



Registration Form

Program Type: Afterschool Care Before Care

School Name: _____ Start Date: _____ Grade: _____

Child's Full Name: _____

Address: _____ City: _____ Zip Code: _____

Sex: Female Male Race White Hispanic Black Other Hair Color: _____ Eye Color: _____

Child's SSN (CDS Only): _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____

Medical Concerns/Allergies: _____

Is your child currently in an ESE program during the regular school day? YES NO

If yes, you MUST complete the Part II Special Needs Pre-Enrollment Application.

People who are authorized to pick up your child: Mother Father

Mother's Name: _____ Cell Phone #: _____

Home Phone #: _____ Work Phone #: _____

Driver's License #: _____ Email Address: _____

Father's Name: _____ Cell Phone #: _____

Home Phone #: _____ Work Phone #: _____

Driver's License #: _____ Email Address: _____

Emergency Contacts/Other people **authorized** to pick up my child:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list, if any, ALL persons who are **NOT** allowed to pick up your child from aftercare:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

Please provide any court documentation if applicable.

- I understand that my child will be expected to behave in accordance with the Code of Student Conduct for M-DCPS and all SFASAS programs.
- I understand that it is necessary to pick my child(ren) up by 6 p.m. Failure to do so will result in a late fee per child for every 15 minutes or part of past 6 p.m. and may lead to dismissal from the program.
- I understand that there will be NO refunds, credits, or reductions in fees for absences due to illness or vacation.
- I understand that it is my responsibility to keep my own records and receipts for income tax purposes.
- A registration fee is due with the signing of this agreement and is NON-REFUNDABLE.
- I understand that I must also purchase Student Accident Insurance that is required through M-DCPS.
- I acknowledge receipt of the payment schedule to be paid by me for my child's attendance in SFASAS. I understand that payment for before & afterschool care/camp and no school days will be made in advance of my child receiving care. I understand that in the event I fail to pay these fees in a timely manner, I will be held responsible for ALL fees and collection costs on all unpaid charges. I understand that if my check is returned for any reason, I will be charged for ALL bank fees and acknowledge that payments thereafter will have to be made in cash.

Parent/Guardian's Signature: _____ Date: _____



SFASAS Before and After School Care Registration Parent Guidelines

PAYMENTS:

Payments are due by the due date on the payment schedule that I received upon registering my child(ren) with SFASAS and according to the Miami-Dade Public Schools. I understand that there will be NO refunds, credits, or reductions for absences, due to illness, or vacation. Failure to pay in advance will result in a child's **non-participation** in the program and immediate dismissal. Parent will be required to **re-register** their child and pay the registration fee again.

LATE PICK UP FEES:

I understand that if I pick up my child after 6:00 P.M., an overtime fee of \$5.00 for every 15 minutes or part thereof, per child will be charged. On the fifth occurrence, suspension of childcare services may occur with **NO REFUNDS** or credit for future services. All late pick-ups will be logged and recorded in the student's file. If a child is left in our care after 7:00 pm, the proper authorities will be contacted if there has been no contact with the parent or guardian.

REFUNDS:

SFASAS provides partial refunds in limited and specific cases to individuals who qualify due to the conditions listed below:

- A student has been withdrawn from a school due to district mandated residency, zoning, or boundary requirements, and he/she will no longer attend a school serviced by SFASAS.
- A student has unexpectedly lost his/her primary dwelling due to a natural disaster or other documented state of homelessness.
- A student is unexpectedly hospitalized or home-bound due to a medically diagnosed physical or mental condition.
- A student unexpectedly loses a parent or legal guardian.
- SFASAS unexpectedly discontinues or cancels a service or program for which the child has been registered.

I have read, understand, and agree to abide by the above policies and conditions of services.

Signature of Parent/Guardian

Date



SFASAS PARENT CONSENT FORM

I hereby give my consent to have my child participate in all activities provided by SFASAS. I give my permission to have my child taken to and from various field trips on non-school days by means of bus transportation used by SFASAS.

I also realize that SFASAS will **not** be responsible for any minor injuries that might occur during the regular school day hours. (Examples: scratched knee, cuts, bruises, bites, etc.)

I have read the above and hereby give my consent:

Child's Name: _____

Address: _____

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of an emergency, SFASAS will attempt to contact either parent/guardian or the Emergency Contacts given by the parent on Application Form. If for any reason none of these parties are available, I authorize SFASAS to have my child(ren) transported to the closest medical facility by EMT and grant permission to perform any emergency procedure at the discretion of that medical facility.

Medical Insurance Carrier: _____ Policy Number: _____

I have read the above and hereby give my consent:

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION FOR MEDIA RELEASE

I acknowledge that SFASAS is a private aftercare provider and understand that my child's photograph and/or name may appear in print, television, or the internet as part of a media publication on behalf of SFASAS.

I have read the above and hereby give my consent:

Signature of Parent/Guardian: _____ Date: _____



SFASAS STUDENT DISCIPLINE POLICY

At SFASAS, we believe that safety comes first! We feel strongly that a positive, supportive and structured environment promotes good behavior. A full day of varied activities is planned to direct your child's energy into positive channels. We believe that children learn from us and that we are their positive role models.

