

## Parent Checklist for Completing Enrollment

All forms must be completed and returned to the program staff.

Your student **MAY NOT** attend the program until forms are approved by the Program Director or Site Supervisor.

**You will receive a phone call to inform you of the start date for your child.**

- ✓ Check when each is completed.
- BLUE CARD (*Medical/Emergency Contact*)
- AGREEMENT/DAILY ATTENDANCE FORM
- REGISTRATION FORM
- SIGN OUT INFORMATION FORM
- GRADE CONSENT FORM
- EMERGENCY CLOSING FORM
- PAYMENT ARRANGEMENT FORM

# DCC After-School Program

## Program Agreement

(One per family)

### ***Parent Agreement:***

I have read and agree to the terms and conditions in this handbook. I have made my student aware of the guidelines for the DCC After-School Program and they have verbally agreed to these guidelines. I am aware of times and locations for picking up my student as well as rules, regulations, and policies concerning my student's participation in the DCC After-School Program.

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(Parent/Guardian Signature)

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(Date)

*Parent Copy*

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(Parent/Guardian Signature)

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(Date)

*Program Copy*

# Daily Attendance

*Child's or Children's*

*Name(s):* \_\_\_\_\_

Place a check mark after each day your student will be attending: *(minimum of 3 days recommended)*

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

Additional Considerations:

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Parent Signature: \_\_\_\_\_

# DCC After-School Program

## Registration

**Family Information:**

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Legal Guardian?** Yes/No

Mother's Phone:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Do you work during After-School Program hours? Yes/No

**Father's Name:** \_\_\_\_\_ **Legal Guardian?** Yes/No

Father's Phone:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Do you work during After-School Program hours? Yes/No

**Students in Program: (must have teacher's name)**

**1. Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Other Guardians: (Includes step-parents and grandparents)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Do you work during After-School Program hours? Yes/No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Do you work during After-School Program hours? Yes/No

Please explain any family situations we need to know about (i.e. separation/divorce and any custody issues or proceedings). Court documentation may be required. This information will only be shared with staff members for student pick-up/release information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sign-Out Information

Safety is a top priority in the DCC After-School Program. Therefore, no student enrolled in the program will be able to leave at the end of the day without a parent/guardian signature or that of one of the individuals listed below along with a photo identification. (Note: the names that appear below must be of someone **16 years or older**. Additional names may be listed on the back of page).

**STUDENT NAME:** \_\_\_\_\_

### Authorized Signatures

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

## Grade and Behavioral Report Consent

We use this form to access the student's grades and behavior information. We need this information to demonstrate that we are having an impact on the participating students. This greatly helps us in securing future funds to continue the program. Please fill out both sections. **All information obtained will remain confidential.**

### Statement of Consent

I, \_\_\_\_\_ hereby give my consent to

**Dansville Central School** and the **DCC After-School Program** (Dansville Community Center) for the exchange of all educational, medical, psychological, and other diagnostic information relating to:

\_\_\_\_\_

(Name of student)

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent/guardian)

*Parent copy*

### Statement of Consent

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\_\_\_\_\_

(Name of student)

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent/guardian)

*Program copy*

# Emergency Closing

This form will tell the DCC After-School Program staff and the DCS Main Office where your student will go on **Emergency Closings**.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*IF UNABLE TO REACH PARENT\***

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**On Emergency Closings my child will: (Please check one)**

**Be Picked Up**

Persons allowed to pick up your student:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ride Bus #** \_\_\_\_\_ **to** \_\_\_\_\_

**Walk to** \_\_\_\_\_

**Other: Describe:** \_\_\_\_\_

*\*Please note on most early school closings due to inclement weather we are able to remain open at the respective school sites, however in the event that we must close this information is critical.*

I have discussed this plan with my student and they know what to do and where to go in case of an emergency:

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Payment Arrangement Form

Annual Tuition is **\$2,400** = 181 days of care for 3.8hrs per day at a rate of \$3.16phr

Please select a payment option below.

*(Circle one)*

**Option 1** = \$2,400 in full receive winter and spring recess free (\$250 value)

**Option 2** = \$2,400 over 10 months at installments of \$240 per month, this may be paid weekly with 4 payments of \$60 per week. (due first Friday of the month or every Friday if weekly)

**\*Option 3=** For those joining after the school year has started, we will pro-rate your tuition and offer you a payment plan to choose from.

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Signature

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Date