



**CARE Academy Application
2017-2018 School Year Program
August 24th, 2017 - June 1st, 2018
One Child per form**

**Application Fee: \$15 per child or \$20 per family
(CHECK MUST BE ENCLOSED TO RESERVE A SPACE IN THE PROGRAM)**

Participant Information

Child's Last Name	Child's First Name	Nickname	Gender	Age	Date of Birth
Child's Address		City	State	Zip	Home Phone
Child's CARE school	Child's Home School	Grade 2017-2018	Other Siblings enrolled in CARE		Start Date

Medical Information

Does your child have an identified medical, personal, or special care needs (developmental, physical, emotional, or learning)? **YES NO**

If yes, please list: _____

Parent/Guardian Information

Primary Guardian's Name	Email:	Primary Phone	Work Phone
Address		City	State Zip
Secondary Guardian's Name	Primary Phone (if different from above)	Work Phone	
Address (if different)		City	State Zip
Person or Agency w/Legal Custody of Child if Different from Above	Primary Phone	Work Phone	
Address		City	State Zip

Enrollment Preference for 2017-2018 School Year Program

Application fee is non-refundable and is to be submitted with the application form. Children who cannot be immediately enrolled will be placed on a waiting list and the parent will be notified via email. No children will be admitted without completed application form and paid in full application fee.

AFTER SCHOOL Program Only

- 3 days per week \$165.00 per month
- 5 days per week \$240.00 per month

BEFORE SCHOOL Program Only

- 3 days per week \$ 50.00 per month
- 5 days per week \$ 70.00 per month

Combined BEFORE & AFTER SCHOOL Program

- 3 days per week \$190.00 per month
- 5 days per week \$285.00 per month

(10% discount for each additional sibling)

If you are enrolling in the 3 days per week program, please complete. **MY CHILD WILL ATTEND (please check):**

Monday:	___ Before only	___ After only	___ Before & After
Tuesday:	___ Before only	___ After only	___ Before & After
Wednesday:	___ Before only	___ After only	___ Before & After
Thursday:	___ Before only	___ After only	___ Before & After
Friday:	___ Before only	___ After only	___ Before & After

CONTINUED ON NEXT PAGE

Child's Name _____

2017-2018 CARE School _____

Emergency Medical Release (please initial one):

In the event of injury or serious illness, I give permission for CARE Academy staff to obtain medical treatment for my child. I understand that, if my child needs to be transported to an emergency facility, the decision will be made by the emergency team responding to the call.

In the event of injury or serious illness, I DO NOT give permission for CARE Academy staff to obtain medical treatment for my child. Instead, I instruct CARE Academy staff to: _____

Photographic Release (please initial one):

I give permission to CARE Academy staff to use photographs and videos of my child for publicity in order to increase community awareness of CARE Academy programs and in any and all publications and other media without limitations.

I DO NOT give permission to CARE Academy staff to use photographs and videos of my child for publicity in order to increase community awareness of CARE Academy programs and in any and all publication and other media without limitations.

Please initial each statement indicating you have read and understand the following statement:

I understand that I am responsible for a nonrefundable \$15 application fee at the time of enrollment and monthly payment of contracted fees due at the 1st of each month.

I understand there is a fee charged for my child remaining past the 6:00 pm dismissal time. This fee will amount to \$10 for every 10 minute increment. If my child is picked up late up to 3 times, I understand that in addition to late fees owed, my child may be subject to dismissal from the program.

I understand that my child's continued enrollment is conditioned on CARE being provided with current, working, emergency contact phone numbers.

I agree to indicate in writing if other arrangements have been made, such as my child visiting a friend after school or being picked up by a different person than previously authorized.

I understand that my child must be signed in by an authorized person (as indicated in the Emergency Contact Form) in the morning, as well as signed out in the afternoon.

I hereby give permission for mutual exchange of information between the CARE Academy, and the home school regarding health and safety issues, attendance, food program status, ethnicity, immunization records, special program enrollment and academic achievement.

I hereby give permission for mutual exchange of ethnicity, age, and gender information between the CARE Academy, and non-profit service organizations that provide activities for my child. Any exceptions to this consent shall be provided to you in writing.

To ensure the health and safety of staff & children, if a child leaves school sick or does not attend school due to illness he/she may not attend any CARE Academy activity that day. Additionally, if a child becomes ill during the program, the parent/emergency contacts will be notified to come and pick up the child from the program (within 30 minutes).

Zero Tolerance Policy: CARE Academy does not permit the use of tobacco products, alcohol, or drugs.