One of our many goals is to help children feel good about themselves by building their self-esteem and self-confidence. Our counselors and Site Administrators have been trained in "Cooperative Discipline" by our staff. Whenever discipline is necessary, corrective discipline is used to change the inappropriate behavior of the child, never to hurt the child.

The following are the steps taken to correct inappropriate behavior in our programs and to insure the safety and well being of all our children:

- 1) Counselors will first take your child aside and quietly speak to him/her about their behavioral concern. If the inappropriate behavior warrants, the counselor will either re-direct the child (appropriate to their age), or, if necessary, have the Site Administrator speak to the child. The child will receive a verbal warning and a behavior report requiring the parent's signature.
- 2) A child's second serious behavior incident will result in a phone call to the parent as well as a written behavior report which the school will receive a copy of.
- 3) A child's third serious behavior incident will result in a phone call to the parent from the Site Administrator, and possible suspension or dismissal from the SFASAS program.

I have read and fully understand the SFASAS's Discipline Policy.

Student Name Date

Parent/Guardian's Signature Parent/Guardian's Printed Name

SFASAS does not discriminate because of race, color, religion, gender, national origin, marital status, sexual orientation, physical or mental disability, or political affiliation.



SFASAS STUDENT MEDICATION POLICY

STUDENT HEALTH

Parents are responsible for notifying SFASAS of any unusual health concerns for their child at the time of registration in one of our programs. If the child requires any type of medication, the parent **MUST** read this policy and fill out the necessary documentation **BEFORE** our administration makes a determination whether or not the child can participate safely in our program.

MEDICATION DISPENSING POLICY

SFASAS PERSONNEL SHALL NOT ADMINISTER OR DISPENSE ANY KIND OF MEDICATION TO ANY STUDENT WITHOUT THE WRITTEN CONSENT OF THE PARENT AND A COMPLETED TREATMENT PLAN SIGNED BY THE PHYSICIAN. SFASAS RESERVES THE RIGHT TO DECIDE NOT TO ADMINISTER MEDICATION IF IT IS DETERMINED THAT THE CIRCUMSTANCES WARRANT MEDICAL TRAINING AND/OR UNREASONABLE RESPONSIBILITY FOR OUR STAFF AND FOR THE SAFETY OF THE CHILD. IF MEDICATION TREATMENT IS APPROVED BY SFASAS ADMINISTRATION, THE PERSONNEL ADMINISTERING MEDICATION OR PROVIDING TREATMENTS IN ACCORDANCE WITH THIS POLICY SHALL NOT BE HELD LIABLE FOR CIVIL DAMAGES.

RULES

1. An Authorization for Medication/Treatment Form must be completed. The information required on this form shall include a written treatment plan, signed by a physician and a signed parental consent for all medications. Execution of the parental consent and physician section will grant the Site Administrator or his/her designee the permission to assist in the administration of all medications and shall explain the necessity for the medication to be provided during the after school hours, including when the student is away from school property on field trips. The written treatment plan signed by a licensed physician shall include possible side effects, purposes of medication, and special instructions regarding the medication. Medication may only be given when the physician and parental consent sections are complete. This form is required for students with chronic and acute illnesses. Copies of the completed forms must be placed in the student's folder.
2. All approved medications shall be administered by the school coordinator, site administrator or his/her designee. SFASAS staff will NOT administer any medication that requires a needle injection.
3. Medications may be administered by the school coordinator, site administrator, or his/her designee when there exists an illness or disability that requires its administration, and when failure to take medication could jeopardize the student's health and/or when the medication schedule cannot be accommodated before or after the SFASAS program. Any procedure will follow the student's medication/treatment form.
4. In cases of long-term or chronic illnesses that require maintenance-type medicine, all medication authorizations shall not exceed 12 months.
5. All medication to be administered shall be received, counted and stored in its original container and shall be properly labeled: name of student; name of drug; directions concerning dosage; time of day to be taken; name of the prescribing physician; date of prescription; and shall not exceed the dosage required for one week of acute illnesses.
6. A medications log of all students receiving medications will be kept by the site administrator or his/her designee.



- 7. SFASAS shall store all medications in the original container in a secure fashion under lock and key, and shall be accessible only to the school coordinator/site administrator or designee.
- 8. No student shall transport medications to or from the aftercare program without authorization as delegated in the medical treatment authorization form.
- 9. SFASAS personnel administering medications in accordance with this policy shall not be liable for civil damages.
- 10. When specific training is required to dispense student medication, it is the parent’s responsibility to facilitate and arrange the needed training for our staff and pay for any fees associated with said training.

I have read and understand SFASAS’s Student Medication Policy. I understand that the SFASAS has the right to determine whether or not they are able to safely administer the needed medication for my child in order to participate safely in their programs.

Student’s Name: _____

Age/Grade Level: _____ / _____

Parent/Guardian Signature

Date

PASSWORD: _____

Password is mandatory and is required to be able to identify the parent/guardian when speaking to them over a phone line. Anyone, other than those listed as parent or guardian who is not listed as “authorized” to pick up the child will not be able to do so unless the parent is contacted and the correct password is given. This is for your child’s safety in the event that you cannot pick up and need to send an unauthorized person who you have not included on your list.

Completion of this application and registration fee does not guarantee placement in our program until application has been fully processed by our main office.