

Johnson City Schools 2019-2020 Educare Preschool Program Registration and Application Form

Child's name: _____
Last First Middle

2019-2020 Grade _____ DOB/Age _____ Teacher's Name _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Where Employed: _____ Where Employed: _____

Email: _____ Email: _____

Who has custody of child? _____

TRANSPORTATION PLAN (Required by the State of Tennessee)

To insure the safety of your child, please list other adults to whom your child may be released, their relationship to your child, and their phone numbers. In the event of an emergency, our staff will contact EMS to transport your child if we are unable to reach you or the contacts listed below. We can not be held liable if a minor sibling is authorized to pick up your child. Court documentation must be provided if a non custodial parent is denied access to the child. **Children cannot be enrolled in Educare without names other than parents listed on the transportation plan.**

Name: Relationship: Phone:

\$15.00 Registration Received _____

EMERGENCY INFORMATION (Required by the State of Tennessee)

If your child should become ill or be injured while attending Educare, every effort will be made to notify the parents. In the event of an emergency and in accordance with the guidelines mandated by the State of Tennessee, the following information is required. Please list the name of a relative or other person, other than Educare staff, who can make an emergency medical decision on behalf of the child and if the parents cannot be reached. **Children will not be allowed to attend Educare without all emergency information completed.**

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION:

Child's Doctor: _____ Phone: _____

Medical Condition/Allergies: _____

Preferred Hospital: _____ Policy Holder: _____

Insurance Company: _____ Policy #: _____

My child may receive emergency medical care and I agree to assume all expenses for moving and medical treatment. I consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia as may be deemed necessary by the physician.

Please mark one: Yes: _____ No: _____

I also certify that my child's immunizations are up to date and on file in the main office.

• Signature of Parent or Guardian: _____

My child has permission to take walks that may involve leaving the campus. Any trip that requires transportation will be through Johnson City Transit and will be dealt with on a separate permission slip.

• Signature of Parent or Guardian: _____

My child has permission to walk home. I understand that Educare is not liable once my child is dismissed as a walker and I accept full responsibility. **(Only if applies)**

• Signature of Parent or Guardian: _____

I am responsible for supplying my child with sunscreen. Children are only allowed to apply sunscreen supplied by parent and labeled with the child's name. **(Only if applies)**

• Signature of Parent or Guardian: _____

EDUCARE CODE OF CONDUCT

In order for all to have a safe and enjoyable school year, all students must show respect to others. Everyone must exhibit good behavior.

As a student in Educare, I agree to:

- **Respect my friends and their property;**
- **Respect and obey all teachers;**
- **Not push, hit, or inappropriately touch a fellow student or staff member;**
- **Use only polite words to others;**
- **Demonstrate good sportsmanship and fair play at all times.**

I know that by obeying all the rules, I will help make this a good experience for all students. I also know that if I disobey the rules my parents/guardians will be notified. Repeated misbehavior can result in my suspension from Educare. I will help make this a positive program for all students.

Student Signature

Date

Parent/Guardian Signature

Date

Johnson City Schools Preschool Educare Contract and Agreement Form

All applications must be returned to an Educare Director or Assistant Director. We will not accept students that do not have a completed application or who have not paid the registration and the first week's payment prior to attendance.

Names _____ DOB/Age _____ Grade _____

Will attend Educare as follows:

AM Educare 7:00am-8:05am	PM Educare 12:30pm-3:30pm	PM Educare 3:30pm-6:00pm
M	M	M
T	T	T
W	W	W
TH	TH	TH
F	F	F

***Educare Fee Schedule Registration Fee \$15.00 per child**

Am Educare

\$3.00 per child

Pm Educare

\$8.00 per child 12:30p-3:30p
\$4.50 additional from 3:30p-6:00p

All Day Educare (School Closings)

\$25.00 per day
\$100 for week

Returned check fee

\$10.00 per child

Weekly Rate

\$40 to \$77.50, depending on schedule

Late Pick up Fee

\$10.00 per child first 15 minutes
\$10.00 per child each additional 15 min.

1. I have read the parent manual and understand the guidelines and policies of the Johnson City Schools Educare Program. I also have received a copy of the latest State of Tennessee guidelines for this childcare facility and program. I have received a copy of the Johnson City Schools Policy regarding child abuse and neglect.

2. I understand that all fees must be paid in advance on Monday. ***I agree to pay the WEEKLY FEE of \$_____ each Monday prior to my child attending the Educare Program.*** I may pay bi-weekly or monthly but understand that this payment must be paid in advance. I agree to pay this weekly fee even if my child is absent until the end of the school year or until I withdraw my child from Educare in writing. Written notice is required for contract changes. ***Lack of timely payment will result in dismissal from Educare.***

This document is a contract. By my signature, I agree to pay for all contracted days of service plus any additional fees due.

Signature of parent or guardian: _____ Date: _____

Johnson City Schools

Educare Agreement Form

Child's Name

() I have read and agree to the guidelines and policies of the Johnson City Schools Educare Handbook.

() I agree to pay \$_____ /day or \$_____ /week, in advance every week or every other week based on my pay schedule.

() I know that if I fail to pay every two weeks, my child will no longer be allowed to attend Educare until the balance is paid in full.

() I have received a copy of the Johnson City Schools Abuse and Neglect Policy.

() I have received a copy of the State of Tennessee Child Care Approval Requirements.

() I agree to call the Educare Director, Angie Overdorf, if I have any problems concerning my child or the program.

By signing below, I have agreed to all of the above statements and am held responsible for knowing in information provided in the Johnson City Schools Educare Handbook.

Parent Signature

Date

Educare Director/Assistant Director Signature

Date