

It's a Choice!

Why Choose Imagine?

CHARACTER EDUCATION

Our Mission: We deliver quality instruction that exceeds the academic needs of each learner by fostering relationships through communication and collaboration.

Our Vision: We personalize success!

Our Measures of Excellence: Parent Choice* Academic Growth
Character Development* Economic Sustainability* School Development

Our Shared Values: Shared values are at the heart of who we want to be. Three particular values guide our work as an organization:
J.I.F (Justice. Integrity. Fun)

*Palm Coast's Premier Charter School (K-8)
Serving families & the community since 2008*

Imagine School at Town Center
775 Town Center Blvd
Palm Coast, FL 32164
386.586.0100
www.ImagineSchoolTownCenter.org
www.ImagineSchools.org

ENROLLMENT PACKET 2019-2020



IMAGINE SCHOOL AT TOWN CENTER

Please submit the following documents:

- _____ Birth certificate of child (original or certified copy)
- _____ Social Security card of child (voluntary)
- _____ Immunization Record (form 680)
- _____ Physical Record (form 3040)
- _____ Picture ID (parent/guardian's driver license/state ID)
- _____ Guardianship papers (if applicable)
- _____ Proof of Residency

Pages to be completed in full:

- _____ Emergency Information {pg.3}
 - _____ Enrollment Information {pg.4}
 - _____ Student Residency Questionnaire (if applicable) {pg.5}
 - _____ Release/ Request of Student Records {pg.6}
 - _____ Home Language Survey {pg.7}
 - _____ Attendance Procedure/
Consent to Release to Photograph {pg.8}
 - _____ Parent Contract {pg.9}
 - _____ Student Internet Use Rules {pg.10}
 - _____ Parent/Guardian Consent for Emergency Care {pg.11}
 - _____ Parental Consent for Health Screening/
Issuance of non-prescription medications {pg.12}
 - _____ Student Medical Authorization {pg.13}
 - _____ Extended Care Policies & Procedures {pg. 14}
- *Important Information for ALL Families***

Please answer this completely so that we can best meet the needs of your child.
Check any of the following that pertain to your child.
Within the last year my child has received the following services*:

- ☐ Exceptional Student Education (has or had an IEP)
- ☐ Gifted (EP)
- ☐ MTSS/RtI (Tier I, II, or III)
- ☐ English Speakers of Other Languages (ELL)
- ☐ 504 Plan

*Upon enrollment a meeting will be scheduled to review and implement services required for the success of your student

Office Use Only

2019/20 Grade: ____
Student Name: _____
LAST NAME, FIRST NAME

Date Received: ____/____/____
Circle one: Enrolled/Wait Listed/Lottery

Sibling: _____ grade ____ Status: E/L
Sibling: _____ grade ____ Status: E/L
Sibling: _____ grade ____ Status: E/L

The registration process must be completed in order for the child to attend their first day of school.



IMAGINE SCHOOL AT TOWN CENTER

Please complete and present the specified documents upon arrival. Failure to do so will delay the registration process

REGISTRATION REQUIREMENTS

To register a student in Flagler County Schools—whether from another state or another county in Florida—there are eight (8) REQUIREMENTS

The first two (2) requirements listed below are **MANDATED BY LAW/ SCHOOL BOARD POLICY** and must be presented by **YOU** at the time of registration.

1. **Completion of FL DOH 680 IMMUNIZATION FORM.** Florida requires that **all shots** are **up to date**, and this can be accomplished through a private physician, walk-in clinic, or health department.

The health department offers **free immunization through their Walk-In Clinic** at the **Flagler County Health Dept., 301 Dr. Carter Blvd, Bunnell, 386-437-7350**. It is important for parents to furnish up-to-date health records so officials know what the student has received and what they need.

