

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 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.
- ❖ If you are on CCS; co-payments are due by the 3rd 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** _____