**Indian Trail Intermediate School**

**Educare Program Registration Form**

2020-2021 Grade: Homeroom Teacher:

Child’s Name: DOB/age:

**Parent/Guardian Information**

Mother’s Name: Father’s Name:

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

Home Phone: Home Phone:

Cell Phone: Cell Phone:

Work Phone: Work Phone:

Where Employed: Where Employed:

Work Hours: Work Days: Work Hours: Work Days:

Who has custody of child?

**Transportation Plan (Required by the State of Tennessee)**

To insure the safety of your child, please list other adults, to whom your child may be released, their relationship to your child, and their phone numbers. In the event of an emergency, our staff will contact EMS to transport your child if we are unable to reach you or the contacts listed below. We cannot be held liable if a minor sibling is authorized to pick up your child. ***Children cannot be enrolled in Educare without names other than parents listed on the transportation plan.***

Name: Relationship: Phone:

Indian Trail Intermediate School Educare

Contract and Agreement Form

All registration forms must be returned to an Educare staff member. We will not accept students who do not have a completed registration form or who have not paid the application and registration fee and the first week’s payment prior to attendance.

Names: DOB/Age Grade/Teacher

**Will attend Educare as follows:**

 *After School*

 (2:50-6:00 pm)

 Monday

 Tuesday

 Wednesday

 Thursday

 Friday

**Educare Fee Schedule**

**Application Fee** $5.00 **Half Day** $12.00/child

**Registration Fee** $10.00 **All Day Educare** $22.00/child

**After School Educare** $8.00 Additional Child $5.00

**Weekly Rate** $80.00/child Additional Child $70.00/child

**Returned Check Fee**  $15.00

**Late Pick-Up Fee** $10.00/child (each 15 minutes)

I have read the parent manual and understand the guidelines and policies of the Johnson City Schools Educare Program. I also have received a copy of the latest State of Tennessee guidelines for this childcare facility and program. I have received a copy of the Johnson City Schools Policy regarding child abuse and neglect. I understand that all fees must be paid in advance on Monday.

**I agree to pay the WEEKLY FEE of $ each Monday prior to my child attending the Educare Program.** I may bi-weekly or monthly but understand that this payment must be paid in advance. I agree to pay this weekly fee even if my child is absent until the end of the school year or until I withdraw my child from Educare in writing. Written notice is required for contract changes. ***Lack of timely payment will result in dismissal from Educare***

***This document is a contract. By my signature, I agree to pay for all contracted days of service plus any additional fees due.***

Signature of parent or guardian: Date:

**Emergency Information (Required by the State of Tennessee)**

If your child should become ill or be injured while attending Educare, every effort will be made to notify the parents. In the event of an emergency and in accordance with the guidelines mandated by the State of Tennessee, the following information is required. Please list the names of relatives or other persons, other than the Educare staff, who can make an emergency medical decision on behalf of the child and if parents cannot be reached. *Children will not be allowed to attend Educare without all emergency information completed.*

Name: Relationship: Phone:

**Medical Information:**

Child’s Doctor: Phone:

Medical Condition/Allergies:

Preferred Hospital: Policy Holder:

Insurance Company: Policy Number:

My child may receive emergency medical care, and I agree to assume all expenses for moving and medical treatment. I consent to any treatment, surgery, diagnostic procedure, or administration of anesthesia as may be deemed necessary by the physician.

Please mark one: Yes: No:

I also certify that my child’s immunizations are up to date and on file in the main office.

\*Signature of Parent or Guardian:

My child has permission to take walks that may involve leaving the campus. Any trip that requires transportation will be through the Johnson City Transit and will be dealt with on a separate permission slip.

\*Signature of Parent or Guardian:

I am responsible for supplying my child with sunscreen, mittens, jacket, and any items that may be necessary for outside. Children are only allowed to apply sunscreen supplied by parent and labeled with the child’s name.

\*Signature of Parent or Guardian:

**Student Health History**

**Physical Health**

 (Please check all that apply)

1. My child has no health problems which would affect his/her school day.

2. My child’s health needs include the conditions checked:

 Medication, please explain

 Allergies, please list

 Is EpiPen Prescribed? Yes No

 Bee Sting Allergy, describe the reaction

 Food Allergies, please list

 Asthma, Is inhaler used? Yes No If yes, how often?

 Diabetes, What medications are taken?

 Hearing Problem, please describe

 Vision Problem, please describe

 Speech problem, please describe

 ADD or ADHD Diagnosed, any medications prescribed please list

 Seizures, what type?

Medication Taken Date of last seizure Physical Impairments, please describe

Emotional Concerns, please list

3. Do you have any other concerns about your child’s health?

**Social Interaction**

1. Is your child involved in any sports or hobbies? Please describe.

2. What does your child do when he or she is stressed, angry, or frustrated?

3. What is the best way discipline your child, excluding physical punishment?

4. Is there any other information that you wish to share that would assist with meeting your child’s needs?

Your signature gives permission for Educare staff to take precautions and procedures to protect your child in Educare. Your signature is an informed consent to share this health history information with Educare staff on a need to know basis for emergency plans.

Signature Date

**Johnson City Schools’ Educare Agreement for Services**

Child’s Name Date

 I have received and read the Educare Packet and understand the guidelines and policies

 of the Educare Program.

 I have received a copy of the Johnson City Policy regarding Abuse/Neglect. (See JCBOE P

 Policy 6.409 – Attached)

 I understand that the weekly rate will be prepaid on each Monday. I also know that my

 child/ children are subject to dismissal if my bill becomes delinquent.

 I am responsible to pay for my contracted days, even if my child does not attend. I will

 notify the director of any schedule changes at least two weeks in advance or normal

fees will apply.

 I am responsible to make other arrangements for my child if I do not want my child to

 go on a field trip. He/she cannot stay at the school that day.

 I know that I must pick up my child by 6:00 and will be responsible for late fee assessed.

 I will keep my child home when he/she is sick. If my child becomes sick at Educare, I will

 promptly pick him/her up from Educare.

 I have gone over and discussed the Educare Code of Conduct with my child. We clearly

 understand and have signed this agreement.

 I have received a copy of the Tennessee Department of Education Summary of Child

Care Approval Requirements, and I have read it.

 My child may apply his/her own sunscreen, or it may be applied by an Educare worker.

**\*According to the fee scale provided to me, my child’s rate will be $ per day/week.**

 Parent Signature/Date

***EDUCARE CODE OF CONDUCT***

 In order for all to have a safe and enjoyable school year, all students must show respect to others. Everyone must exhibit good behavior.

 ***As a student in Educare, I agree to***:

* ***Respect my friends and their property;***
* ***Respect and obey all teachers;***
* ***Not push, hit, or inappropriately touch a fellow student;***
* ***Use only polite words to others;***
* ***Demonstrate good sportsmanship and fair play at all times.***

I know that by obeying all the rules, I will help make this a good experience

for all students. I also know that if I disobey the rules my parents/guardians will be notified. Repeated misbehavior can result in my suspension from Educare. I will help make this a positive program for all students.

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 ***Student Signature Date***

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***Parent/Guardian Signature Date***