2. **Completion of DOH 3040 PHYSICAL FORM.** This can be completed by a private physician or local clinic. **If a student is transferring from a Florida school district, the PHYSICAL FORM used for entry into that Florida district may be used. If student is transferring from OUT of STATE, the date on the PHYSICAL FORM must be within one year from the enrollment date (must include vision and hearing screening).**

3. **BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE (OR OTHER PROOF of age)**

4. **SOCIAL SECURITY CARD-Voluntary**

5. **Current PROOF OF RESIDENCY**—Provide ONE of the following:

- Lease agreement signed by parent and landlord
- Mortgage w/ parent name
- Current utility bill with correct address and parent name
- Notarized statement with parent name and signed *by person(s) you are living with* (that person will have to supply proof of residency)

6. **GUARDIANSHIP or CUSTODY PAPERS**-- If a student is living with someone other than their parents/legal guardians, legal guardianship papers **MUST** be provided. If there are specific custody requirements, official paperwork must be provided. **(Note: Parent/Guardian must have picture ID.)**

7. **WITHDRAWAL or TRANSFER GRADES; IEP FORMS** from former school and any records that may be of assistance in placing the student in the proper classes to ensure their promotion and/or graduation.

8. **COMPLETION OF THIS (ISTC) REGISTRATION PACKET.**



IMAGINE SCHOOL AT TOWN CENTER

Emergency Information

Student's name _____ Date of Birth ____/____/____ Grade _____

Residence Address _____

Mailing Address _____ *Preferred Phone _____

Father/Guardian's Name _____ Cell phone _____

Email Address _____ Daytime phone _____

Mother/Guardian's Name _____ Cell phone _____

Email Address _____ Daytime phone _____

Person other than a Parent/Guardian who may check student out of school or who we will call for student in case parent cannot be reached (ONLY Parent/Guardian and these individuals may check out of school with ID)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Custody issues: It is the Parents' responsibility to notify the school of any special custody arrangements and any changes to the information contained on this form. Please check if custody information is on file at school. ☐

Media Waiver: Please initial that ISTC has permission to use video/photo of student in media outlets. _____

Physician's Name _____ Phone _____

Does student have allergies? ____ To what is the student allergic? _____ Epi Pen? _____

Does the student wear glasses or contacts? ____ Hearing aids? ____ Medical insurance? _____

List problem(s) and date(s) of operations, injuries, or major illness, the student may have had in the past 12 months:

Please provide information on any *ongoing* illnesses or diagnosis the student has and list the medications the student takes on a regular basis: _____ (Medical documentation required)

List siblings enrolled at Imagine School indicating grade: _____

Parent Name Printed: _____

Parent/Guardian signature: _____ Date ____/____/____



IMAGINE SCHOOL AT TOWN CENTER

Enrollment Information

Student's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Other Names Used (If Different From Above)		Student's Social Security No. (Optional)	
Date of Birth	City and State or Country of Birth		Current Grade Level
Mailing Address	Apt No.	Home Phone	Parent Email
Street Address (If Different From Above)	City		Zip Code
Student Primary Language	Date Entered U.S. School (DEUSS) _____		
	Attended a U.S. School (s) a total of 4 or more years? <input type="checkbox"/> Y <input type="checkbox"/> N		

Please answer BOTH questions 1 and 2.

1. Are you Hispanic or Latino? (Check only one)
☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
2. What is your race? (Check all that apply)
☐ American Indian or Alaska Native-A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
☐ Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
☐ Black or African American-A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
☐ White-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Family Information

Student Lives With	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only
	<input type="checkbox"/> Other Name _____		
Student Resides with a Parent Who is:			
<ul style="list-style-type: none">• An active duty member of the uniformed services (including members of the National Guard and reserves) who are on active duty orders? Yes No (circle one)• A member or veteran of the uniformed services who was severely injured and medically discharged or who retired <i>within the last year</i>? Yes No (circle one)			
Student Has a Parent Who was:			
<ul style="list-style-type: none">• A member of the uniformed services who died while on active duty or who died as a result of injuries sustained while on active duty or who died as a result of injuries sustained while on active duty <i>within the last year</i>? Yes No (circle one)			

