

- AM
- AM & PM
- PM
- Punch Card

City of Manassas Park
 Parks & Recreation Department
 Extended Care Registration Form
 2018-2019 School Year

Office Use ONLY

- Kindergarten
- 1st
- 2nd
- 3rd
- 4th
- 5th

Allergies

Child's Name: Sex: Age:

Home Phone: Date of Birth: Last Grade Completed:

Home Address:

Previous Daycare and Schools Attended:

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

Parents/Guardians

Parent/Guardian Name: Place Employed:

Home Phone: Business Phone: Cell Phone:

Home Address: Email Address:

Parent/Guardian Name: Place Employed:

Home Phone: Business Phone: Cell Phone:

Home Address: Email Address:

Emergency Information

Allergies or Intolerance to Food, Medication, Etc., and Action to Take in an Emergency:

Child's Physician: Business Phone:

Two People To Contact if Parent(s)/Guardian(s) Cannot be Reached:

Note: These must be local contacts and it must be someone other than the parent(s) or guardian (s).

Emergency Contact #1 Name: Address:

Home Phone: Business Phone: Cell Phone:

Emergency Contact #2 Name: Address:

Home Phone: Business Phone: Cell Phone:

Person(s) Authorized To Pick Up Child:

Person(s) **NOT** Authorized To Pick Up Child*:

* Appropriate paperwork such as custody papers shall be attached if parent is not allowed to pick up child.

*Note: Secion 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care enter must be included, upon the request of such noncustodial parent, as an emergency contact for events occuring during school day or day care activities. 032-05-252/11 (06/05)

Child's Name:

City of Manassas Park
Parks & Recreation Department
Extended Care Registration Form Continued
School Year 2018-2019

Agreements

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his/her child or any member of the the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
4. I hereby give my permission to a representative of Cougar Elementary or Manassas Park Elementary School to release a copy of my child's physical and immunization records from my child's _____ school record to The City of Manassas Park, Department of Parks and Recreation so that we may include it in our files for the program.

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent/guardian that states the objection and the reason for the objection.

Parent/Guardian Signature: Date:

Office Use Only
Identity Verification

Center Administrator Signature: Date:

Date Child Entered Care: Date Child Left Care: Certificate Number:

Place of Birth: Date of Birth: Date Issued:

Date Documentation Viewed: Person Viewing Documentation:

Other Form of Proof: Immunization Records Physical

Date of Notification of Local Law Enforcement Agency (when required proof of identity is not provided): _____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agency), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment areement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that proof of identity, if reproduced or retained by the child day program or both both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other dispostion of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by: 1) shredding, 2) erasing, or 3) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

032-05.252/11 (06/05)

Extended Care Payment Agreement School Year 2018-2019

Child Name:

Child Name:

Child Name:

Child Name:

1. I agree to pay per two week session per child. Sessions are in operation from August through June .
2. I understand that the tuition for each session is due on the date listed. All accounts are considered delinquent of payments are received the Monday after the posted session starting date and my child will be suspended beginning the next day (Tuesday) until my account is paid in full. I understand a late fee of **\$25.00** will be assessed accordingly.
3. After 3 consecutive late payments or a consistent pattern of late payments, without prior reasonable notification, your late fee may be increased to **\$50.00**. In addition, you must attend a mandatory meeting to work out a payment agreement. If you do not attend the meeting, you will compromise your child's current and future enrollment in our program.
4. There is a \$55.00 fee for all returned checks. After two returned checks, all future payments must be paid in cash, money order or returned checks.
5. I may withdraw my child from the program with two week's written notice to the Program Director. In the event that two weeks notice is not given, a fee will be charged to my account at a rate of \$8.00 per day for the two weeks following the withdraw..
6. The Extended Care Punch Card is provided to offer the convenience of a drop-in opportunity without a contractual commitment. A punch card may be purchased at anytime during the school year, however they are only honored August 27 to June 14 (the active school year). The punch cards are not pro-rated and the pass or any portion thereof remaining at the end of the school year, is non-refundable and will not carry over into the next school year. Terms of use and fees are subject to change.

Please check the type of care your child(ren) will be utilizing:

- | | |
|---|--|
| <input type="checkbox"/> AM Care Only-\$105.00-per two-week session* | <input type="checkbox"/> AM Care Only-All Access Passport- \$63.00 per two-week session* |
| <input type="checkbox"/> AM and PM Care -\$205.00-per two-week session* | <input type="checkbox"/> AM & PM Care- All Access Passport- \$123.00 per two-week session* |
| <input type="checkbox"/> PM Care Only-\$145.00-per two-week session | <input type="checkbox"/> PM Care Only-All Access Passport- \$87.00 per two-week session |
| <input type="checkbox"/> AM Punch Card* 8 visits - \$90.00 | 12 visits - \$130.00 16 visits - \$170.00 |
| <input type="checkbox"/> PM Punch Card 8 visits - \$125.00 | 12 visits - \$186.00 16 visits - \$248.00 |

Late Pick Up Information:

- 1) I understand that my child(ren) are to be picked up **NO LATER** than 7 pm. There will be no staff available after 7 pm.
- 2) I understand that if I am a carpool driver and I am late, I am responsible for paying the late pick up fee for all children I am picking up.
- 3) I understand that late charges are to be paid on the day in which they are incurred.
- 4) I understand that continual late pick up may result in the dismissal of my child(ren) from the program.
- 5) I understand the late pick up fees are as follows: \$5.00 for the first 10 minutes late; \$1.00 for each additional minute late or fraction thereof per child.
Example: Up to 10 minutes late receives a \$5.00 charge; 15 minutes late receives a \$10.00 charge, etc.

***In order to effectively implement morning extended care, the program will need to operate with 17 participants. If at any time the program fails to meet the minimum number of participants, the Department may choose to consider discontinuing morning care. In the event that morning care is discontinued, parents/guardians will receive a 30 day cancellation notice of the program.**

***Parent/Guardian Signature:**

My signature also indicates that I am aware of the policies and procedures of the Extended Care Program.

Parent/Guardian Signature:

Date:

Staff Signature:

Date: