



Application For Before and After School Learning Program

To be completed and placed on file prior to enrollment

Application Date: _____ Enrollment Date: _____

Information About Your Child

Name of Child _____ Date of Birth ___/___/___

Address _____ Zip Code _____

School _____ Grade _____

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating, and sleeping habits; special fears; special likes or dislikes:

Please list any concerns you have about your child that we need to be aware of: _____

Information About the Family

Father/Guardian's Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Where Employed: _____ Business Phone: _____

Email Address: _____ Cell Phone: _____

Mother/Guardian's Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Where Employed: _____ Business Phone: _____

Email Address: _____ Cell Phone: _____

Release Permission

When I am unable to pick up my child, the following people have permission to pick up my child:

Please inform these people that a picture ID will be needed. Your child will not be released to anyone not on this list!

Name: _____ DOB _____ Relationship to Child: _____
Name: _____ DOB _____ Relationship to Child: _____
Name: _____ DOB _____ Relationship to Child: _____
Name: _____ DOB _____ Relationship to Child: _____

Inclement Weather and Cancellation of School Dismissal Information/Permission

If school is closed early for weather related or other reasons (loss of electricity, water, etc.) the following plan should be used for my child:

- _____ I will pick up my child.
- _____ One of the people listed under **Release Permission** will pick up my child.
- _____ Other plan (explain): _____

I have received a copy of the Thunderbird ThunderKids Before and After School Learning Program Parent Handbook for my child that includes information concerning the procedures and policies for the Thunderbird ThunderKids Before and After School Learning Program. I understand that I am giving permission for someone other than a parent/guardian to pick up my child and indicating the plan to use in case of inclement weather and school cancellation.

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian Signature

Date



Thunderbird ThunderKids After School Learning Program Per Week/Per Day Payment Plan

After School Payment Registration

I am registering _____ for:
(Child's Name)

_____ **Per Day** After School Learning Program (\$20.00 per day) (check below to indicate which days your child will be attending.

M _____ T _____ W _____ Th _____ F _____

_____ **Per Week** After School Learning Program (\$65.00 per week)

_____ **Before School Care and After School Learning Program** (\$80.00 per week)

I understand that if I register my child for the Per Week plan, I will pay the weekly fee of \$65.00 **regardless of the number of days they attend**. If school is closed two or more days in a week (due to holidays or inclement weather) I will pay \$13.00 a day for that particular week. Payment for "per week" care is due on Monday of each week by 6:00 p.m. If I pay my fee after Monday I understand that I will incur a late fee of \$5.00. If I register for the Per Day plan my payment is due on the first day my child attends by 6:00 pm.

_____ **Per Week Before School Care** (\$20.00 per week)

I understand that I will pay the weekly fee of \$20.00 **regardless** of the number of days my child attends Before School Care in any given week. Payment for care is due at the beginning of each week, but will be determined late if not paid by the Friday of that week. When school is closed two or more days due to holidays or inclement weather, the cost will be \$4 per day that particular week.

A family registration fee of \$25 is due at time of registration.

If I find at any time that I need to change the registration type for my child, I will submit a **Change of Status Form** to the lead teacher. Such form must be submitted **BEFORE** the pay structure will change. **Changes will not be made retroactive to care already given.**

The first time I change the enrollment status of my child, no fee will be charged. The second (or subsequent) times that I change the enrollment status, a **re-enrollment fee of \$25.00 per child, per change, will be charged.**

Late Pick up Fee

\$10.00 for every 15 minutes a child remains after 6:00 pm.

(For the first time the child is picked up between 6:01 and 6:05 the fee will be waived. Anytime after the first occurrence and/or if you arrive after 6:06 the \$10 fee will be charged.)

Example: 6:01-6:15= \$10 total charge
6:16-6:30= \$20 total charge
6:31-6:45= \$30 total charge

Outstanding Balance

I understand that if my account is more than two week's outstanding, my child will not be allowed to attend ThunderKids Before and After School Learning Program until the balance is paid in full.

I have read and understand the above agreement.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date



Before And After School Learning Program Emergency Medical Form

To be completed and placed on file prior to enrollment

Name of Child _____ Date of Birth ___/___/___

Parent/Guardian's Name(s) _____

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____

Insurance Carrier _____ Policy # _____

Child's Medical History (To be completed by parent or guardian)

Is your child allergic to anything? No _____ Yes _____ If yes, what? _____

Does this allergy require the use of an EpiPen? Yes _____ No _____

Is your child currently under a doctor's care? No _____ Yes _____

If yes, for what reason? _____

Is your child on any medication? No _____ Yes _____ If yes, what? _____

Has your child previously been hospitalized or had operation? No _____ Yes _____

If yes, when and what for? _____

Does your child have a history of significant previous diseases or recurrent illness?

No _____ Yes _____ If yes, what? _____

Does your child have Diabetes? No _____ Yes _____

Convulsions? No _____ Yes _____

Heart Trouble? No _____ Yes _____

If others, please list: _____

Does your child have any physical disabilities? No _____ Yes _____

If yes, please describe _____

Does your child have any mental disabilities? No _____ Yes _____

If yes, please describe _____

Does your child wear glasses, contacts, or dental appliances? No _____ Yes _____

If yes, please describe _____

Are there any other special conditions (please use the back of this page if you need extra space):

Physician(s) Information

Name of Child’s Doctor _____ Office Phone _____

Name of Doctor’s Office _____

Address _____ Zip Code _____

Hospital Preference _____ Phone Number _____

Name of Child’s Dentist _____ Office Phone _____

Name of Dentist Office _____

Address _____ Zip Code _____

Please call one of the following if parent (or guardian) can’t be contacted in the case of an emergency:

Name _____ DOB _____ Relationship _____ Phone # _____

Name _____ DOB _____ Relationship _____ Phone # _____

Emergency Permission

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent/Legal Guardian Name (Please Print) Signature of Parent or Legal Guardian Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation other children in the facility will be supervised by a responsible adult. I will not administer any medication without specific instructions from the physician or the child’s parent or legal guardian.

Signature of Lead BASLP Teacher Date

**AFTER SCHOOL LEARNING PROGRAM
MEDICATION AUTHORIZATION FORM**

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year.

Student Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN:

Physician's Printed Name: _____

Office Address:

Office Phone: _____ Emergency Line: _____

| | |
|--|--|
| Medication Name: | |
| Purpose: | |
| Dosage: | |
| Frequency: | |
| Time Medication is given and under what circumstances? | |
| Prescription Date: | |
| Discontinuation Date: | |
| Diagnosis requiring medication? | |
| Expected Side Effects if any: | |

| | |
|---|--|
| Other Medications Student is Receiving? | |
|---|--|

Physician's Signature Date

(Parents must complete back of form)

For only parents/guardians of students who need to carry asthma medication or an EpiPen:

I authorize the employees and agents of Thunderbird Preparatory Academy, ThunderKids to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector while attending before/after school activities.

Parent Initial: _____

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Thunderbird Preparatory Academy, ThunderKids and its employees and agents, in my behalf, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the TPA, ThunderKids), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and**

I agree to indemnify and hold harmless Thunderbird Preparatory Academy, ThunderKids and its employees and agents against any claims, except a a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature* Date

Parent/Guardian Signature* Date

** Both parents and/or guardians, if available, should sign*