ADDITIONAL INFORMATION FOR STUDENT SUPPORT

Florida Statute 1006.07 requires each student at time of initial registration to note previous referrals to mental health services. Please check if applicable.			
<input type="checkbox"/> Yes, student has had previous mental health services.			
PLEASE CHECK ANY SPECIAL CLASSES THAT APPLY TO YOUR CHILD			
<input type="checkbox"/> ESE/IEP	<input type="checkbox"/> Pre K or VPK	<input type="checkbox"/> MTSS/RTI	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> 504 PLAN	<input type="checkbox"/> ESOL	<input type="checkbox"/> TITLE I READING	<input type="checkbox"/> HAS YOUR CHILD EVER BEEN
<input type="checkbox"/> GIFTED	<input type="checkbox"/> ELL	<input type="checkbox"/> TITLE I MATH	RETAINED? YES ___ NO ___
			IF YES, WHAT GRADES? _____



Flagler County Public Schools Student Housing Questionnaire

StudentName _____ School _____ Grade _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Place an “X” in the appropriate box to answer “Yes” or “No.”

QUESTION Presently are you and/or your family in any of the following situations?	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian). (NOTE: If yes, must complete CAREGIVER FORM.)			Y or N
6. Are you, or a member of your immediate family, a Veteran?			Y or N

Check (1) one box, Cause for temporary housing or family being displaced:

- ☐ D- Man-Made Disaster (Major)
- ☐ E- Natural Disaster- Earthquake
- ☐ F- Natural Disaster- Flooding
- ☐ H- Natural Disaster- Hurricane

Name _____

Location _____

- ☐ M- Mortgage Foreclosure
- ☐ N- Natural Disaster (other)
- ☐ S- Natural Disaster- Tropical Storm

- ☐ T- Natural Disaster- Tornado
- ☐ O- Other- i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction
- ☐ U- Other _____
- ☐ W- Natural Disaster- Wildfire or Fire

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002 (3)(d).

If student is eligible for McKinney Vento (Homeless) services, they have the following rights:

- Immediate enrollment into school
- School stability- continue in same school attended before loss of housing or last school attended (school of origin), if in the student’s best interest.
- Transportation- to remain at the “school of origin”, if over 2 miles, if it is in the student’s best interest.
- Free lunch
- Should the District determine that educating the student in the school of origin is not in their best interest; the parent has the right to appeal that decision in writing to the District’s Homeless Liaison.

By signing below, I declare that the information provided is correct, I am aware that:

1. I must notify my child’s school immediately should my residence change.
2. Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in Sections 777.082, 775.083, 837.06, Florida Statutes.
3. This determination is limited to a period of one school year, and must be reapplied for annually.

Parent/Caregiver/Unaccompanied Youth Signature: _____ Date: _____

Flagler County School District



Office of Student and Community
Engagement

Families in Transition (FIT) District Liaison
Dr. Pamela Jackson-Smith 386-437-7526

State of Florida DOE Homeless Education Coordinator Skip Forsyth



IMAGINE SCHOOL AT TOWN CENTER

Release/ Request of Student Records

The following student has enrolled in our school. Please send us the cumulative record, standardized test scores, health and immunization records, psychological records, resource or special education records, if applicable, and any other information that may be helpful.

Student Name _____ Date of Birth ____/____/____
Current Grade (2019-2020) _____

Name and Address of Previous School: _____

Area Code /Phone Number: (____) _____ Fax Number (____) _____
Dates student was there: From _____ To _____

Within the last year my child has received the following services:

- ☐ Exceptional Student Education (has or had an IEP)
- ☐ Gifted (EP)
- ☐ MTSS/RtI (Tier I, II, or III)
- ☐ English Speakers of Other Languages (ELL)
- ☐ 504 Plan

Please check the following that applies to your child:

- ___ My child has never been retained.
___ My child was retained in grade(s) _____ at _____ in _____, _____.
(school) (City) (State)

Discipline Survey

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the student currently suspended from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has the student ever been expelled from school?
(If yes, please explain): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has the student ever been arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are there currently any charges pending against the student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has the student ever been disciplined at school?
(If yes, please explain: e.g. misconduct, dress code, drugs, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Authorized Signature _____ Date ____/____/____
Relationship to student _____

** Parental Permission (signature) is no longer required when legitimate educational information for a transferring student is requested. (Family education records, 34 CFR 99.31)

Please return information to:
Imagine School at Town Center
Attn: Registrar/LaToya Taite
775 Town Center Blvd, Palm Coast, Florida 32164
386.586.0100 ext. 2105 /386.586.2784 fax



Flagler County School District

Home Language Survey

Student's Name _____ Date _____
First Name Middle Initial Last Name

1. Is a language other than English used in the home? ☐ Yes ☐ No
2. Does your child have a first language other than English? ☐ Yes ☐ No
3. Does your child most frequently speak a language other than English? ☐ Yes ☐ No
4. What is your child's first Date of Entry into a United States School? _____

If you answered YES to any question 1-3, please complete the remainder of the form.
If you answered NO to all three questions, please go to the next page.

