

AUTHORIZED PICK-UP PERSON #5:

Name: _____ Relationship to Child: _____
Address: _____ Home Phone: _____
Street Address, Apt # _____
City, State, Zip Code _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer Name: _____ Position/Title: _____
Address: _____
City, State, Zip Code: _____

AUTHORIZED PICK-UP PERSON #6:

Name: _____ Relationship to Child: _____
Address: _____ Home Phone: _____
Street Address, Apt # _____
City, State, Zip Code _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer Name: _____ Position/Title: _____
Address: _____
City, State, Zip Code: _____

RESTRAINING ORDER INFORMATION:

✦ **Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?** YES / NO
If YES, please list his/her name (below) and attach the required documentation.

✦ **Please notify us if your circumstances change in any way.**

Name(s): _____ Relationship to child: _____

Any custody or visiting arrangements we need to be aware of? _____

HEALTH INFORMATION:

Our first commitment is to the children enrolled in our programs. Our ability to serve your child in the best possible manner is dependent upon you providing us with accurate health and development information on your child.

Please be thoughtful and thorough when completing this section.

Date of last physical: _____ Dental Exam: _____ Vision Exam: _____
 Child's Physician: _____ Phone: _____
 Address: _____ Insurance: _____

 Child's Dentist: _____ Phone: _____
 Address: _____ Insurance: _____

A. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? Please circle any that apply:

Frequent Colds	Frequent Sore Throats	Frequent Ear Infections
Skin Disorders (rashes)	Heart Trouble	Convulsions
Fainting Spells	Diabetes	Asthma
Stomach Upsets	Urinary Difficulties	Frequent Diarrhea
Frequent Constipation	Febrile Seizures	Other _____

Please provide details on any items marked in the box above (A): _____

B. HAS YOUR CHILD HAD ANY OF THE FOLLOWING?

ILLNESS	DATE	ILLNESS	DATE
Bronchitis		Measles (hard)	
Hepatitis		German Measles	
Chicken Pox		Mumps	
Scarlet Fever		Whooping Cough	

Please provide details on any items marked in the box above (B): _____

C. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? Please circle any that apply:

Language Delay	ADD/ADHD	Development Delays
Autism or Related Disorder	Hearing Impairment	Vision Impairment
Learning Disabilities	Mental Illness	Behavior Issues
Other:		

Please provide details on any items marked in the box above (C): _____

If your child sees any specialists (i.e. therapist, counselor, hearing/speech, etc.), please list their name and contact information:

Describe your child's overall health: _____

Present health problems (disabilities, medications, etc.): _____

Has your child ever been hospitalized? Please Explain: _____

Allergies (foods, medicines, etc.) & typical reactions (complete the attached Food Allergy Intolerance Statement Form): _____

Has your child had injuries with fractures or loss of consciousness? Please explain: _____

ADDITIONAL INFORMATION:

Just as health and development information is important to us, in order to provide the best care for your child, relationship and other life experience information helps us get to know your child better from the time he/she enrolls with us.

Please be thoughtful and thorough when completing this section.

- **Is this your child's first experience with child care?** YES / NO

If No, please list the previous provider's name(s), phone numbers, and the child's length of stay. There may be instances where communication with the previous caregiver might be helpful in working with your child.

Child Care Provider Name	Area Code & Phone #	Length of Stay

If NO, please describe your child's previous group play experiences: _____

- **What do you hope your child will gain from their experience at ASA?** _____

- **Is your child adopted?** YES/NO **If yes, does he/she know?** YES/NO
 (Are there any other details important to your child's situation?) _____

▪ **CHILD'S SIBLINGS:**

Name: _____	Age: _____	Date of Birth: ____/____/____
Name: _____	Age: _____	Date of Birth: ____/____/____
Name: _____	Age: _____	Date of Birth: ____/____/____
Name: _____	Age: _____	Date of Birth: ____/____/____

- **Other Members of the household:** _____

- **What time does your child go to bed?** _____ **Get up?** _____

- **Does your child sleep through the night?** YES / NO **What is your child's bedtime routine?** _____

- **Does your child nap? If yes, approximately how long?** _____

- **What foods does your child especially like?** _____
Dislike? _____

- **Favorite Activities:** _____

- **When your child is upset, what works to comfort her/him?** _____

- **How does your child express anger and frustration?** _____

- **How do you discipline your child and who does the majority of the disciplining at home?** _____

- **Does your child have any special fears?** _____

- **Is there any other information about your child you want us to be aware of?** _____

Signature: _____ **Date:** _____

DISASTER PREPAREDNESS EMERGENCY CONTACT:

Person(s) to be contacted in case of an emergency other than parent(s) or legal guardian(s):

EMERGENCY CONTACT #1:

