

# Learning Center School's Out Program Enrollment Packet (grades k-6)

1) Completely fill out the Enrollment Form Packet prior to first day of attendance:

- Read, complete, and sign pages 2 – 7 – please indicate if there is a “primary” parent contact we should designate
- Remove **Statement of Health** (page 8) - have this form completed by your physician and return along with current immunization records (according to state requirements students are not allowed to attend our programs without these records on file at Creative Avenues Preschool and Learning Center)
- Remove **Automatic Payment Authorization** (page 9) – you are required to have a credit card on file for tuition payments; cards will be processed on the 1<sup>st</sup> of each month (you are welcome to pay with cash/check if you prefer but we must receive your payment prior to the 1<sup>st</sup> and still have a credit card on file in case we do not receive payment)
- Remove Medication Administration Form (page 10) – if applicable have physician complete \*NOTE: you MUST have a separate form completed for EACH medication (you cannot put multiple dosing and medication instructions on the same form)
- Keep pages 11 and 12 for your future reference (lunch suggested guidelines and sample daily schedule); Creative Avenues Preschool and Learning Center will provide morning and afternoon snacks; families will be required to provide lunch

2) Complete and submit a Registration Calendar (hard copy or online) for the upcoming month with planned attendance days and times; payment is due IN ADVANCE to secure your space in this program; future calendars need to be submitted by the 20<sup>th</sup> of the preceding month and any additional days added must be given at least 5 days notice (due to staffing and staff/student ratio requirements)

3) Submit your completed forms and Registration Fee (one-time \$25 fee per family) prior to planned first day of attendance – you will be contacted ASAP if room is not available for your selected days/times and you will be placed on the waitlist

## Tuition Information:

Full day: \$25 per day and \$15 for additional siblings in same program

Half day (morning or afternoon): \$15 per day and \$10 per additional siblings in same program

## Available Discounts:

- Siblings of students enrolled in our preschool program receive a 10% discount when they attend
- Families that enroll students in our dance program (Revolution Dance) receive a 15% discount on classes

*Please Note: There are no refunds for no-shows or adjustments to your current registration; drop-ins are ONLY available if space allows; availability is on a first-come-first-serve basis and space cannot be reserved without enrollment packet and registration fee*



Preschool and Learning Center - Enrollment Packet (Grade K – 6)

Start Date of Enrollment: .....

Program Enrollment:

- Full Day includes 5+ hours between 7:30 a.m. – 5:15 p.m.
• Morning includes < 5 hours between 7:30 a.m. – 12:30 p.m.
• Afternoon includes < 5 hours between 12:15 p.m. – 5:15 p.m.

Calendars for Enrollment in Friday Fun and School’s Out Days: you will be required to submit a monthly calendar with requested enrollment by the 20th of each month prior and pre-payment will be due by the 1st of each month; calendars are available online and at the studio

Family Information and History

Name of Child: ..... Gender: M F

Date of Birth (mm/dd/yyyy): .....

Address: ..... City: ..... Zip: .....

Mother’s Name (or guardian): ..... Home/Cell Phone: .....

Address: ..... City: ..... Zip: .....

Email Address: .....

Employer: ..... Work Phone: .....

Employer Address: .....

Father’s Name (or guardian): ..... Home/Cell Phone: .....

Address: ..... City: ..... Zip: .....

Email Address: .....

Employer: ..... Work Phone: .....

Employer Address: .....

Status of Child’s Parents: [ ] Married [ ] Separated [ ] Divorced [ ] Other: .....
[ ] Stepfather [ ] Stepmother

Any custody issues or concerns we need to be aware of (if there are custody issues please attach court papers):

**Authorized Release of Child and Emergency Contacts**

Under no circumstance will the Center release a child to anyone not identified below or not otherwise known to staff (parent/guardian) without specific written authorization from the parent or guardian. These persons will also be contacted if the parent cannot be reached during the school day if the child needs to be picked up for any reason. Any additions or changes should be made immediately in writing. Any such authorized persons may be required to show I.D.

Name: ..... Phone: ..... Relationship: .....

