

2014-2015 NORTH SIDE EDUCARE ENROLLMENT FORM

CHILD'S NAME _____ DOB _____

DATE CHILD ORGINALLY ENROLLED IN EDUCARE _____

DATE ENROLLMENT AND APPLICATION FEE PAID _____

CHILD LIKES TO BE CALLED _____

GRADE THIS SCHOOL YEAR _____ TEACHER _____

HOME ADDRESS

(STREET)

(CITY) (STATE) (ZIP)

MOTHER'S NAME _____

ADDRESS AND ZIP _____

PHONE _____ CELLULAR # _____

EMPLOYER _____

WORK PHONE _____

WORK HOURS _____ WORK DAYS _____

FATHER'S NAME _____

ADDRESS AND ZIP _____

PHONE _____ CELLULAR # _____

EMPLOYER _____

WORK PHONE _____

WORK HOURS _____ WORK DAYS _____

WHO HAS CUSTODY? _____ DAYS _____

CHILD'S DOCTOR _____ PHONE _____

DENTIST _____ PHONE _____

HOSPITAL PREFERRED _____

CHILD'S SOCIAL SECURITY # _____

MEDICAL INSURANCE CO. _____ POLICY # _____

PERSON THAT MAY PICK CHILD UP OR ACT IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED:

NAME & RELATIONSHIP	WORK PHONE	HOME PHONE	CELL PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PLEASE LIST ANY SPECIAL MEDICAL CONDITION OR ALLERGIES OF WHICH WE SHOULD BE AWARE:

THE STAFF OF EDUCARE HAS MY PERMISSION TO SEEK CARE FOR MY CHILD IN A MEDICAL EMERGENCY WHILE STILL TRYING TO REACH ME. I AM RESPONSIBLE FOR ALL BILLS FOR MEDICAL TREATMENT.

PARENT SIGNATURE _____
DATE _____

STUDENT HEALTH HISTORY

PHYSICAL HEALTH

(PLEASE CHECK ALL THAT APPLY)

1. _____ MY CHILD HAS NO HEALTH PROBLEMS WHICH WOULD AFFECT HIS/HER SCHOOL DAY.

2. MY CHILD'S HEALTH NEEDS INCLUDE THE CONDITIONS CHECKED:

_____ MEDICATION, PLEASE EXPLAIN _____

_____ ALLERGIES, PLEASE LIST _____

IS EPIPEN PRESCRIBED? _____ YES _____ NO

_____ BEE STING ALLERGY, DESCRIBE THE REACTION _____

_____ FOOD ALLERGIES, PLEASE LIST _____

_____ ASTHMA, IS INHALER USED? _____ YES _____ NO. IF YES, HOW OFTEN _____

_____ DIABETES, WHAT MEDICATIONS ARE TAKEN? _____

_____ HEARING PROBLEM, PLEASE DESCRIBE _____

_____ VISION PROBLEM, PLEASE DESCRIBE _____

_____ SPEECH PROBLEM, PLEASE DESCRIBE _____

_____ ADD OR ADHD DIAGNOSED, IF THERE ARE ANY MEDICATIONS PRESCRIBE

PLEASE LIST _____

_____ SEIZURES, WHAT TYPE? _____

MEDICATION TAKEN _____

_____ PHYSICAL IMPAIRMENTS, PLEASE DESCRIBE _____

_____ EMOTIONAL CONCERNS, PLEASE LIST _____

3. DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S HEALTH? _____

SOCIAL INTERACTION

1. IS YOUR CHILD INVOLVED IN ANY SPORTS OR HOBBIES? PLEASE DESCRIBE _____

2. WHAT DOES YOUR CHILD DO WHEN HE OR SHE IS STRESSED, ANGRY, OR FRUSTRATED? _____

3. WHAT IS THE BEST WAY TO DISCIPLINE YOUR CHILD, EXCLUDING PHYSICAL PUNISHMENT _____

4. IS THERE ANY INFORMATION THAT YOU WISH TO SHARE THAT WOULD ASSIST WITH MEETING YOUR CHILD'S NEEDS? _____

YOUR SIGNATURE GIVES PERMISSION FOR THE EDUCARE STAFF TO TAKE PRECAUTIONS AND PROCEDURES TO PROTECT YOUR CHILD IN EDUCARE.

