

SUNSET AFTER SCHOOL ENROLLMENT INFORMATION

SCHOOL YEAR 2011-2012

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CCMS _____ **SMCISD** _____ **SIBLING** _____ **Registration Fee Paid** _____

CHILD'S INFORMATION :

HOME PHONE: _____

FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: _____ **GENDER:** _____ **MALE** _____ **FEMALE**

ADDRESS: _____

SCHOOL CHILD ATTENDS: _____ **GRADE:** _____ **TEACHER:** _____

START DATE: _____ **FULL TIME:** _____ **DROP IN:** _____

PARENT'S or GUARDIAN'S INFORMATION: **TODAY'S DATE:** _____

1ST PARENT: _____ **CELL #:** _____

DRIVER'S LICENSE #: _____ **ADDRESS:** _____

EMPLOYER NAME: _____ **WORK #:** _____

E-Mail: _____

2ND PARENT: _____ **CELL #:** _____

DRIVER'S LICENSE #: _____ **ADDRESS:** _____

EMPLOYER NAME: _____ **WORK #:** _____

*****Without court documentation, we cannot withhold a child from a non-custodial parent*****

SUNSET requires **AT LEAST TWO** authorized contacts with different phone numbers and addresses, in addition to the parent contact numbers. Authorized contacts and the local authorities can be contacted when parents are not available.

Name of person to call in case of an emergency if parent/ guardian cannot be reached:	NAME: ADDRESS: -----	PHONE #:
	NAME: ADDRESS:	PHONE #:
Additional Authorized pick-up persons:	NAME:	PHONE #:
	NAME:	PHONE #:
	NAME:	PHONE #:

PARENT PERMISSIONS (Please read carefully, please initial, signature and date)

- ❖ I hereby authorize SUNSET to allow my child to leave ONLY with the above persons.
** Please initial: _____
- ❖ In the event of an emergency, such as a chemical spill, gas leak, or other extreme emergency, SUNSET has permission to transport my child to a "safer" location.
** Please initial: _____
- ❖ I hereby authorize SUNSET to allow my child to be transported in case of medical emergency
**Please initial: _____
- ❖ My child has permission to be released to the care of his/ her sibling(s) under 18 years old.
** Please initial: _____

Water Activities: I hereby () give () do not give my consent to participate in the following water activities:
() splashing pools () other water activity provided by the facility
**please initial _____

Pictures: I hereby () give () do not give permission to have my child appear in any media coverage approve by SUNSET, such as photos for activities, SUNSET promotion, newsletters, SUNSET website info.
**Please initial: _____

Parent Handbook: I acknowledge I have received a copy of SUNSET'S written operational policies, including those for discipline and guidance. I agree to abide by the policies stated.
**Please initial: _____

***Parent or Guardian Signature:** _____ **Date** _____

SUNSET HEALTH INFORMATION & ASSESSMENT

The following information you are being asked to furnish on this form will assist us in evaluating SUNSET'S ability to meet your child's needs within the scope of the offered services. SUNSET is willing to reasonably accommodate individuals with disabilities in accordance with the Americans with Disabilities Act. Each child needing a reasonable accommodation will be evaluated on a case-by-case basis. SUNSET will make reasonable modifications to policies and practices to integrate children, unless doing so would constitute a fundamental alteration of the program.

All blanks must be completed. If a question does NOT pertain to your child, please fill in "N/A" (meaning not applicable).

MEDICAL AUTHORIZATION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director to take my child to the nearest emergency clinic, call the doctor listed below, and/or call for an ambulance.

DOCTOR: _____ PH. #: _____ ADDRESS: _____

OR

HOSPITAL: _____ PH. #: _____ ADDRESS: _____

I GIVE CONSENT for necessary emergency treatment when my child is in the care of this physician and/or hospital. All of the above information is accurate and complete.

***Signature- Parent or Legal Guardian: _____ Date: _____

IMMUNIZATION STATEMENT: I certify that current immunization records, current tuberculosis test records, and current vision/hearing records are on file at the school my child attends. *** Signature: _____

CHILD INFORMATION

1. Can your child participate safely in a child care program with a 1:17 adult to child ratio?

O Yes O No

If no, please explain: _____

2. Does your child require additional supervision by adults to ensure safety in the home, community, or school setting?

O Yes O No

If yes, describe the level of supervision needed for safety: _____

3. Does your child have any physical, mental or emotional impairment or impairments?

(such as, but not limited to: chronic illness, orthopedic, visual, speech, hearing, emotional disturbance/bipolar disorder, learning disabilities, Attention Deficit Hyperactivity Disorder[ADHD], Attention deficit Disorder [ADD], Autism spectrum disorder/Asperger's Syndrome, developmental delay, intellectual disability, Down Syndrome, etc.)

If yes, please list: _____

4. Does your child need assistance with: O toileting O Walking O Eating

5. Does your child have any allergies (bee stings, medications, seasonal), diagnosed food allergies, asthma, limitation on activity, diabetes?

If yes, please list: _____

6. Does your child take any medication, treatment, or have an inhaler?

If yes, please list: _____

SUNSET After School Program will make reasonable modifications to include children with disabilities into the program unless doing so would constitute a fundamental alteration of the program. Sunset will make an individualized assessment about whether it can meet the particular needs of a child without fundamentally altering the program.

FINANCIAL RESPONSIBILITY

- ❖ Tuition payments are to be made by the 1st of every month, past due after the 5th business day, (unless other arrangements have been made with SUNSET Administration).
- ❖ DROP INS: Drop In Fee Payments are paid on the day of service. You may pay for several days at one time on or before the days of attendance.
- ❖ I understand that if I get behind on my monthly payments, it can cause my childcare services to be terminated. Childcare will be re-instated once my outstanding balance is brought up to date.
- ❖

I Accept full responsibility for payment of services. *** _____

Parent or Guardian Signature

Date