Address: .....

Name: ..... Phone: ..... Relationship: .....

Address: .....

Name: ..... Phone: ..... Relationship: .....

Address: .....

**Emergency Contacts**

If the parent or guardian cannot be reached in an emergency, these contacts are persons who can assume responsibility for the child.

Name: ..... Phone: ..... Relationship: .....

Address: .....

Name: ..... Phone: ..... Relationship: .....

Address: .....

**Medical Contacts**

Child's Physician: ..... Phone: .....

Address: .....

Child's Dentist: ..... Phone: .....

Address: .....

Hospital of Choice: ..... Phone: .....

Address: .....

.....  
Parent/Guardian Signature

.....  
Date

.....  
Parent/Guardian Signature

.....  
Date

**Authorization for Emergency Medical Care**

I/We ....., hereby grant Creative Avenues Learning Center permission to take whatever action in its judgment may be necessary in supplying emergency medical services to ..... We understand that, consistent with the circumstances of the situation and available time, the Center will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us in Emergency Contacts. In the event the Center is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to the Center to contact and comply with the advice of an available physician, emergency services personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by the Center in making emergency medical treatment available to the above named child.

.....  
Parent/Guardian Signature Date

.....  
Parent/Guardian Signature Date

**General Health Statement**

Child's Name:..... Date of Birth: .....

Allergies:  
.....  
.....

Food Restrictions:  
.....  
.....

Chronic Medical Conditions:  
.....  
.....

Any other health or special situations concerning the child which the Center should be aware of including existing/pre-existing illness, injuries, disabilities, or hospitalizations during the past 12 months, or any medications prescribed for long term use must be sufficiently detailed in writing prior to enrollment and may require a Health Care Plan or Individual Education Plan. Preventative creams/ointments may be applied as requested by parents in writing.

**Topical Preparations (Preventative) Permission Form**

Child's Name ..... Date of Birth .....

Parent or Guardian Name .....

**SUNSCREEN:**

I give my permission for the staff at Creative Avenues Learning Center to assist in applying sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs, and feet before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any reaction will be reported to the parent/guardian. I am aware that I have the option to provide the sunscreen with a minimum SPF of 30 and, if I provide it, I understand it should be in its original container labeled with my child's name and within the noted expiration date. If I choose not to provide my own sunscreen, the Center may apply their sunscreen to my child – it will be the "on sale/generic" brand with minimum SPF of 30 that will be used. It is my responsibility to check this product and ensure my child is not allergic to any ingredients in the product. Please list any special Instructions here:

I do not want my child to use sunscreen and I accept any health consequence that may be a result of it

.....  
Parent/Guardian Signature ..... Date

## General Authorizations and Agreements

I/we hereby grant permission for my child ..... to participate in all activities at Creative Avenues Learning Center including, but not limited to:

Initial	
	Use of Indoor and Outdoor equipment (including equipment rented by the Center on a temporary basis)
	Use of mats or cots during sleep or rest time if applicable
	Use of video and technology for educational enrichment – all technology will be age-appropriate and used videos are used for teaching purposes special occasions, and during inclement weather
	Field trips (advanced notice will be given and permission agreements will be required in advance)
	Publicity photos and video of the program (no names will be used)
	Evaluations and/or video monitoring of the program for Center use

In Addition, I/we understand that:

