

LATER Registration GATORS



2024-2025 School Year

****Once your application is submitted a \$40.00 Registration charge will be applied to your Student Quickpay.****

1st Child's Name: (last) _____ (first) _____

Date of Birth: _____ Current Age: _____ Grade 2024-2025: _____ **2nd Child's**

Name:(last) _____ (first) _____ Date of

Birth: _____ Current Age: _____ Grade 2024-2025: _____

FAMILY INFORMATION:

1. Mother/Guardian's name: _____ **EMAIL:** _____

Home Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

2. Father/Guardian's name: _____ **EMAIL:** _____

Home Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

EMERGENCY CARE INFORMATION:

*****IF NEITHER PARENT/GUARDIAN CAN BE CONTACTED, PLEASE CALL:**

1. NAME: _____ **RELATIONSHIP:** _____

Home #: _____ Cell #: _____ Work #: _____

2. NAME: _____ **RELATIONSHIP:** _____

Home #: _____ Cell #: _____ Work #: _____

3.NAME: _____ RELATIONSHIP: _____

Home #: _____ Cell #: _____ Work #: _____

4.NAME: _____ RELATIONSHIP: _____

Home #: _____ Cell #: _____ Work #: _____

PICKUP AUTHORIZATION:

*****IN ADDITION TO THE ABOVE, PLEASE GIVE THE NAMES AND RELATIONSHIPS OF ANY PERSONS TO WHOM THE CHILD CAN BE RELEASED:**

1.NAME: _____ RELATIONSHIP: _____

Home #: _____ Cell #: _____

2.NAME: _____ RELATIONSHIP: _____

Home #: _____ Cell #: _____

3.NAME: _____ RELATIONSHIP: _____

Home #: _____ Cell #: _____

EMERGENCY CARE INFORMATION:

Child's Doctor: _____ Phone

#: _____ Child's

Dentist: _____ Phone

#: _____

Allergies: Yes _____ No _____

If you answered Yes to Allergies please indicate below the allergies and/or medical condition that our staff may need to be made aware of:

AFTER SCHOOL FEES & ENROLLMENT PLAN:

Please CHOOSE AND CIRCLE the plan you're enrolling your child into:

FULL TIME PLAN – (pick up by 6:00 PM): \$75 per week.

- Weekly Plan with more than one child, a \$5 discount will apply per each additional child (\$70 per week)

- A week equals 1 to 5 days in the same week. This fee includes early release days.

PAYMENT OF FEES:

- Fees are due on Monday If payment is not received on that day, a \$15.00 late fee will be added to the child and /or children's account . All Payments are done through Rycor/Student Quickpay. A student will be dismissed from the Afterschool Program after three late charges are added to your account.
- There will be an additional charge of \$5 for the first 1-5 minutes plus \$1 for each additional minute you arrive after the scheduled pick up time of 6:00 PM.

LATER GATORS IS NOT OFFERED DURING IN-SERVICE/STUDENT HOLIDAYS

A completed registration form and a \$40 non-refundable Registration Fee per child must be on file with the program prior to the first day of attendance.

Parent/Guardian

Signature: _____ Date: _____

Name of child(ren) attending Later Gators After-School Program:

CHILD CARE POLICY FORM

Our childcare program standards require that we have documentation that each child's parent/guardian understands and accepts our policies as documented in the Later Gators Handbook and as summarized herein. The handbook takes precedence over any discrepancy. **Your signature below indicates your understanding and acceptance of these policies.**

Payment Policy – Payment is due on Monday. By signing this form, you are indicating that you understand our policies concerning payment, cancellation, and refunds.

Late Payment Policy – If payment is not received on Monday. A **\$15.00** late fee will be applied.

Refund Policy - I understand that no refunds or adjustments are granted for illness, vacation, or when the Later Gators After-School Program is cancelled due to inclement weather or other unforeseen circumstances.

Pick-up and Dismissal – Students are to be picked up at the Later Gator door by an adult authorized by the parent/guardian **IN WRITING**. The authorized adult must sign, date and log the pickup time prior to release of any child. You may add or rescind pickup authorization in writing to the Director at any time with 24 hour notice. A picture ID will be required of **anyone** picking up a child. **Later Gators will not, without exception, release a child to anyone that has (1) not been previously authorized in writing, (2) fails to provide adequate government issued photo identification, or (3) appears to be impaired or otherwise unsafe.**

Late pick-up Policy – There will be an additional charge of **\$5 for the first 1-5 minutes plus \$1** for each additional minute you arrive after the scheduled pick up time of 6:00 PM.

Inclement Weather - When River Springs Elementary is closed, the Later Gators After-School Program is also closed. **NO REFUND WILL BE CREDITED.**

Lost Items - I understand that the Later Gators After-School Program is not responsible for any personal items lost or stolen at or during the program.

Health and Medical Issues – After-school staff members do not administer any medication unless the proper forms are completed in accordance with District policy. Should a child become sick during the after-school program, the parent/guardian or emergency contact person will be contacted to pick up the child.

If an accident occurs, our staff will administer basic first aid to your child. The parent/guardian will be notified of the incident by phone call or for less serious injury, through conversation at pick up. An accident report will be sent home if the injury is more severe than a small cut.