The use or threat of use of weapons is prohibited. Theft, violent behavior, or destruction of property will result in immediate dismissal from the program. Parents will be expected to provide immediate transportation from the program in the event of dismissal.

Movies viewed in CARE Academy will be limited to G & PG rating.

Please return this form and application fee (payable to United Way of Yellowstone County) to:

United Way of Yellowstone County

CARE Academy

2173 Overland Avenue

Billings, MT 59102

My signature confirms that the above information is accurate and that the guidelines and procedures of the program(s) my child is registered for will be adhered to. I understand it is my responsibility to keep the above information current; that I have read and understand this form in its entirety; and that I give permission for my child to participate in the CARE Academy 2017-2018 School Year Program.

Parent/Guardian Signature: _____

Date: _____

Please send our family a tuition assistance application.

CARE ACADEMY

Children's After-School Recreation & Education

CONFIDENTIAL INFORMATION FORM

One Child per form



United Way
of Yellowstone County

Child's Name _____

2017-2018 Home School _____

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| • IS YOUR CHILD A SPECIAL NEEDS STUDENT? | _____ | _____ |
| • A CURRENT STATE OF MONTANA CERTIFICATE OF IMMUNIZATION IS ON FILE AT MY CHILD'S SCHOOL. | _____ | _____ |
| • IS YOUR CHILD A LIMITED ENGLISH PROFICIENCY STUDENT (L.E.P.)? | _____ | _____ |
| • CIRCLE YOUR CHILD'S LUNCH STATUS: FULL PAY / REDUCED / FREE | | |
| • CHILD'S PREDOMINATE ETHNIC GROUP: | | |
| African-American | _____ | |
| Asian American | _____ | |
| Hispanic | _____ | |
| Native American | _____ | |
| White | _____ | |

Please list any **legally binding information, including restraining orders and custody orders**, that is pertinent to this student and his/her safety: (A copy of the legal document is required)

In our attempt to provide a positive and healthy experience for your child, please provide us with important information such as **allergies, medications, or behavioral issues**: _____

Parent/Guardian's Signature: _____ Date: _____

CARE ACADEMY

Children's After-School Recreation & Education

BEHAVIOR PLAN FORM

One Child per form



United Way
of Yellowstone County

Child's Name _____

2017-2018 Home School _____

CARE staff works hard to help children adjust to the CARE Program setting. We appreciate all our children in CARE, and our staff is trained to discipline them with kind, but firm re-direction when necessary. This may include one-on-one talks, time-out, or a written behavior plan. We may also, at times, ask parents to assist us.

Seriously disruptive behavior is a different matter. Any misbehavior serious enough that it affects the ability of the staff to conduct the program, or that could endanger the safety of the child or other children, will be dealt with as follows:

The child will be given **one "behavior point."** If this occurs, **we will tell the parent about it when they come to pick their child up.** This will give the parent the chance to work with their child at home to reinforce the need to follow CARE rules, and help to avoid further problems.

After this, if there is another incident, the child will receive a **"2nd point."** If this occurs, we will **call the parent and ask that the child be picked up immediately, and they will be suspended from the program for the remainder of the day.**

If a child receives a **"3rd point"** from another incident, this will result in the child being **immediately suspended from the program.** Reinstatement will depend on the seriousness of the ongoing behavior problem, and the likelihood of a continuation of the behavior.

(Please note that this agreement does not limit us from removing a child at any time if, in our judgment, the child's behavior is too disruptive, or if they become a danger to themselves or others, regardless of "points" received or not received.)

I HAVE READ AND HEREBY AGREE WITH THE CARE ACADEMY BEHAVIOR PLAN:

Parent/Guardian's Signature: _____ Date: _____

State of Montana
Department of Public Health and Human Services
Quality Assurance Division – Licensure Bureau
Child Care Licensing

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Father / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Physician / Medical Care Source: _____ Contact Number: _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ Name: _____

Name: _____ Name: _____

WRITTEN CONSENT IS GIVEN FOR:

Child's Name: _____

Yes **No** EMERGENCY MEDICAL CARE

ADMINISTRATION OF PRESCRIPTION MEDICATIONS

**Medication Authorization form and Medication Administration Log
Must be completed**

ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

**OTC Medication Authorization Form and Medication Administration
Log must be completed**

ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:
Please Specify:

TRIPS: **Yes** **No** TRANSPORTATION BY THE FACILITY FOR TRIPS

Yes **No** DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

HEALTH HISTORY

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with passing urine / bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

YES NO
Allergies or reaction: (food or other)

Please Explain:

YES NO
Other Health Concerns (special disabilities):

Please Explain:

SIGNATURE OF PARENT OR GUARDIAN

DATE