every effort to keep a child from getting into a car with a parent under the influence of drugs or alcohol. They should call the police to give the child and parent a ride home. Caregivers should not under any circumstances give transportation to a parent who appears to be impaired by drugs or alcohol because the Program insurance does not cover this type of transportation .

The program is required to report suspected cases of child abuse. This includes the reporting of parents who appear to be impaired by drugs or alcohol.

## **SECTION XVIII. INSURANCE**

The Program carries minimal liability insurance, but has no financial resources of its own. Families are encouraged to provide their own insurance coverage. Many families are covered by the parent's policy at work and/or their own private policies.

## **SECTION XIV. SNACK**

**After School** - We serve nutritious snacks in the afternoon Program. Parents may want to provide a treat in honor of a child's birthday. In this case, they should contact the Program Director to determine the number of children to be served and plan the date.

## **SECTION XX. CHILD'S PERSONAL PROPERTY**

Children's personal property, coats, clothing, school bags, etc. must be cleared from the child care room after each session of the Program. Although the Program attempts to help children stay organized, the Program cannot be responsible for lost personal property.

**It is recommended that your child not bring electronic games or devices to the After School Program. Should your child elect to do so, you and your child assume full responsibility if the device is lost or broken.**

**NOTE: A child has the privilege of playing with an electronic device/tablet which is the property of The Arc, for a limited amount of time, as long as the device is handled properly. If a child destroys or damages the device, he/she loses ALL privileges to play with such devices, unless a parent is willing to replace the damaged device.**

## **SECTION XXI. VISITORS AND OBSERVATIONS**

Parents and community members who are screened by the Program Director are welcome to occasionally observe at the Program. For liability and supervision reasons, it is not possible for children who visit the Program to take part in activities.

We are always looking for ways to improve our program and we welcome your suggestions.

## **SECTION XXII. DISCIPLINE AND DISCHARGE**

Children are entitled to a pleasant and harmonious environment at the Program. The Arc's After School Program cannot serve children who display chronically disruptive behavior.

Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to, such behavior that: requires constant attention from the staff, inflicts physical or emotional harm on other children, abuses the staff, ignores or disobeys the rules which guide behavior during the school day and Program time. If a child cannot adjust to the Program setting and behave appropriately, then the child may be discharged.

Reasonable efforts will be made to assist children to adjust to the Program setting. Disruptive behavior will be dealt with in the following manner:

1. The misbehaving child will be given a five minute time-out in order for him/her to cool off and think about his/her actions.
2. If a second, 10 minute time-out is given to the child in a single day, an incident report will be written by the caregiver. This report is to be given to the parent or guardian to read and sign. The report will be returned to the caregiver where it will remain with the child's enrollment information.
3. If a child receives three written behavior-related incident reports, the child will be suspended effective at the end of the day of the third report. During the first week of the suspension, the parents, caregiver and Program Coordinator will meet in a conference setting in order to determine the conditions for reinstatement. **Parents will be responsible for the payment of tuition during the period of suspension or until the child is withdrawn from the Program or is discharged.**
4. If the child is reinstated in the program and receives a fourth behavior-related incident report, the Program Director may suspend the child immediately, including if necessary, notifying the parent to come and get the child. **Parents will continue to be responsible for the payment of tuition during the period of suspension or until the child is withdrawn from the Program.**
5. If the severity of a problem is great enough that it could endanger the safety of the child or other children in the Program, discharge will be effective immediately after the director consults with the Program Coordinator and The Arc Executive Director.
6. A child may be discharged if he/she is picked up late three (3) times.
7. A child may be discharged for non-payment of fees.

### **SECTION XXIII. PROCEDURES FOR QUESTIONS AND CONCERNS**

If you have a question or concern that cannot be addressed by your child's caregiver, please contact the director to arrange a meeting or call The Arc office at (254) 756-7491 to discuss your concern(s).

## **SECTION XXIV. PROCEDURES FOR REVIEWING STANDARDS AND REPORTS**

A copy of the minimum standards is available for review in The Arc office. Our most recent Licensing inspection report is always posted on the bulletin board in the entryway. You may also review the standards and our compliance history at [www.txchildcaresearch.org](http://www.txchildcaresearch.org).

## **SECTION XXV. PROCEDURES FOR CONTACTING CHILD CARE LICENSING**

We are regulated by the Department of Family and Protective Services. You can find out more about the regulation of child care facilities by visiting their website at [www.txchildcaresearch.org](http://www.txchildcaresearch.org).

You may contact the local Licensing office by calling (254) 526-9011.

You may report the suspected abuse or neglect of children by calling the child abuse hotline at 1-800-252-5400.





## **PARENTAL STATEMENT**

I have discussed and been given the Policies and Procedures of The Arc of McLennan County's After School Program.

DATE:

PARENTS SIGNATURE(S)

\_\_\_\_\_

\_\_\_\_\_

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(Please return this sheet with application.)