



**John Sevier Adventure Club Enrollment Form 2020-2021**  
 Maryville City Schools, 2001 Sequoyah Ave., Maryville, TN 37804  
 Misty Cable, Director

Student's Full Legal Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Status:  Full Time  Part Time  Drop In (Circle) M T W R F

Is there a court order that restricts either parent from contact with your student or access to student records?  Yes  No  
 If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.

**Parents/Guardians:** Legal Custody:  Both Parents  Mother  Father  Other; Explain: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

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

Work Hours: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Emergency Contact When Parent/Guardian Cannot Be Reached:** (Do not include persons listed as Parents/Guardians.) I authorize Adventure Club to release my child to the following persons. Valid Driver's License Required

	Phone:	Relationship
1st:	_____	_____
2nd:	_____	_____
3rd:	_____	_____
4th:	_____	_____

**EMERGENCY MEDICAL**

**Verification:**

In case of illness or injury of my child, I understand the program will attempt to contact parents or guardians first. Then they will contact other persons I have listed who are authorized to make certain medical decisions and have my child released to their custody. If no one is available, Adventure Club is authorized to make whatever arrangements are deemed necessary to maintain my child's health including, but not limited to, emergency medical treatment.

**In Case of Emergency Notify:** These people should live or work in the vicinity of the school during the hours of Adventure Club's operation. These people need to be authorized to act on behalf of the parent or guardian in case of an emergency.

**Do not list parents or guardians. DO NOT LEAVE THESE BLANK.**

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

Maryville City Adventure Club Staff, Maryville City Schools, and Maryville City School's staff shall be released from any claim arising from the doctor's and/or emergency medical personnel's actions. All medical expenses shall be the parent's and/or guardian's responsibility.

For Office Use Only  
 NAME: \_\_\_\_\_  
 GRADE: \_\_\_\_\_  
 TEACHER: \_\_\_\_\_  
 ADMISSION DATE: \_\_\_\_\_  
 STATUS:  FT  PT  DI  
 Reg. Fee Payment: \_\_\_\_\_  
 Restrictions:  Yes  No

**Health Information:**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Emergency Medication Required?  Yes  No

If Yes: Condition: \_\_\_\_\_

Benadryl  Epi-Pen  Inhaler  Insulin  Other: \_\_\_\_\_

**Emergency Benadryl Authorization:**

I give the Adventure Club Staff permission to administer Benadryl during an emergency medical situation if there is a suspected allergy situation.  Yes  No

**Emergency Tylenol/Motrin Authorization:**

I give the Adventure Club Staff permission to administer Tylenol/Motrin for a fever above 102 while waiting on parent/guardian pick up.  Yes  No

Has your child had or does your child have any of the following ?

- Attention Deficit/Hyperactive Disorder  Yes  No
- Mental/Emotional Problems  Yes  No
- Behavior Problems  Yes  No
- Physical Limitations  Yes  No
- Seizure Disorder  Yes  No
- Dental Problems  Yes  No
- Speech Problems  Yes  No
- Hearing Problems  Yes  No
- Vision Problems  Yes  No
- Wears Glasses/Contacts  Yes  No
- Fears./ Anxiety  Yes  No
- Food Restrictions  Yes  No

Please explain yes answers here:

\_\_\_\_\_  
\_\_\_\_\_

**Health History Informed Consent**

Permission is given for Adventure Club staff to take precautions and procedures to protect your child. This is an informed consent to share this health history information with Adventure Club and school staff on a need-to-know basis for emergency plans.

Child's proof of state required immunizations on file with the school.  Yes  No

**Special Services:**

Does your student have an IEP for special education services or a 504 accommodation plan?  IEP  504

Date Identified: \_\_\_\_\_

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts? If yes, which subject(s)?  Reading  Math  Language Arts Please describe: \_\_\_\_\_

**PG Movie Permission**

I give my child permission to watch P.G. family movies while attending the Adventure Club Program. I understand all movies will be pre-screened by the director before being viewed by the children.  Yes  No

**Pre-Enrollment Visit**

I understand the Adventure Club Program is open and available to visit prior to enrolling my child.  Yes  No

**Sunscreen**

I give Adventure Club Staff permission to apply sunscreen as necessary.  Yes  No

PARENT CONTRACT FOR ADVENTURE CLUB

In consideration of allowing my child to participate in my school's Adventure Club, I, the parent/guardian of \_\_\_\_\_, hereby agree to be bound as follows:

1. My child's immunizations will be up-to-date and on file in my child's school.
2. My registration form will be updated when any changes in emergency or family information occurs.
3. I will pay the weekly or daily rate for the number of days registered each week whether my child attends or not, subject only to the rules of the Adventure Club Handbook relating to illnesses.
4. My child's balance must be paid in full each Monday. A five dollar (\$5.00) late charge will be applied if my payment is not received by Wednesday of the week due. Additional five dollar (\$5.00) per week late fees will be added each week my payment is late. After the account is two (2) weeks past due, in the discretion of the Adventure Club, my child will not be allowed to continue in the Adventure Club Program unless other arrangements have been made with the Director.
5. I certify that my child does not owe a balance at any City of Maryville Adventure Club Program at the time of this contract.
6. I additionally understand that any late accounts are subject to collection by the City of Maryville Schools. If the City of Maryville Schools pursues collection of the amounts due and owing based on my child(ren)'s participation in Adventure Club, I agree to pay the City of Maryville Schools' reasonable attorney fees and court costs in such collection efforts. The fact that my child may not have been removed from the program when the account is two (2) weeks past due would not relieve me of any financial responsibilities to Adventure Club for services received, late fees, or other fees accrued.
7. If I choose to change my child's status or to withdraw my child from Adventure Club, a written two (2) week notice and two (2) week payment is required.
8. I understand that all days reserved in the summer must be paid and that the two (2) week change of status and withdrawal notice does not apply to the summer camp program.
9. I agree to pay for all field trips that I have signed my child up to attend whether they attend or not.
10. I have received information on the prevention, detection, and reporting of child abuse.
11. I have received a copy of the Department of Education Guideline Summary.
12. I have received, read, and agreed to abide by the Adventure Club Handbook.
13. I understand that this is a binding contract and not abiding by the policies set forth in this contract and the Adventure Club Handbook will cause termination of my child's participation in Adventure Club.
14. Student Privacy is protected by FERPA This Act, as amended, established the requirements governing the privacy of student educational records in regards to the release of those records and access to those records.
15. I verify that the information provided on this form is accurate and current. Submitting false statements or information could result in expulsion from the Adventure Club Program.

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

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

(Both parents must sign in joint custody situations)

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

(Both parents must sign in joint custody situations)

Director Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## **My School Bucks**

We are moving from OSP to My School Bucks for all online payments. If you make online payments for your Adventure Club care please begin using My School Bucks in the future.

Please note: You must pay for each of your children separately.

For Example:

If you have two children attending John Sevier you will have to pay for each individually.

If you have a child at John Sevier and one at CGIS you would have to choose each school Adventure Club separately to pay for each individual child.

Instructions:

Getting started is a simple three-step process!

1. Download the app or visit [MySchoolBucks](#) and click on "Sign Up Today".
2. Create a user profile with your email address, establish a password, and set up your security questions.
3. Add a Student to your account using the student's name, date of birth and/or student ID number. (Some schools and districts may require either the student's date of birth or student ID number.)

Now you're ready to make payments!

Please contact My School Bucks customer support if you have any problems with your account.

Sincerely,

Misty Cable  
John Sevier Adventure Club, Director  
2001 Sequoyah Ave.  
Maryville, TN 37803  
865-681-8210