# GLENN AFTER SCHOOL PROGRAM

March 20, 2018

To New Parents of Glenn After School:

On behalf of the staff of Glenn After School, I welcome you into the Glenn After School family. We are glad to have you join us and thank you for entrusting your children to our program. We look forward to getting to know both you and your child/children in the upcoming year.

Attached is our registration packet. In this packet are several forms to be filled out. Please fill out each form **in its entirety** as each one is required by our licensing agency. Also, we need a copy of your child's current Immunization Form #3231 within ten days of the first day of school. Thank you for choosing Glenn After School to provide quality after school care for your child/children.

Sincerely,

Kathy P. Wells
Director, Glenn After School Program

1660 North Decatur Road NE, Atlanta, GA 30307
404/320-9528
glenn.afterschool@gmail.com
glennafterschool.com

# PARENTAL AGREEMENT

1. The Glenn After School Program agrees to provide after school care for _____ on Monday through Friday, 2:30 p.m. until 6:15 p.m. during the school year. My child will participate in an afternoon snack while attending Glenn After School.

2. Before any medication is dispensed to my child, I will provide a written authorization which includes date, name of child, name of medication, prescription number (if any), dosage, and date and time medication is to be given. Medicine must be in the original container with the child's name clearly displayed. This authorization is good for 2 weeks. Medication administration for longer than 2 weeks requires a Doctor's authorization with the same information included.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), Glenn After School staff, or a person authorized by the parent.

4. I acknowledge that it is my responsibility to keep my child's records current and will inform Glenn After School of any significant changes such as telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.

5. Glenn After School agrees to keep me informed of any accidents and incidents including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases and any other accidents/incidents that involve my child.

6. I have received a copy of the policies and procedures for Glenn After School and agree to abide by them.

7. I agree to provide Glenn After School with an up to date copy of my child's immunization records no later than 10 days from the date of this agreement.

Signature of Parent or Guardian_____Date_____

Signature of Glenn After School Director_____Date_____

# FAMILY INFORMATION

Child's Name _____ Date of Birth_____

School _____Grade_____ Sex_____

Home Address _____

_____
(City, State, Zip Code)

**Parent #1:** Name_____

Home Address (if different than above)_____

_____

Work Address _____

Home Phone #_____

Cell Phone # _____Work # _____

Email Address _____

**Parent #2:** Name _____

Home Address (if different than above) _____

_____

Work Address _____

Home Phone #_____

Cell Phone # _____Work # _____

Email Address _____

Pediatrician Name and Number_____

Emergency Contacts: Name/phone numbers:

_____

_____

Known Allergies/Medical Conditions:_____

_____

Medications _____

# TRANSPORTATION AGREEMENT

This is to certify that I give Glenn After School Program permission to transport my child _____ from

**(PLEASE CIRCLE ONE)**

Fernbank Elementary
Mary Lin Elementary
Springdale Park Elementary

at school dismissal (approximately 2:30) to the Glenn Memorial United Methodist Church Youth and Activities Building (at approximately 2:45) on the following days:

_____ Monday _____ Tuesday _____Wednesday _____Thursday _____Friday.

Any Glenn After School staff is authorized to receive my child. In the event that there is no authorized person, the following procedures should take place:

_____
_____
_____

**In the event my child is not to be transported as outlined above, I agree to notify Glenn After School know in advance but no later than 2:00 p.m. of the day missed at (404) 320-9528 or at glenn.afterschool@gmail.com. This tells the driver of your child's van not to wait or go inside to check on your child.**

Signature of Parent or Guardian_____

Date _____

# PICK-UP AUTHORIZATION

We are required by our licensing agency to have a list of all people who have permission to pick up your children from Glenn After School. Please list below all people who might be picking up your child including **their phone numbers and complete addresses**. This list will be kept in your child's file and can be updated at any time.

My child, _____, has permission to be picked up by the following people from Glenn After School. I acknowledge, and will inform each person listed below, that my child must be signed out and escorted from Glenn After School's facility by an authorized person.

Signature of Parent or Guardian_____

Date_____

_____
Name/phone number/relationship to child

_____
Street Address/City/Zip code

_____
Name/phone number/relationship to child

_____
Street Address/City/Zip code

_____
Name/phone number/relationship to child

_____
Street Address/City/Zip code

_____
Name/phone number/relationship to child

_____
Street Address/City/Zip code

_____
Name/phone number/relationship to child

_____
Street Address/City/Zip code

# EMERGENCY MEDICAL AUTHORIZATION

In the event that my child _____ suffers an injury or illness while in the care of Glenn After School and the facility is unable to contact me/us immediately, I/we give authorization for the staff of Glenn After School to secure such medical attention and care for the child as is necessary. I understand that Glenn After School will make every possible attempt to contact me/us, the child's physician, and other persons listed as an emergency contact. I/We will not hold Glenn After School personnel responsible for the accident or illness. I/We further understand that the parent/guardian is responsible for any and all medical expenses incurred during the treatment of my child.

I/We recognize that Glenn After School uses Children's Healthcare of Atlanta at Egleston located at 1405 Clifton Road, NE for medical emergencies.

I/We agree to keep Glenn After School informed of all changes in telephone numbers, home addresses, work locations, e-mail addresses, emergency contacts, family physicians, medical conditions and medications.

