

# USD 250 AFTER SCHOOL CARE – ENROLLMENT FORM

**Office Use Only**

School: \_\_\_\_\_ Date: \_\_\_\_\_ No. \_\_\_\_\_

Please complete one form (front & back) for each child.

Child's Name (please print) \_\_\_\_\_  Female  Male

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ School/Fall 2023 \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Place \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Place \_\_\_\_\_

Child resides with: (please check one)  Mother  Father  Both  Foster Family  Grandparent  Other \_\_\_\_\_

**CONTRACTED SCHEDULE**

Monday Attendance Time: \_\_\_\_\_ to \_\_\_\_\_

Tuesday Attendance Time: \_\_\_\_\_ to \_\_\_\_\_

Wednesday Attendance Time: \_\_\_\_\_ to \_\_\_\_\_

Thursday Attendance Time: \_\_\_\_\_ to \_\_\_\_\_

Friday Attendance Time: \_\_\_\_\_ to \_\_\_\_\_

Emergency Only

Contact the Site Coordinator to modify the schedule.

**Hours: Child care is available from 3:15 – 5:30 p.m., Monday - Friday on regular school days.**

There will be no after school care during school vacations, teacher in-service, or early dismissal days.

**Fees: \$5.00 per day, per child**

- All fees based on the contracted schedule.
- There will be no adjustments to the contracted rate unless the child or parent is sick for an extended period of time (8 consecutive days).
- There is a \$10.00 charge per child if not picked up by 5:30 p.m.
- Fees are due the last day of each week the child attends.

I wish to pay:  Weekly  
 Bi-Weekly (Advance)  
 Monthly (Advance)

**EMERGENCY CONTACTS/PICK UP AUTHORIZATION**

The following individuals are designated emergency contacts and authorized pick up for the child named above.

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

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

Phone \_\_\_\_\_

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

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

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

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

Phone \_\_\_\_\_

List anyone not allowed to pick up child by court order:

\_\_\_\_\_

I have read and agree to the ASC Procedures.

Parent/Guardian Signature

Date

**\*PLEASE TURN OVER TO COMPLETE FORM\***

# USD 250 AFTER SCHOOL CARE

**Does your child require any special services (i.e. assistance with special needs, medical accommodations, language)?**

No  Yes - Please explain: \_\_\_\_\_

**Food Allergies?**  No  Yes - Please list: \_\_\_\_\_

**Any other pertinent information:** \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

REFERENCE K.A.R. 28-4-582(3)(B)

**FACILITY: USD 250 AFTER SCHOOL CARE**

I hereby authorize a representative of the USD 250 After School Care program to give consent for any and all necessary emergency medical care for my child or youth, \_\_\_\_\_ while said child or youth is in said facility's custody between the dates of **August 21, 2023 and May 24, 2024.**

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Health Insurance Company/Policy Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Medical Assistance Program

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Military Medical Care I.D. Number

\_\_\_\_\_  
If known, date of last Tetanus inoculation

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

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