**Indian Trail Summer Educare Enrollment Form 2017**

**Child’s Name** DOB

Date Child Originally Enrolled in Educare

Date Enrollment and Application Fee Paid

Child likes to be called

Grade 2014-2015 School Year

Home Address

(Street) (City) (State) (Zip)

**Mother’s Name**

Address (If different from child’s address)

(Street) (City) (State) (Zip)

Phone Pager# Cellular#

Employer Work Phone

Work Hours Work Days

**Father’s Name**

Address (If different from child’s address)

(Street) (City) (State) (Zip)

Phone Pager# Cellular#

Employer Work Phone

Work Hours Work Days

***Please Note Hours/Days/Weeks Needed. Be sure you indicate vacation week(s):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| May 29-June 2 | Holiday Closed |  |  |  |  |
| June 5-June 9 |  |  |  |  |  |
| June 12-June 16 |  |  |  |  |  |
| June 19-June 23 |  |  |  |  |  |
| June 26-June 30 |  |  |  |  |  |
| July 3-July 7 |  | Holiday Closed |  |  |  |
| July 10-July 14 |  |  |  |  |  |
| July 17-July 21 |  |  |  |  |  |
| July 24-July 28 |  |  |  |  | Last Day of Summer Educare |
| July 31- Aug. 4 | Closed | Closed | First Day of Educare  (2017-18) |  |  |

Child’s Doctor Phone

Dentist Phone

Hospital Preferred

Child’s Social Security #

Medical Insurance CO. Policy #

Persons that may pick up child or act in an emergency when parents cannot be reached:

Name Relationship Work Phone Home Phone Cell Phone

Please list any special medical condition or allergies of which we should be aware:

My child’s tuition will be partially or fully funded by the state.

Yes No

The staff of Educare has my permission to seek care for my child in a medical emergency while still trying to reach me. I am responsible for all bills for medical treatment.

I understand that I am to pay for all days checked even if my child does not attend, and there will be no swapping of days unless I notify the staff at least two weeks in advance.

Parent Signature

Date

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

Child’s Name Date

I have received and read the Summer Educare Emergency Packet and understand the

guidelines and policies of the Summer 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 fees

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 assigned 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.

**\*My child will attend summer school.**   **YES NO**

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

Parent Signature/Date

**Summer Educare Emergency Packet**

**Child’s Health Information**

Are immunizations current?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s immunizations are on file at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ school.

Please list any medical problems and food, drug, or other allergies we should be aware of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Information**

In the event that your child should become ill or be injured while attending the Educare program, every effort will be made to notify parents. In the event of an emergency and parents cannot be reached, please give us other persons to contact:

NAME RELATIONSHIP PHONE ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preferred\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Of Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_

My child may receive emergency care, and I agree to assume all expenses for moving and treatment. I consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia as may be deemed necessary by the physician. Yes\_\_\_ No\_\_\_ 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

**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, If there are 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 to 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? \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXCITEDP

***EDUCARE CODE OF CONDUCT***

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

***As a student at Summer 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 summer

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 summer program for all students.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Signature Date***

|  |  |  |  |
| --- | --- | --- | --- |
| **Johnson City Board of Education** | | | |
| Monitoring:  Review Annually, in May | **Child Abuse and Neglect** | Descriptor  6.409 | Issued Date  1/2/2006 |
| Rescinds  6.409 | Issued  6/3/2002 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Date

**REPORTING**

All personnel shall be alert for any evidence of child abuse or neglect.

Child abuse is defined as any wound, injury, disability, or physical or mental condition which is of such nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect or which on the basis of available information reasonably appears to have been caused by such. Staff members having knowledge or suspicion of any child who is suffering from abuse or neglect shall report such harm immediately.1,2 The re-port shall be made to the judge having juvenile jurisdiction, the office of the chief law-enforcement official where the child resides, or to the Department of Children’s Services in a manner specified by the department, either by contacting a local representative of the department or by utilizing the departments centralized intake procedure where applicable.1

The report shall include:

1. The name, address and age of the child;

2. The name and address of the parents or persons having custody of the child;

3. The nature and extent of the abuse or neglect; and

4. Any evidence to the cause or any other information that may relate to the cause or extent of the abuse or neglect.1

The person reporting shall be immune from liability 3 and his identity shall remain confidential except when the juvenile court determines otherwise.4

The Superintendent of Schools shall develop reporting procedures, including sample indicators of abuse and neglect, and shall disseminate the procedures to all school personnel.5 However, nothing in the reporting procedures shall eliminate the staff member’s legal responsibility to directly make a report to the authorities stated above.6

**INVESTIGATIONS**

School administrators and employees have a duty to cooperate and provide assistance and information in child abuse investigations7 including permitting child abuse review teams to conduct interviews while the child is at school; the principal may control the time, place and circumstances of the interview, but may not insist that a school employee be present even if the suspected abuser is a school employee or another student. The principal is not in violation of any laws by failing to inform parents that the child is to be interviewed even if the suspected abuser is not a member of the child's household.8

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal References: Cross Reference:

1. TCA 37-1-403(a) Interrogations and Searches 6.303

2. TCA 37-1-412

3. TCA 37-1-409

4. TCA 37-1-408

5. TRR/MS 0520-1-3-.08(2)(e)

6. TCA 37-1-403(h)

7. TCA 37-1-611(b)

8. Tenn. Op. Atty. Gen. No.87-101 (June 9, 1987)