Glenn After School agrees to keep me/us informed of any and all accidents and incidents requiring professional medical attention involving my child.

Child's full name_____

Birth date_____

Primary Physician & Phone No._____

Child's Allergies _____

Current Prescribed Medication _____

Any other Special Needs or Medical Conditions _____

_____

Medical Insurance Company _____Phone Number_____

Policy/Group Number _____ Participant I.D. Number _____

Signature of Parent or Guardian _____

Date _____Phone Number(s) _____

# PLAYGROUND PERMISSION

I give permission for my child _____ to use the playground at Glenn Memorial United Methodist Church while in the care of the Glenn After School Program.

_____

Signature of Parent or Guardian Date

# GLENN AFTER SCHOOL
# VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____Date of Birth_____

Parent #1 Name _____

Home:_____ Work: _____ Cell: _____

Parent #2 Name _____

Home:_____ Work: _____ Cell: _____

In case of emergency and a parent cannot be reached, contact_____ at the following number _____.

Doctor's Name and Phone Number _____

Child's Allergies

_____

_____

Current Prescribed Medication

_____

_____

Child's special medical needs and conditions _____

_____

_____

Glenn After School uses Children's Healthcare of Atlanta at Egleston for medical emergencies. It is located at 1405 Clifton Road, NE. In the event of an emergency involving my child and Glenn After School Program can not get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name_____

Signature of Parent or Guardian _____

Witnessed by _____

## GLENN AFTER SCHOOL PROGRAM

**FULL TUITION IS DUE EACH MONTH WHETHER OR NOT A CHILD IS ABSENT FOR ANY REASON, INCLUDING SCHOOL CLOSURES.**

**TUITION NOT PAID BY THE 15TH OF THE MONTH RESULTS IN YOUR CHILD BEING WITHDRAWN FROM THE PROGRAM.**

## Tuition:

Tuition is $275 per month for one child. Additional siblings receive a discount for a total of $200 each per month.

Tuition is due on the first day of each month with a grace period of 10 days**. If payment is received on the 11th or after, a $20 late fee applies.**

Our only source of income is the tuition that you pay. In the event you no longer need our services, **we require a 30 day notice** so we can fill your child's space and avoid an interruption in our income.

## Fees:

A non-refundable registration fee of $75 is required annually for each child to cover insurance and supplies. The Director may choose to reduce this fee for children who register well into the school year.

Late Pick-up Fee: After School ends at 6:15 p.m. **At 6:16 p.m. a late fee of $3 per minute will be charged.**

No Call Fee: If your child will not be attending Glenn After School on a day we would normally pick him/her up at school (due to illness, appointments, etc.) a **$10 fee will be charged if we are not informed by 2:00 p.m. via voicemail or e-mail**.
(Phone: 404/320-9528, e-mail: glenn.afterschool@gmail.com)

Late Payment Fee: **A $20 late fee will apply if tuition is received after the 10th of the month.**

Returned Check Fee: **A $25 fee will apply if your check is returned by the bank for any reason**.

I have read and understand these policies and fees:

Name _____ Date _____

# MOVIES

I **(please circle one)** give / do not give permission for my child _____ to watch “PG” rated movies while at Glenn After School.

_____Signature of Parent or Guardian Date

*Glenn Memorial United Methodist Church*

## Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information for Children and Youth Activities

**Child/Youth name**: _____
(Last) (First) (M.I.)

**Birthdate: _____**

**Address: _____**
Street City State Zip

**Home Phone: _____**

**Parent(s)/Custodial Adult(s)' Name(s)**: _____

**Parent(s)/Custodial Adult(s) Phone numbers:**

**Work phone(s): _____ _____**

**Cell phone(s): _____ _____**

**In case of emergency contact:**

**1) Name**:_____ **Daytime phone: _____**

**Relationship**:_____ **Evening phone: _____**

**2) Name**:_____ **Daytime phone**: _____

**Relationship**:_____ **Evening phone: _____**

**Name and phone number of primary treating physician:**

_____

**Allergies (including medications child/youth can NOT take) / Special Health Concerns:**

_____

_____

_____

## Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for Glenn Memorial United Methodist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

_____ _____
Parent/Custodial Adult Parent/Custodial Adult

**Medical Insurance Company:** _____
**Policy/Group Number:** _____
**Participant I.D. Number:** _____
**Medical Insurance Phone Number:** _____

## Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of Glenn Memorial United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Glenn Memorial UMC, I/we release Glenn Memorial United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Glenn Memorial UMC; and I/we agree to indemnify and hold forever harmless the Glenn Memorial United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Glenn Memorial UMC or resulting from traveling to or from the activities of Glenn Memorial UMC, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

_____ _____
Parent/Custodial Adult Date Parent/Custodial Adult Date

## Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.
**(Yes) (No)**

_____ _____
Parent/Custodial Adult Date Parent/Custodial Adult Date

## Photo Permission

I/we understand that my child may be photographed while participating in the activities of Glenn Memorial United Methodist Church.
I/we (**do**) or (**do not**) give permission for a recognizable image of my child to be posted on the GMUMC website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

_____ _____
Parent/Custodial Adult Date Parent/Custodial Adult Date