

WAKULLA COUNTY SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM

Registration & Permission Form
(Please Print all Information)

_____ / ____ / ____
Full Name of Child Date of Birth

_____ City Zip

_____ / ____
Phone Parent(s) Name(s) Work Phone(s)

_____ Emergency Phone

_____ Grade

I. Individuals authorized to pick up my child: _____

2. This is a recreational program and open to all children wishing to participate. However, children demonstrating an excessive need for supervision or discipline WILL be dismissed from the program. This is done for the protection of all participants.

3. Medications/allergies/special needs: _____

4. Is your child Diabetic? Yes _____ No _____ If yes, we need a copy of the Care Plan.

5. I AGREE, BY SIGNING BELOW, TO RELEASE AND WAIVE ALL CLAIMS, EXCEPT FOR WILLFUL AND WANTON ACTS, AGAINST WAKULLA COUNTY SENIOR CITIZENS/WAKULLA COUNTY BEFORE/AFTER SCHOOL PROGRAM OR WAKULLA COUNTY SCHOOL BOARD TRANSPORTATION.

_____ Parent Signature

_____ Date

HEALTH RECORD FORM

WAKULLA COUNTY SENIOR CITIZENS PROGRAMS

Name of Activity: Field Trips

Participants County: Wakulla

1. Please type or print.
2. Carry this form with you to the activity.
3. Statement provides basis for medical care while at this activity. You will not be denied admission for medical conditions unless you have a condition which may prove harmful to other members of the group or for which appropriate facilities and/or medical treatment are not available.

PERSONAL INFORMATION

Name: _____ (Last, First, Middle)		
Birthdate: ____/____/____	Height: _____	Weight: _____
Permanent Address: _____		
City: _____	State: _____	Zip: _____
Age: _____	Sex: _____	Race: _____

NEXT OF KIN OR PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Relationship: _____	Phone: _____	
Physician's Name: _____	Phone: _____	

STATEMENT OF UNDERSTANDING & AUTHORIZATION FOR TREATMENT

In consideration of having been accepted by the Wakulla County Senior Citizens Childcare Program to attend any activities. I hereby release the WCSC, its employees and volunteers from any financial responsibilities for the sickness of or accident to her/him. I also give my permission for him/her to be treated in case of medical emergency, while going to, returning from, and while at this activity. To insure prompt attention in case of serious sickness or accident, I hereby authorize the person responsible to incur expenses considered necessary and I agree to pay for the same, if this is not covered by an accident and sickness insurance policy.

I also give my consent for my son or daughter to be under disciplinary control of the official chaperon(s) designated by Wakulla County Senior Citizens Council.

Parent / Guardian Signature

Sworn to and subscribed before me
This _____ day of _____, 20_____

Participant Signature

Notary Public:
Personally Known _____ OR Produced Identification _____

Date

Type of ID produced _____

THIS FORM MUST BE NOTARIZED

MEDICAL PROCEDURES SUGGESTED:	COMPLETED	YEAR
RUBELLA VACCINATION	_____	_____
DIPHThERIA TETANUS IMMUNIZATION (W/IN 10YRS) POLIO SERIES	_____	_____
MEASLES VACCINATION	_____	_____

If the answer is Yes to any of the following, enter details on the lines provided, indicating diagnosis, date of illness or injury, name of hospital, length of stay, name of doctor, etc.

MY CHILD HAS HAD:

1. Symptoms such as epilepsy, convulsion, loss of consciousness, dizziness paralysis.....Yes.....No
2. Disease of heart or blood vessels, increased or abnormal blood pressure.....Yes..... No
3. Lung disease: asthma, blood spitting, persistent cough.....Yes..... No
4. Pain in chest or shortness of breath.....Yes.....No
5. Stomach or intestinal trouble: ulcers, gall bladder or liver disorder, jaundice, hernia..... Yes.....No
6. Arthritis, rheumatic fever, goiter, diabetes, kidney or bladder disease.....Yes.....No
7. Hay fever or allergy..... Yes.....No
8. Impaired sight or hearing, chronic ear infections..... Yes..... No
9. Any surgical operations, incidents, or injuries..... Yes.....No
10. Skin diseases..... Yes.....No
11. Allergy to medicines..... Yes.....No
12. Currently taking medications..... Yes..... No
13. Under care of physician.....Yes.....No
14. There are certain types of activities my child should abstain from.....Yes.....No

BLOOD TYPE (if known):_____

WAKULLA COUNTY SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM
RULES & REGULATIONS

Program will run from August 20, 2015 through June 8, 2016

1. Parent(s) if you have more than one child in the afterschool program and one of your children will be absent please call our office (926-7145) ext. 222 between the hours of (1:00 and 3:00) so accidents like children going home to empty houses does not happen.

2. Program hours are from 6:30AM until 6:30PM.

3. Children must wear shoes and shirts at all times.

4. Children may NOT bring any electronic items or toys with them. WCSC school program will not be responsible for any lost or stolen items ----- PLEASE LEAVE THEM AT HOME.