- Creative Avenues Learning Center will not be responsible for anything that happens as a result of false information given at the time of enrollment. This enrollment agreement will remain on file at the Center and it is our responsibility to keep the information current.
- Creative Avenues Learning Center will not assume responsibility for my child if they have not been signed in when they arrive. We further understand that once my child has been signed out, they are no longer the Center’s responsibility.
- Enrollment in the program will be at the discretion of the Center based upon the best interest of the child, the expectation that he/she will benefit from the program and the welfare of other children enrolled. Enrollment shall be made without regard to race, creed, sex, religion, or national origin.
- Creative Avenues Learning Center is a privately owned organization, and therefore, may disenroll any child whose behavior causes them to be a direct threat to the safety of other children and/or staff members, whose needs the organization is unequipped to handle, or whose parents do not abide by the policies of the Center. Disenrollment is at the sole and absolute discretion of the administration and may occur without any prior notification. In addition, if any parent or guardian is abusive, rude, or unreasonably uncooperative with the Center staff or who will not abide by the policies of the Center their child shall be subject to disenrollment. There will be no refund of tuition due to any of the above circumstances.
- Tuition is due by the 1<sup>st</sup> of each month (in advance of services). Failure to pay my tuition within 30 days will result in termination of services for my child. Late payments will result in a fee of \$5.00 per day and a \$20 charge will be added to your account for returned checks.
- Tuition must be paid in FULL without deductions for absences and without substitution of attendance as “make up” days. This is necessary due to staffing and operational costs that are incurred on the basis of fixed levels of enrollment.
- Children must be picked up by the designated ending time of the program in which they are enrolled. Late pick up will result in a fee of \$5.00 for every 5 minutes (per child) and will be due within 2 business days. In the event that your child remains at the center 30 minutes or more past the ending time, and the Center is unable to contact you, the Center may contact appropriate governmental authorities.

- If your child is ill, is unable to participate in activities, has a fever above 100.5 degrees F within the past 24 hours, is vomiting, has ongoing case of diarrhea, or shows evidence of communicable disease, they will not be allowed to attend and alternative care should be arranged. If you child exhibits such symptoms at the Center you will be contacted for immediate pickup.
- If I/we choose to **WITHDRAW** my child from the program we must inform the Center **IN WRITING at least 15 days** prior to the next tuition due date. There will be no refund for unused portions of the monthly tuition if my child is withdrawn during the middle of a month and we are responsible for ongoing tuition until the Center receives this notification.
- Written notification must be given for any person that will be picking up a child that is not included on your authorized persons list included in this enrollment packet. Information on authorized persons must be kept current by the parent/guardians.

.....  
 Parent/Guardian Signature Date

.....  
 Parent/Guardian Signature Date

**Statement of Health – Completed by Health Care Provider**

Child's Name: ..... Date of Birth: .....

Significant Health Concerns:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> None             | <input type="checkbox"/> Hearing              | <input type="checkbox"/> Seizures             |
| <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Other            |   |   |

Explain above concerns and, if necessary, include instructions to child care providers.

Are there restrictions to the child participating in any activities? YES NO

If yes, please describe.

I find, ..... to be in good health and able to attend Creative Avenues Learning Center.

.....  
Physician Signature

.....  
Date

\*\*\*\*\*

**A copy of your child's immunization records must accompany this form**



**Automatic Payment Authorization**

Your monthly tuition will automatically be charged to a credit/debit card on the 1<sup>st</sup> of each month – unless we receive payment in full prior. An invoice will be emailed to you upon registration with your anticipated monthly payment amount. To withdraw or change your registration, written notice must be given 15-days in advance to allow processing time.

Student Name(s) .....

Parent Name .....

Email Address (must have one on file for invoices distribution): .....

**Payment Information:**

Card Type:  Visa  MasterCard

Card Number ..... Expiration Date (mm/yy): .....

Name of Cardholder: ..... V-Code (3-digit code on back): .....

Billing Address of Cardholder : ..... Zip: .....

**Signature of Cardholder** .....

Please read the following information regarding this automatic service:

1. The charge will appear on your card statement each month from “Creative Avenues”. The charge will be made on/about the first of each month. If a payment due date occurs on a weekend, the payment will be deducted on the next available business day.
2. If the charge on the card on file is declined, late fees will apply to your balance. If you prefer to pay by cash or check, payment must be received prior the 1<sup>st</sup> of each month (otherwise your card on file will be charged).
3. A receipt will be emailed and/or given to you upon request.
4. If your card expires or is no longer available, please notify our office immediately to provide new card information. Any declined cards are subject to late fees until payment is made.

For Office Use:

Date form received: .....