YOUR SIGNATURE IS AN INFORMED CONSENT TO SHARE THIS HEALTH HISTORY INFORMATION WITH EDUCARE STAF ON A NEED TO KNOW BASIS FOR EMERGENCY PLANS.

_____ PARENT/GUARDIAN SIGNATURE

DATE _____

NORTH SIDE EDUCARE EMERGENCY PACKET
CHILD'S HEALTH INFORMATION

ARE IMMUNIZATIONS CURRENT? _____

MY CHILD'S IMMUNIZATIONS ARE ON FILE AT _____ SCHOOL.

PLEASE LIST ANY MEDICAL PROBLEMS AND FOOD, DRUG, OR OTHER ALLERGIES WE SHOULD BE AWARE OF: _____

EMERGENCY INFORMATION

IN THE EVENT THAT YOUR CHILD SHOULD BECOME ILL OR BE INJURED WHILE ATTENDING THE EDUCARE PROGRAM, EVERY EFFORT WILL BE MADE TO NOTIFY PARENTS. IN THE EVENT OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE GIVE US OTHER PERSONS TO CONTACT:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME OF DOCTOR _____ PHONE # _____
HOSPITAL PREFERRED _____
MEDICAL INSURANCE COMPANY _____ POLICY # _____
NAME OF DENTIST _____ PHONE # _____
DENTAL INSURANCE COMPANY _____ POLICY # _____

MY CHILD _____ MAY RECEIVE EMERGENCY CARE, AND I AGREE TO ASSUME ALL EXPENSES FOR MOVING AND TREATMENT. I CONSENT TO ANY TREATMENT, SURGERY, DIAGNOSTIC PROCEDURE, OR THE ADMINISTRATION OF ANESTHESIA AS MAY BE DEEMED NECESSARY BY THE PHYSICIAN.

YES _____ NO _____

SIGNATURE

DATE

NORTH SIDE EDUCARE CONTRACT

STUDENT'S NAME: _____

WILL ATTEND NORTH SIDE EDUCARE AS FOLLOWS:

***BEFORE SCHOOL**
(7:00-7:45 AM)

***DURING SCHOOL**
(12:45/1:15-3:15 PM)

***AFTER SCHOOL**
(3:15 - 6:00 PM)

MONDAY _____

MONDAY _____

MONDAY _____

TUESDAY _____

TUESDAY _____

TUESDAY _____

WEDNESDAY _____

WEDNESDAY _____

WEDNESDAY _____

THURSDAY _____

THURSDAY _____

THURSDAY _____

FRIDAY _____

FRIDAY _____

FRIDAY _____

EDUCARE FEE SCHEDULE

APPLICATION FEE	\$5.00/CHILD	HALF DAY (3 A YEAR)	\$10.00/CHILD
REGISTRATION FEE	\$10.00/CHILD	ALL DAY EDUCARE	\$20.00
AM EDUCARE	\$2.00/CHILD PER DAY	WEEKLY RATE	\$80.00
		ADDITIONAL CHILD	\$70.00

PRESCHOOL EDUCARE (12:45/1:15-3:15) \$5.00/CHILD PER DAY

PRESCHOOL EDUCARE (3:15 - 6:00 PM) \$5.00/CHILD PER DAY

PM EDUCARE (3:15 - 6:00 PM) NON FEE WAIVER \$7.50/CHILD PER DAY

PM EDUCARE (3:15 - 6:00 PM) FEE WAIVER \$5.00/CHILD PER DAY

RETURNED CHECK FEE \$10.00 PLUS BANK FEES

LATE PICK UP FEE \$10.00/CHILD PER EACH 15 MINUTES

THIS DOCUMENT IS A CONTACT. BY MY SIGNATURE, I AGREE TO PAY FOR ALL CONTRACTED DAYS OF SERVICE PLUS ANY ADDITIONAL FEES DUE.