5. We will not administer any medicine to children.

6. If your child cannot abide by the rules and regulations of the program, you will have to make other arrangements for his/her care. Parent(s) will be required to remove the child from the program. **Biting, hitting, kicking, and spitting on the other children or workers will not be tolerated. Dismissal will be decided by the Program Director or Executive Director.**

7. If you need to reach anyone in an emergency, please call 926-7145 ext. 222 during the hours of 7:00 AM and 3:30 PM.

8. Children registered in the program must be able to take care of their own personal needs and be potty trained.

9. Children MUST be signed In and Out by a parent/guardian or pre-authorized adult EACH DAY.

10. Any and all returned checks will be subject to a \$40.00 returned check fee. In the incident that a check is returned unpaid, all future payments must be paid in cash, money order, or cashier's check.

11. THERE WILL BE NO REFUNDS/CREDITS GIVEN FOR DAYS NOT ATTENDED.

If you have any questions regarding the program, please feel free to call 926-7145 ext .222

ALL FEES DUE IN ADVANCE!

LATE FEE: \$15.00 FOR EVERY 15 MINUTES PAST 6:30PM. THE FEE WILL BEGIN TO INCUR@ 6:31PM.

PARENT MUST SIGN BELOW

I have read the above rules and regulations and fully understand them. (Parental signature is required)

Parent Signature

Date

NAME(S) of CHILD(REN):

PARENT(S) PHONE: (WK) _____ (HM) _____ (CL) _____

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YOU MAY ACCESS OUR FORMS ON OUR WEBSITE AT www.wakullaseniorcitizens.com

WAKULLA COUNTY SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM
33 MICHAEL DRIVE CRAWFORDVILLE, FL. 32327
PHONE: (850) 926-7145 / FAX: (850) 926-8138

RATE SCHEDULE

ALL FEES ARE DUE WHEN YOUR CHILD FIRST ATTENDS AM/PM PROGRAMS

No Refunds/ Credits Given For Days Not Attended.

Regular Schedule Rates:

Daily		
	One Program (before OR after)	\$ 7.00
	Both Programs (before AND after)	\$14.00
Weekly		
	One Program	\$35.00
	Both Programs	\$70.00

(FEES FOR CHILDREN THAT ATTEND ON EARLY RELEASE DAYS)

Early Release Days (1:00 PM - 6:30PM)

The Rate Is

\$12.00

CLOSED FOR CHRISTMAS DEC.18, 2015 THRU JAN. 5, 2016

WE WILL REOPEN JAN. 6, 2016

RETURN CHECK FEE IS \$40.00

ALL FEES ARE DUE ON THE FIRST DAY THE CHILD(REN) ATTEND.

LATE FEE: \$15.00 FOR EVERY 15 MINUTES PAST 6:30PM. THE FEE WILL BEGIN TO INCUR @ 6:31PM.

We are open from 6:30AM until 6:30PM.

WAKULLA COUNTY SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM

2015-2016

CLOSED HOLIDAYS:

SEPTEMBER	1	LABOR DAY
NOVEMBER	11	VETERANS DAY
NOVEMBER	24-28	THANKSGIVING DAY
DECEMBER	22 – JAN 6	CHRISTMAS HOLIDAY
JANUARY	19	MARTIN LUTHER KING HOLIDAY
FEBRUARY	16	PRESIDENTS DAY

WE WILL BE CLOSED CHRISTMAS BREAK! (DEC. 21 -JAN.5)

May	30	Memorial Day
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EARLY RELEASE DAYS:

(HOURS ON EARLY RELEASE DAYS: 1:00- 6:30PM)

AUGUST	20
OCTOBER	28
DECEMBER	18
FEBRUARY	3
JUNE	7 and 8

IF WE HAVE A SUMMER PROGRAM. WE WILL LET YOU KNOW WHAT THE DATES WILL BE LATER.

Wakulla County Senior Citizens
Before/After School Program
(2015-2016)

ZERO TOLERANCE

for any child who brings a weapon to the program.

The child will be dismissed immediately and forfeits the right to participate in the Before/After School Program.

**WAKULLA COUNTY SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM**

ATTENTION PARENTS!

WHEN YOU PAY FOR YOUR CHILD CARE, PLEASE HAVE THE CORRECT CHANGE. WE DO NOT KEEP CHANGE AT THE SCHOOLS. WHEN YOU WRITE YOUR CHECK, WRITE IT FOR THE WEEKLY RATE OR DAILY RATE ONLY. IF CHECK IS MORE/LESS THAN CORRECT AMOUNT, YOU WILL BE ASKED TO REWRITE YOUR CHECK. WE DO NOT GIVE REFUNDS/CREDITS.

THANKS FOR YOUR HELP WITH THIS PROBLEM!

**WE HOPE YOU AND YOUR CHILD HAVE A GOOD YEAR.
THE STAFF AT BEFORE AFTER SCHOOL PROGRAM**

**IF YOU HAVE QUESTIONS PLEASE CALL 926-7145 ext. 222
BETWEEN THE HOURS OF:**

MONDAY-THURSDAY 7:00-3:30 FRIDAY 7:00-3:00

**The numbers below are for the Before/After School Program Only for
EMERGENCIES**

CRAWFORDVILLE	273-1150
MEDART	688-0796
RIVERSINK	273-2325
SHADEVILLE	273-1151