5. What language is the most frequently spoken at home? _____
6. What is the student's country of origin? _____
7. What is your child's country of birth? _____
8. What is your child's state/city of birth? _____
9. What is your child's Date of Entry into the United States? _____
10. Which language did your child learn when he/she first began to talk? _____
11. What language do you most frequently speak to your child? (Father) _____
(Mother) _____
12. Please describe the language understood by your child. (Check only one)

- A. ☐ Understands only the home language and NO English.
- B. ☐ Understands mostly the home language and some English.
- C. ☐ Understands the home language and English equally.
- D. ☐ Understands mostly English and some of the home language.
- E. ☐ Understands only English.

13. In what language would you prefer to receive communication from the school? (If available) _____

School _____ Grade _____ Birthdate ____/____/____ Age _____ Sex _____

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work Cell

Parent/Guardian signature

_____/_____/_____
Date

ELL Required
9-21-14
Revision



IMAGINE SCHOOL AT TOWN CENTER

ATTENDANCE PROCEDURE/POLICY

In the event your child is absent due to illness or family emergency, the attendance clerk must be notified by calling the attendance line (386-586-2785). **You must call the attendance line each day.** Within one operating day of an absence, a written explanation or email is required for an absence to be excused. Without this documentation, all absences will be considered unexcused.

The following are acceptable reasons for student absences:

1. Illness of student
2. Death in the immediate family of student
3. Religious holiday of the student's faith (prior notice encouraged)
4. Absences for trips or other parental requests as judged appropriate for the student, approved by the teacher; providing the requests are approved with sufficient notice.

Students are allocated 15 excused absences per school year. All absences over 15 days ARE REQUIRED to have medical documentation.

In the case of excessive unexcused absences, parents will be advised if their child is approaching truancy status. A referral will be made if a student is chronically truant. In the case of chronic truancy, students and their parents could be referred to the District for further actions.

Each day that a student attends school he/she has opportunities to develop personal, social, and academic skills. We encourage the commitment of students, parents, and staff to work together on this endeavor.

I have read and understand ISTC's Attendance Procedure/ Policy.

Signature: _____ **Date:** ____/____/____

Consent to Release to Photograph/Video Student

I, _____ the parent/guardian of _____

___do consent ___ do not consent to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year.

I ___do consent ___do not consent to the release of my child's photograph(s)/videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of the Flagler County School District.

I ___ do consent ___do not consent to the above mentioned photograph(s)/videotape(s) and the name of my child for promotional purposes on the internet.

I ___ do consent ___ do not consent to the photographing of my child for the school yearbook.

I do hereby release and waive any and all claims, demands, or objections against said school and school district in connection with or arising out of the said photograph(s)/videotape(s) of my child. I understand that the school district will not duplicate photograph(s)/videotape(s) for the use of benefit of any individual student or parent. It is also understood that failure to return this permission slip to the school will constitute parent/guardian consent for the purposes described above.

Parent/Guardian Signature

_____/_____/_____
Date



IMAGINE SCHOOL AT TOWN CENTER

Parent Contract

Developing the sense of family and community that supports attainment of educational excellence requires the collaborate efforts of students, parents, and staff. All must assume the responsibilities if this shared goal is to be achieved.

Parent Responsibilities

Parents are required to complete 20 volunteer hours per year. In lieu of volunteering your time, parents may choose to donate \$10.00 per required volunteer hour or purchase “wish list” items for their child’s classroom. Receipts are required for credit.