BY SIGNING THIS CONTRACT, I AM ALSO IN AGREEMENT THAT ALL FEES ARE TO BE PAID IN A TIMELY MANNER AND NO BALANCE WILL BE OWED LONGER THAN 2 WEEKS OR MY CHILD/CHILDREN COULD BE IN JEOPARDY OF REMOVAL FROM THE PROGRAM.

(SIGNATURE OF PARENT/GUARDIAN)

DATE

WITNESS

DATE

NORTH SIDE EDUCARE 2014-2015
AGREEMENT FOR SERVICES

CHILD'S NAME _____ DATE _____

- _____ I HAVE RECEIVED AND READ THE FAIRMONT EDUCARE EMERGENCY PACKET AND UNDERSTAND THE GUIDELINES AND POLICIES OF THE NORTH SIDE EDUCARE PROGRAM.
- _____ I HAVE RECEIVED A COPY OF THE JOHNSON CITY POLICY REGARDING ABUSE/NEGLECT. (SEE JCBOE POLICY 6.409 - ATTACHED)
- _____ I UNDERSTAND THAT THE WEEKLY RATE WILL BE PREPAID ON EACH MONDAY. I ALSO KNOW THAT MY CHILD/CHILDREN ARE SUBJECT TO DISMISSAL IF MY BILL BECOMES DELINQUENT.
- _____ I AM RESPONSIBLE TO PAY FOR MY CONTRACTED DAYS, EVEN IF MY CHILD DOES NOT ATTEND. NOTIFY THE DIRECTOR OF ANY SCHEDULE CHANGES AT LEAST TWO WEEKS IN ADVANCE OR NORMAL FEES WILL APPLY.
- _____ I KNOW THAT I MUST PICK-UP MY CHILD BY 6:00 PM AND WILL BE RESPONSIBLE FOR ANY LATE FEES ASSESSED.
- _____ I WILL KEEP MY CHILD HOME WHEN HE/SHE IS SICK. IF MY CHILD BECOMES SICK AT EDUCARE, I WILL PROMPTLY PICK HIM/HER UP FROM EDUCARE.
- _____ I HAVE GONE OVER AND DISCUSSED THE EDUCARE CODE OF CONDUCT WITH MY CHILD. WE CLEARLY UNDERSTAND AND HAVE SIGNED THIS AGREEMENT.
- _____ I HAVE RECEIVED A COPY OF THE TENNESSEE DEPARTMENT OF EDUCATION SUMMARY OF CHILD CARE APPROVAL REQUIREMENTS AND I HAVE READ IT.

ACCORDING TO THE FEE SCALE PROVIDED TO ME, MY CHILD'S RATE FOR THE 2014 - 2015 SCHOOL YEAR WILL BE _____ PER DAY/WEEK.

PARENT SIGNATURE

DATE

**To report suspected violations or possible illegal child care operations,
call the Child Care Complaint Hotline at 1-800-462-8261.**

**To report suspected cases of child abuse and/or neglect, call
1-877-54-ABUSE (1-877-542-2873) or 1-877-237-0004 or
1-855-209-4226 or 615-770-1174**

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 AT NORTH SIDE EDUCARE, I AGREE TO:

- RESPECT MY FRIENDS AND THEIR PROPERTY;
- RESPECT AND OBEY ALL TEACHERS;
- NOT PUSH, HIT, OR INAPPROPRIATELY TOUCH A FELLOW STUDENT;
- 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 SCHOOL YEAR FOR ALL STUDENTS. I ALSO KNOW THAT IF I DISOBEY THE RULES CAN RESULT IN MY SUSPENSION FROM EDUCARE. I WILL HELP MAKE THIS A POSITIVE EDUCARE PROGRAM FOR ALL STUDENTS.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

