

JAMES ISLAND PRESBYTERIAN AFTER SCHOOL PROGRAM
ENROLLMENT FORM- 2019-2020

Child's Name _____
Nickname _____ Sex _____
Birth Date _____ Birthplace _____
Father's Name _____ Cell Phone # _____
Mother's Name _____ Cell Phone # _____
Home Phone # _____
Father's Daytime Phone # _____
Mother's Daytime Phone # _____
Home Address _____
City _____ State _____ Zip Code _____
E-mail address _____
Child's Physician & Phone # _____
Preferred Hospital _____

Persons to contact in the event of an emergency (other than parents), order of preference:

Name, Relationship & Phone # _____
Name, Relationship & Phone # _____
Name, Relationship & Phone # _____

Name(s) of person(s) authorized to receive child from the program and relationship:

Person & Relationship: _____
Person & Relationship: _____
Person & Relationship: _____

School Child Attends: _____
Grade Level: _____

AFTER SCHOOL PROGRAM SCHEDULE

<u>Day</u>	<u>Arrival Time</u>	<u>Departure Time</u>
Monday	<u>2:30 PM</u>	_____
Tuesday	<u>2:30 PM</u>	_____
Wednesday	<u>2:30 PM</u>	_____
Thursday	<u>2:30 PM</u>	_____
Friday	<u>2:30 PM</u>	_____

Total number of hours of child care per week: _____

Sibling's Names and Ages:

Tension Relievers:

Does child have any special health problems or allergies?

Parent's method of discipline:

Parent's evaluation of child's health:

Parent's evaluation of child's personality:

Does child have any special problems or fears?

Does child have any special likes or dislikes?

How did you hear about the James Island Presbyterian After School Program?

OTHER COMMENTS

PARENT AGREEMENT

I hereby give my consent and authorize the James Island Presbyterian After School Program (JIPASP), that if my child(ren) under my guardianship is (are) enrolled therein, in the event of an emergency (illness or accident) and we as parents have been unable to be contacted, to take our child(ren) to the hospital or certified medical clinic when deemed necessary by JIPASP staff.

I specifically give permission for any necessary professional medical treatment, including X-rays, the admission of anesthetics, surgical care or hospitalization, with the understanding that continuous efforts will be made to contact us.

I further authorize the staff of the JIPASP to take my child(ren) on supervised and pre-arranged/pre-announced excursions and field trips.

I also give my permission to the JIPASP to use photographs of my child(ren) for publicity purposes without remuneration.

I also release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or other liabilities of injuries to or damage by my (our) child(ren) which are not a result of negligence by the JIPASP, its agents or employees.

Should an attorney or agency be used by the JIPASP for the collection of funds I owe the program for past services, it is understood that I shall be liable for all costs and attorney fees.

Finally, I hereby warrant to the JIPASP that I am entitled to legal custody and possession of my child(ren), and accordingly am authorized to place my child(ren) in your care and custody, and further, am authorized to sign this agreement.

**Thank you for choosing the
James Island Presbyterian
After School Program!**

(Parent or Guardian)

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Financial Policies

After School Program (K-5 thru 5th Grade)

- **First Child Rate** \$ 75.00
- **Second/Third Child/Sibling Rate** \$ 60.00
- **Annual Family Registration** \$ 75.00

After School Care is provided students from Harbor View, Stiles Point and James Island Elementary schools. Transportation from Harbor View and Stiles Point will be provided by buses operated by the James Island Presbyterian Foundation (JIPF). Transportation from JI Elementary will be provided by Durham bus service.

Extended child-care service is also available from 7:00 AM – 6 PM on days the Charleston County School District (CCDS) is closed for teacher workdays, in-service days or select holidays. Full day service, including field trips, may result in an increased fee.

The weekly fee listed above is for a full week (5 days) of after school care. This amount is payable every week during the school year except for days or weeks the CCDS are closed for full days due to teacher workdays, in-service days or holidays and your child does not attend our After-School Program. School closings will result in a proportional reduction of fees. Our late fee is \$15.00.

A reduction of fees will be provided if the child is sick for three (3) or more consecutive days, has not attended school during this period and a physician's faxed excuse is made available.

We do not provide 'drop-in' or occasional child care service.

Please note our program closes as 6 PM. Parents/guardians who pick-up their child (ren) after the regular closing time will be charged a later fee of \$1.00/minute.

Payment is expected on the first day of the week. Payment may be made using the online method (www.jamesislandpresbyterian.org), by credit card in the office, or dropping payment in the locked box by the Child Care Center office. Account balance information is available by contacting Louise Conway (louise@jamesislandpc.org) or Lauryn Bong (lbong@jamesislandpc.org), 843-795-3137.

After school care will be discontinued for families whose accounts are two (2) weeks behind in payment, have not attended for two (2) consecutive weeks or have discontinued contact with our office.