

# SUNSET AFTER SCHOOL Registration Form 2024-2025

Mailing Address: SUNSET, 405 Reimer Ave., San Marcos, TX  
78666 Contact info: office: 512-392-1992 fax: 512-353-4660  
SunsetASP92@gmail.com www.sunsetafterschool.com

**PARENTS:** School child attends: \_\_\_\_\_  
Child's start date: \_\_\_\_\_

Check all that apply

CCS  SMCISD emp.  Full Time  Drop In

**\*To comply with Texas Child Care Regulation(TCCR) all sections of this form, front and back, must be completed before we can accept any child for care.\***

## CHILD'S INFORMATION :

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male  Female Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Sunset sibling(s) \_\_\_\_\_ School sibling(s) attends: \_\_\_\_\_

**\*\*\*All Siblings need separate registration forms.**

## PARENT /GUARDIAN INFORMATION:

Mother  Father  Other: \_\_\_\_\_

NAME: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work # \_\_\_\_\_

## PARENT /GUARDIAN INFORMATION:

Mother  Father  Other: \_\_\_\_\_

NAME: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work # \_\_\_\_\_

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

**TCCR and 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. **EMERGENCY CONTACT/AUTHORIZED PICK-UPS**

**Name of person to call in case of an emergency if parent/ guardian cannot be reached:**

### Emergency Contact (1)

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

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact (2)

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

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ADDITIONAL AUTHORIZED Pick-up Persons (individual must be at least 16 years of age with state issued I.D.):

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

## PARENTAL CONSENT (Please read carefully, please initial, sign and date)

\_\_\_\_\_ I understand that my child will not be allowed to leave with an unauthorized person. SUNSET will allow my child to leave  
(initials) only with the above persons.

\_\_\_\_\_ In the event of an emergency, such as a chemical spill, gas leak, or other extreme emergency, SUNSET has permission to  
(initials) transport my child to a "safer" location.

### Participation: I authorize my child to participate in the following activities:

\_\_\_\_\_ view G and PG rated films \_\_\_\_\_ Photos or videos for SUNSET publications only (initials)  
(initials) (initials)

### Behavior and Good Conduct:

\_\_\_\_\_ Good behaviors are important to everyone and expected from the children involved in SUNSET. Following rules promotes a  
(initials) good learning experience that is safe and secure. Please see Parent Handbook for Behavior and Discipline guidelines.

### Parent Handbook:

\_\_\_\_\_ I acknowledge I will receive a copy of SUNSET'S written operational policies, including those for discipline and guidance.  
(initials) I agree to abide by the policies stated.

**\*\*\*Parent /Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_**

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.**

**MEDICAL AUTHORIZATION:** In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Facility Director to 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.

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

\*\*\* Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD'S MEDICAL & DEVELOPMENTAL INFORMATION: MUST BE COMPLETED BEFORE ATTENDING SUNSET**

1. Can your child participate safely in a child care program with a 1:17 adult to child ratio?  
 \_\_\_ Yes \_\_\_ No If no, please explain: \_\_\_\_\_  
 We are unable to provide 1:1 care. If this type of care is needed we will re-evaluate whether Sunset is the best program to keep your child safe.
  
2. Does your child require additional supervision by adults to ensure safety in the classroom?  
 \_\_\_ Yes \_\_\_ No If yes, describe the level of supervision needed for safety: \_\_\_\_\_  
 \_\_\_\_\_
  
3. Does your child have any physical, mental or emotional impairment or impairments? \_\_\_ Yes \_\_\_ No  
*(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: \_\_\_ Toileting \_\_\_ Walking \_\_\_ Eating \_\_\_ None
  
5. Does your child have any **allergies** (such as **bee stings, medications, seasonal allergies, ant bites, or diagnosed food allergies**) or any **medical conditions?** (Such as **asthma, diabetes, seizures, heart conditions, concussions, fractures, broken bones, etc.**)  
 \_\_\_ Yes \_\_\_ No  
**If yes**, please list and describe severity: \_\_\_\_\_  
 \_\_\_\_\_  
**If yes**, do you have a medical action plan in place? We require a copy of the plan or fill out our medical action plan form.
  
6. Are there any dietary restrictions? \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_
  
7. Does your child take any medication, treatment, or have an inhaler? \_\_\_ Yes \_\_\_ No  
 If yes, please list: \_\_\_\_\_  
 If your child requires medication such as inhaler or epipen, TCCR requires families to provide Sunset with medication. We are a separate entity from the school district and are unable to access the nurse at school and the medication provided to the school.

**FINANCIAL RESPONSIBILITY**

- ❖ Tuition payments are to be made by the 1<sup>st</sup> of every month, past due after the 5<sup>th</sup> 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.
- ❖ If you are on CCS; co-payments are due by the 3<sup>rd</sup> business day of the month.
- ❖ **I understand that if I fail to pay fees by designated deadlines or arrangements my child may be removed from the SUNSET Program.**

**I accept full responsibility for payment of services.**

\*\*\*Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUNSET After School Program**  
**Family Handbook Orientation and Medical Plan Acknowledgement Form**

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

I acknowledge that I have read and understood the SUNSET Parent Orientation and overview of Family Handbook (The handbook is available on the website). I agree to adhere to the policies and procedures stated in this handbook.

I have also received the SUNSET Emergency Preparedness plan locations and acknowledge all the information with my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUNSET does NOT have access to the school nurse.**  
**All Medications, Epipens, Inhalers, etc. must be provided directly to SUNSET.**

**SUNSET Medical Action Plan**

**Child's name** \_\_\_\_\_

Please give brief description of your child's health condition:

\_\_\_\_\_

Diagnosed Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_ Other Health Condition: \_\_\_\_\_

Signs, Symptoms and/or triggers: \_\_\_\_\_

\_\_\_\_\_

If your child is triggered, please list the steps you would like to be taken by the SUNSET Staff. A Doctor's statement will be required for any diagnosed medical condition that requires emergency care.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Date \_\_\_\_\_ Parent/guardian \_\_\_\_\_