In the unlikely event of a health emergency, 911 will be called for immediate treatment. The parent/guardian or emergency contact will be called as soon as practical after emergency treatment is arranged. All expenses incurred for emergency treatment will be the responsibility of parent/guardian.

Applicant agrees to hold the Later Gators After-School Program harmless against any and all damages due to sickness or injury occurring while the applicant is in attendance at the Later Gators After-School Program.

Accident Insurance - Participants are responsible for their own health and accident insurance when using the Later Gators After-School Program.

Bathroom Accidents – If your child has a bathroom accident while attending the after-school program, we will call you immediately to come and care for the child. If your child has an issue of this nature, you will be asked to provide supplies for clean-up and a change of clothes. The Later Gator staff is not able to change or clean a child after a bathroom accident.

Photographs - I give my permission for photographs to be taken of my child during normal program activities to be used in Later Gators After-School Program promotional materials without expectation for remuneration.

Movies are occasionally offered as part of the after-school program. I give my permission for my child to view **G and PG** rated movies. Yes _____ No _____

I give my permission for my child to access district approved internet sites in the computer lab. Yes _____ No _____ I have read and understand the above terms and policies.

Parent Signature: _____ Date: _____

BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY

The first and foremost objective of the Later Gator After-School Program is to ensure the safety of all children and provide a positive atmosphere for learning and growing. The Later Gators staff makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

A child's behavior is expected to be consistent with the following: Use appropriate language at all times; cooperate with the staff and follow directions; respect other children and staff, equipment, facilities and

yourself; maintain a positive attitude and stay in program areas. *Running away is unacceptable.*

The Discipline Policy:

1. If a child is unable to comply with the behavior expectations, a conference between the program director and/or the program assistant director will be held. The parent/guardian will be notified at pick-up.
2. If after the above meeting, the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent/guardian.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal. If a suspension occurs, no refund will be given or credited to the account. Also, weekly fees are not subject to prorated amounts due to suspension or dismissal.
4. Failure of the parent/guardian to attend conferences and cooperate will subject the child to suspension or dismissal.

Behaviors which may result in immediate dismissal include, but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children, or staff.
2. Fighting or bullying.
3. Possession of a weapon of any kind.
4. Vandalism or destruction of school property, after-school property, or property of others.
5. Sexual misconduct.
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.
7. Running away.
8. Biting.

Special Circumstances

Parents/guardians are required to inform the Later Gators After-School Program in writing prior to a child's acceptance in the program of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the program director may require a conference with the parent/guardian to create a plan to effectively support the child.

I have read, understand, and agree with the policies as stated in this document and discussed the expectations of behavior with my child.

Parent/Guardian signature: _____ **Date:** _____

School District Five of Lexington and Richland Counties does not discriminate on the basis of race, color, national origin, creed, religion, sex, age, or disability in admission to, or access to, treatment in, or employment in its programs and activities. The following people have been designated to handle inquiries regarding the nondiscrimination policies: The Human Resource Department, and Title IX Coordinator, Dr. Tamara Turner, 1020 Dutch Fork Road, Irmo, S.C. 29063, 803-476-8000.

LATER GATORS MEDICAL PERMISSION AGREEMENT
(Please complete one Permission Agreement per child)

Child's Name (first and last)

Parent/Guardian's Name

After School Programs do not have a nurse who is on site during the hours of the program. First aid and decisions regarding medical needs are made by the staff of the program based on information shared by the parent and the school nurse.

My signature below authorizes the After School Program staff members to:

- administer prescribed medications which I have provided in the original container from the pharmacy with the child's full name, prescribing doctor's name, and written directions for dispensing; (no over counter medications will be given); ● be given information/training regarding health needs of my child including the information from the Individual Health Plan (IHP) from the school nurse (if applicable);
- administer first aid, as needed and/or call emergency services for my child when deemed necessary.

Information About My Child: List any information about your child that may be important for the After School Program to know:

Allergies: _____

Medical Conditions or Chronic Illnesses: _____

Other: _____

Parents/guardians are responsible for notifying the After School Director in writing of any medical conditions that may arise during the year.

As the parent/guardian I understand that:

- If my child shows signs of illness while in the program, I will be required to pick up my child in a timely manner; ● I must provide (and update, as needed) contact information for adults who are authorized to pick up my child for any reason (emergency, normal after school program, etc.);
- In the unlikely event of a health emergency where EMS/ambulance must be called, I am responsible for all expenses that will be incurred for emergency treatment and transport;
- If my child has a bathroom accident and can not clean up independently, I will be called to come care for my child; ● School insurance may not cover an injury incurred at the after school program.

PARENT/GUARDIAN SIGNATURE

I agree to the above requirements for my child to be accepted and participate in the After School Program and Hold Harmless the After School Program against any and all damages due to sickness or injury occurring while my child is in the program.

Name Signature Date Parents/Guardians who fail to disclose serious medical conditions/ chronic illnesses of child, refuse to have health information released to after school personnel, or refuse to complete and sign Medical Permission Form are subject to children noy being accepted in the program. Printed