- Ensure that my child arrives to school on time according to the school attendance policies
- Ensure that my child arrives in school uniform daily specific to the ISTC dress code
- Attend mandatory parent-teacher conference for my child if he/she is not demonstrating adequate progress, respect and support school staff concerning school safety, events, and instructional programs
- Participate in Imagine School at Town Center programs and literacy activities (PTO, SAC)
- Ensure that my child brings completed homework assignments to school
- Monitor my child’s progress in all subjects to ensure that a minimum of a “C” average is maintained each semester
- Check in at the main office when visiting campus
- Support the school’s decision regarding disciplinary action

Failure to comply with any of the above responsibilities could result in my child being dismissed from Imagine School at Town Center

Imagine School at Town Center Responsibilities

- Be non-sectarian and non-discriminatory in programs, admissions policies, employment practices and operations
- Be accountable to ISTC and the State of Florida for our performance
- Subject itself to an annual financial audit
- Hold itself accountable to its students, parents, and community through a continuous cycle of planning, evaluation, and refinement
- Participate in ongoing professional development
- Communicate with parents regularly to discuss student progress

Please note that each student requires a separate contract.

I, _____, Parent/Guardian of _____ (student) agree to follow school rules and regulations and to adhere to the parent responsibilities listed above. I have reviewed the school’s code of conduct available on the school’s website. I am also aware that this is updated every summer. A copy can be provided at any time when requested.

Parent/Guardian Signature

_____/_____/_____
Date



IMAGINE SCHOOL AT TOWN CENTER

Parent/Guardian Consent for Emergency Care While at School

Student's Last Name First Middle

Social Security Number (Optional):

In case of accident or serious illness, I ask the school to contact me. If the school cannot reach me, the school is to contact and follow the instructions of the physician or dentist on my son or daughter's emergency information form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for my son/daughter. If the persons on the emergency information form cannot be reached, school personnel have permission to transport my son/daughter to the nearest emergency room.

As a parent/guardian, I acknowledge responsibility to notify the school in writing, of any change in the name of my child's physician or dentist and any change in medical condition.

In case of accident or illness where immediate treatment of my son/daughter is not needed but where he/she cannot remain at school, I ask that the school contact either me or my spouse to arrange transportation for my son or daughter. If the school is unable to contact either me or my spouse, please contact one of the persons listed on the emergency information form to care for my son or daughter until I can be reached.

PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PERSONS UNRELATED TO YOU

Parent/Guardian Signature _____ Date ____/____/____

Illnesses/Conditions/Medications relevant to the student: _____

Home number: _____ Cell number: _____

Two witnesses not related to student

Name _____ Address _____

Name _____ Address _____

Or Notary

Sworn and subscribed before me this ____ day of _____

Type of Identification _____

Notary's Signature _____

Notary's Name _____ (Notary Public Seal)



IMAGINE SCHOOL AT TOWN CENTER

PARENTAL CONSENT FOR HEALTH SCREENING AND IMPORTANT MEDICAL INFORMATION

Student's Last Name:	First:	Middle:
School:	Age:	Grade:

A full-time (CNA) Certified Nursing Assistant is on duty during school days for your convenience. Parents will be expected to pick up their child **within 1 hour** if the CNA indicates it is necessary, and all students who become ill at school **must** be dismissed through the clinic. Students who have a fever, or are experiencing diarrhea or vomiting, should not attend school and must be free of fever, vomiting, or diarrhea **for 24 hours** before returning to school.

Flagler County School Board policy prohibits students from carrying any medication to school, from school, or during school. This policy includes cough drops, sunscreen, eye drops, lozenges, skin creams, and non-prescription and prescription medications*. Therefore, all medications must be brought to school by a parent/guardian accompanied by the correct paperwork from the physician. Medication brought to school by a student cannot be administered. Medication cannot be returned to the student to take home. Unauthorized medication will be taken and disposed of. Each medicine must be in its original container and must match the doctor's order exactly.

**Epi-Pens, prescription inhalers, diabetic medications and supplies, and pancreatic enzymes may be carried by the student with a written authorization by the parent and physician. The parent/guardian must complete appropriate paperwork with the school CNA IN ADVANCE of the student carrying these items.