**Charge Amount Details ( amount charged, date, reference #):**

January	.....	.....	.....	July	.....	.....	.....
February	.....	.....	.....	August	.....	.....	.....
March	.....	.....	.....	September	.....	.....	.....
April	.....	.....	.....	October	.....	.....	.....
May	.....	.....	.....	November	.....	.....	.....
June	.....	.....	.....	December	.....	.....	.....

**Medication Administration at Creative Avenues Learning Center**

**\*NOTE: each required medication MUST have its own form and MUST be completed by your physician; each form will be reviewed by our Nurse Consultant and a designee will be assigned for medication administration**

The parents or guardians of ..... ask that the staff give the following medication

Name of medication: .....

Dosages (amount and times): .....

to my child, according to the Health Care Provider's signature on the lower part of this form.

- The Center agrees to administer the medication prescribed by a licensed health care provider. It is the parent or guardian's responsibility to furnish the medication.
- The parent or guardian agree to pick up any expired or unused medication within one week of notification by staff
- Prescription medications must come in a container labeled with child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and the licensed health care providers name. The pharmacy name and phone number must also be included on the label.
- Over the counter medication must be labeled with the child's name. Dosage must match the signed health care provider authorization and medicine must be packaged in its original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the staff delegated to administer medications.

.....  
Parent/Guardian Signature Date

**Health Care Provider Authorization to Administer Medications**

Child's Name ..... Date of Birth .....

Medication .....

Dosage ..... Route .....

Time of day medication is to be given .....

Starting Date ..... Ending Date .....

Anticipated number of days medication needed to be given by the Center .....

Purpose of medication and Possible Side Effects:

Signature of Health Care Provider with Prescriptive Authority .....

License Number ..... Phone ..... Date .....

## Lunches and Snacks

Creative Avenues Learning Center will provide morning and afternoon snacks to all enrolled students. Parents or guardians are expected to bring a lunch for their child each day. \*PLEASE NOTE: due to possible allergies please do not include any nut products in the food you send and children will not be allowed to share lunches

The following guidelines should be helpful in deciding what to send with your child (following the USDA child meal pattern requirements) – we also have some great resource packets available with fun and healthy recipes that are easy to make for your child (just ask us for one)! 😊



United States Department of Agriculture

## NEW Child and Adult Care Food Program Meal Patterns

### Child and Adult Meals



USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the new child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the new meal patterns by October 1, 2017.

#### Children (Age 1 through 12)

<b>BREAKFAST</b>
Milk, fluid
Juice (fruit or vegetable), or fruit(s) or vegetable(s)
Grain/Bread
<b>LUNCH/SUPPER</b>
Milk, fluid
Meat or meat alternate
Vegetable and/or fruit (at least two)
Grain/Bread

For more information visit: <http://www.fns.usda.gov/cacfp/meals-and-snacks>

**Friday Fun and School's Out Arts Enrichment Program  
Sample Daily Schedule**



7:30 – 9:00 a.m.	WELCOME TIME - greeted by teachers, wash hands, open time active play, get ready for the day
9:00 a.m. – 10:00 a.m.	Arts Rotation Class #1
10:00 a.m. – 10:30 a.m.	Outside Activities
10:30 a.m. – 11:15 a.m.	Arts Rotation Class #2 (two groups)
11:15 a.m. – 12:00 p.m.	Arts Rotation Class #3 (two groups)
12:00 p.m.	Wash hands and bring lunches to tables
<b>12:10 p.m. – 12:45 p.m.</b>	<b>LUNCH and cleanup</b>
12:45 p.m. – 1:30 p.m.	Arts Rotation #4 (two groups)
1:30 – 2:15 p.m.	Arts Rotation Class #5 (two groups)
<b>2:30 p.m.</b>	<b>Snack Time</b>
2:45 p.m. – 3:15 p.m.	Outside Activities
3:15 p.m. – 4:00 p.m.	Arts Rotation #6
4:00 – 5:15 p.m.	GOODBYE TIME – open time active play, get ready to go home

Morning Session: 7:30 a.m. – 12:30 p.m.

Afternoon Session: 12:15 – 5:15 p.m.

\*Half day students are welcome to eat lunch with us\*

