

After the Bell Enrollment Packet

Admission Information

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name After The Bell		Director's Name		
Child's Full Name		Child's Date of Birth	Child Lives With <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address		Date of Admission		Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)		
List telephone numbers below where parents/guardian may be reached while child is in care.				
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Papers on File <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you do not want any other individuals to be available or designated to authorize pick-up, please check below statement. This means that only the above parents or guardians are allowed for pick up. <input type="checkbox"/> I do not have any additional individuals that I authorize release to other than myself				
Give the name, address, phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached				Relationship
I authorize the child care operation to release my child to leave the child care operation ONLY with following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent guardian after verification of ID.				
Name		Phone Number		
Name		Phone Number		
Name		Phone Number		

Consent Information

Check All That Apply:

1. Water Activities

I give consent for my child to participate in the following water activities:

- water table play
 sprinkler play
 splashing/wading pools
 swimming pools
 aquatic playgrounds

2. Receipt of Written Operational Policies

(Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|---|--|
| <input type="checkbox"/> Discipline and guidance
<input type="checkbox"/> Suspension and expulsion
<input type="checkbox"/> Emergency plans
<input type="checkbox"/> Procedures for conducting health checks
<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Illness and expulsion criteria
<input type="checkbox"/> Procedures for dispensary medications
<input type="checkbox"/> Immunization requirements for children (located in Elementary School Files)
<input type="checkbox"/> Procedures for parents to discuss concerns with the director
<input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline. and CCL website |
|---|--|

3. Meals

I understand that the following meals will be served to my child while in care:

- Afternoon Snack

4. Days and Times of Attendance: ATB hours: 3:00 pm-6:00 pm

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Authorization for Emergency Medical Attention

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	Phone Number
Name of Emergency Care Facility	Address	Phone Number
I give consent for the facility to secure any and all necessary emergency medical care for my child.		Signature — Parent or Legal Guardian

Child Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illness, injury, hospitalizations from the past 12 months, any medications prescribed for long-term continuous use, and any other information in which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No

Plan Submitted on: _____

Child day care 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 (TN).

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian

School Age Children

My child attends the following school	School Phone Number
Authorized; pick up/drop off locations other than the child's address	

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at [Texas Health and Human Services: Policies, Practices & Privacy website](#).

Signature

Parent/Legal Guardian Signature	Date Signed
Center Designee Signature	Date Signed

Technology Contract

Technology Expectations at the After the Bell Program

When I use the iPad, tablets, or phone, I agree to be **responsible, respectful, and safe.**

Responsible

- I will only use the apps that my teacher or parent has instructed me to use
- I will properly get my device and return it to appropriate place
- I will not share my device with no one in the classroom
- I know that it is not After the Bell responsibility if my device is lost, stolen or damaged, it is I the student responsibility to take care of my device.

Respectful

- I will only use the device at the appropriate time
- When my teacher is talking or giving directions. I will not be on the device
- I will not allow the device to distract me from learning
- I will not use my device to record (photo or video)others

Safe

- I will never use the internet to search materials that is inappropriate for school
- I will follow all the Internet Safety Policy from the Red Oak ISD that is located on the Technology page.
- I understand that using the device during class is a **privilege** and if I choose not to follow the above expectations, I will lose the ability to use the technology.

Student Signature: _____

Parent Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Pledge Contract

With our After the Bell program, we aim to protect and enhance the character of our children in our programs. We will all honor the same pledge so we ask that by joining our program you and your child/children sign and the pledge and honor its standings daily in our program.

I pledge to be

“Person of CHARACTER”

I will be worthy of TRUST

I’ll be

RESPECTFUL and RESPONSIBLE,

Doing what I must.

I will always act with FAIRNESS

I will show that I CARE

I will be a GOOD CITIZEN

And always do my share!

Child's Signature: _____

Parent Signature: _____

Site Supervisor Signature: _____

Emergency Pick-Up Authorization Form

Only the below mentioned individuals are allowed to pick up your child.

We cannot release your child to any other person if they are not listed below without further communication from you, the parent.

If you do not want any other individuals to be available or designated to authorize pick-up, please check below statement. This means that only the above parents or guardians are allowed for pick up.

I do not have any additional individuals that I authorize release to other than myself

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
E-Mail Address: _____

Emergency Contact #1:

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Phone #: _____ Cell Phone #: _____

Emergency Contact #2

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Phone #: _____ Cell Phone #: _____

Emergency Contact #3

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Phone #: _____ Cell Phone #: _____

Parent's Signature: _____ Date: _____



Enrollment Agreement

Name of Child (Last, First, Middle Initial): _____

Date of Birth: _____

Parent/Guardian: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **REGISTRATION FEE:** I understand that ROISD After the Bell provides After school childcare services for families with children 5 years to 12 years of age.

_____ **REGISTRATION FEE:** I understand that the payment of a non-refundable \$25.00 registration fee is required for New Enrollments.

_____ **TUITION AND MODIFICATIONS CONDITIONS:** \$ _____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following School Location: _____

Days (Check all that apply): M T W TH Full Time _____ Part Time _____

_____ **PAYMENT OF TUITION:** I understand that tuition is due on Monday of participation.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received by Tuesday of the participation week eligible attendance, I agree to pay a late payment fee of \$10 per day that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than Three weeks, I may be asked to withdraw my child until my account is made current. The school cannot guarantee my child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 3:00 pm to 6:00 p.m., Monday through Friday, all year, except for early release days. On early release we are closed at 4:00pm I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$10 per every 10 minutes, until the child is picked up.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a **\$5.00** discount from the usual tuition fee is offered. These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. If more than two checks are returned, I will be required to pay by an alternate method of payment. If my school uses

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

_____ **PHOTOGRAPHS:** I _____ DO _____ DON'T permit After the Bell to photograph my Child and use the resulting photographs for school/program related use, including but not limited to, newsletters, promotional materials, social media, bulletin boards, etc. I understand that my child's name will not be published with any photograph and that all negatives proofs and resulting images are the sole property of ROISD.

_____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two week written notice of withdrawal from the program.. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

_____ **CLOSINGS:** I understand the After the Bell follows ROISD school calendar days. When the district is closed the program is closed.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds shall be made for occasional absences (i.e. sickness, vacation). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the school intention to be open and provide child care service every weekday of that conceded with the ROSID Calendar, excluding, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other school policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **BEHAVIOR MANAGEMENT:** I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. I also understand that I may refer to the Family Handbook for additional information on behavior management at the school

_____ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____