Any student sent home with lice/nits cannot return to school until checked and cleared by the CNA. The student will not be allowed to ride the bus, attend extended day, or attend any school functions until cleared.

____ **Parent Initials**

Issuance of non-prescription medication by school health personnel in Flagler County Schools

Under the supervision of the FCSD medical director and the approval of the Superintendent and FCSB, the CNA in your child's school is able to provide your child additional **first aid treatment** with your permission. No student will be given any medication without permission slip signed by a parent or guardian. The following non-prescription first aid treatments have been approved for use in the Flagler County Schools with parental permission. Please mark through any you do not approve for use with your child.

- **For minor wound care** (cuts, scrapes, and abrasions)- Vaseline/Triple antibiotic ointment/ Antiseptic Wash
- **For minor eye irritation** –Sterile eye wash
- **For minor bite and stings** –Sting relief pad/ Calamine lotion/ 1% Hydrocortisone cream

I request the above products be made available to my child as needed. My child has no known allergies to the above products.

____ **Parent Initials**

I give consent for my son/daughter to take part in the school health services program. This means that my child will get health checks at school that according to current Florida Statutes may include:

- | | |
|---|---|
| 1. Vision Screening | Mandatory for Grades K, 1, 3 and 6 and all new students K-6 |
| 2. Hearing Screening | Mandatory for Grades K, 1, and 6 and all new students K-6 |
| 3. Growth & Development (BMI) Screenings | Mandatory for Grades 1, 3, 6, and 9 |
| 4. Scoliosis | Mandatory for Grade 6 |
| 5. Specific Health Screenings to include Grades Pre-K through 12 by request or as needed. | |

____ **Parent Initials**

This medical permission remains in effect unless revoked in writing to my child's school CNA.

Parent Name Printed _____

Parent Signature _____ Date ____/____/____



IMAGINE SCHOOL AT TOWN CENTER

Student Medical Authorization

Student Name _____

Grade _____ Sex _____ Date of Birth ____/____/____ Home Phone number _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

If the above cannot be reached:

Name _____ Relationship _____ Phone _____

Preferred Doctor _____ Phone _____

Does the student have any medical conditions? (Medical documentation required)

If yes, please explain _____

Is the student currently taking any prescribed medications? If yes, please explain _____

Does the student have any allergies to food, insects, medications or other? If yes please explain _____

If your child has an allergy, please explain the child's reaction and what action is necessary to prevent or reverse the reaction. _____

I hereby give my consent for my child to participate in the school health service program. In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contact the physician or dentist who are listed, to provide protected health information. In the event of an emergency, I understand that the school will access 911 emergency medical systems immediately. To expedite care I give permission for school personnel to provide medical information to the responding emergency team to initiate treatment and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

Parent/Guardian's signature _____ Date ____/____/____



IMPORTANT INFORMATION FOR ALL FAMILIES

Dear Families,

Please read the following information and sign below to acknowledge you have read and understand this important information regarding our Extended- Care Program.

IMPORTANT INFORMATION!!!

Please know if your child is NOT enrolled in our Extended-Care program and is brought to school prior to 7:55 am, they will be signed into our Morning-Care program and a fee of \$15 per child will be due at the time of drop-off. If your child is signed into our After-Care program for ANY reason (you are late picking them up, they come back on the bus, they are here after tutoring or any extracurricular activities... etc.) a fee of \$25 per child will be due at time of pick up. Payments are expected the day services are rendered. IF payment is not received by the end of the following school day a \$25 late fee will be applied. Failure to pay these fees will result in late fees, your child's report cards and/or school records to be withheld by Imagine School at Town Center.

To Enroll in the Extended Care Program: Please submit a complete Extended Care Registration packet along with the \$40 registration fee (per family per school year). Both form and registration fee must be received for your child to be registered with the program.

Full Time & Part Time Extended Care as well as Day Camp information is included in the registration packet. The packet is available on the school's website at www.imagineschooltowncenter.org.

By signing below I acknowledge that I understand I am responsible for payment to Extended-Care if my child is signed in for any reason.

Any disputes of charges MUST be made within 30 days of invoice. NO EXCEPTIONS.

Print Name

Signature

Date