Name: _____ Relationship to Child: _____
Address: _____ Home Phone: _____
Street Address, Apt # _____
City, State, Zip Code _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer Name: _____ Position/Title: _____
Address: _____
City, State, Zip Code: _____

EMERGENCY CONTACT #2:

Name: _____ Relationship to Child: _____
Address: _____ Home Phone: _____
Street Address, Apt # _____
City, State, Zip Code _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer Name: _____ Position/Title: _____
Address: _____
City, State, Zip Code: _____

EMERGENCY CONTACT #3:

Name: _____ Relationship to Child: _____
Address: _____ Home Phone: _____
Street Address, Apt # _____
City, State, Zip Code _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer Name: _____ Position/Title: _____
Address: _____
City, State, Zip Code: _____

***EMERGENCY CONTACT #4 (*NOT Living in Bellingham):**

Name: _____ Relationship to Child: _____
Address: _____ Home Phone: _____
Street Address, Apt # _____
City, State, Zip Code _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer Name: _____ Position/Title: _____
Address: _____
City, State, Zip Code: _____

PARENT AGREEMENT:

This is a legal document between The Firs After School Adventure Program and the parent(s) / legal guardian(s).

Parents are expected to follow all of The Firs ASA policies & procedures outlined in the Parent Handbook, which they have received and read.

Enrollment is on a continuous basis, from one school year to the next, until my child is withdrawn from the program. (There are separate enrollment forms for summer programs.) Changes to my child's schedule or complete withdrawal are subject to the policies outlined in the Parent Handbook and the Tuition Agreement.

The Firs ASA reserves the right to discontinue a child's enrollment. Reasons for termination include, but are not limited to, the following:

1. If a child reaches STEP THREE of the BEHAVIOR MANAGEMENT POLICY as stated in the Parent Handbook.
2. Non-payment of tuition fees by due dates. (If this happens, future enrollment may not be allowed.)
3. Physical or emotional problems, which require supervision beyond our normal teacher/child ratio. Five days notice will be given to parents or guardians before a child is dropped from our program, except in extreme circumstances. (Parents must specify on the enrollment form any physical or emotional problems or special needs that their child may have.)
4. A child may temporarily be suspended from the center as a result of behavior problems. If a child is suspended from their regular school attendance, ASA is unable to accept that child during the days of suspension.
5. Failure by the parent or child to comply with the policies and procedures established by ASA to ensure fair enrollment and billing practices.
6. Failure to notify the center in advance of non-scheduled absences.
7. False information or not fully disclosing important information regarding your child (i.e. health issues, developmental issues, etc.).

I grant permission to ASA to contact any individuals listed in this form (i.e. previous caregivers, physician, therapist, etc.) for additional relevant information regarding my child. In an effort to support the healthy development and academic achievement of my child, I grant permission to The Firs ASA to openly communicate with the appropriate individuals (i.e. teacher, counselor, principal, etc.) at my child's school. **Initials:** _____

In the interest of making sure my child is picked up only by authorized individuals and you have accurate emergency contact information, I have provided the name and phone number of at least one other person whom I have authorized to pick up my child or be contacted in case of an emergency (pages 3, 4, & 8). **Initials:** _____

In the interest of making sure my child is accounted for, I will call the center, in advance, in the event that my child will not be in attendance, or make a note of scheduled absences on the center calendar. **Initials:** _____

Children are discouraged from bringing any toys from home. In the event that they do, I understand that ASA cannot accept responsibility for those items. Toy weapons of any kind are prohibited. **Initials:** _____

The Firs ASA, its staff and board, make no warranty and can accept no responsibility or liability for the actions of any of its employees, agents or other related individuals outside of the agreed to hours of operation of the center or when in the case of employees or agents, they are not actively and exclusively working for The Firs ASA. **Initials:** _____

I grant permission for ASA to provide care for my child. **Initials:** _____

I grant permission for my child to use all of the play equipment, including the climbing wall, and to participate in all of the activities of the center. **Initials:** _____

I grant permission for my child to ride in a Firs vehicle for the purpose of transportation. **Initials:** _____

I grant permission for my child to be included in evaluations and pictures connected with the program. **Initials:** _____

ASA will not be responsible for anything that may happen as a result of a lack of and/or false information given by parent(s) or guardian(s) at the time of enrollment. **Initials:** _____

All of the information I have provided is true and correct, to the best of my knowledge. **Initials:** _____

Signature: _____ **Date:** _____

TUITION AGREEMENT:

Date that a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

This is a legal document between The Firs After School Adventure Program and the parent(s) / legal guardian(s).

Please Initial

Tuition is due by the 10th of each month. Regular monthly tuition does not include holidays. **No Credit** will be given for hours signed up for but not used. A monthly billing, complete with envelope, is placed in your file folder, located in the Adventure Center. *(If paying by check, please write your child's name in the "memo" or your check.)*

Payments are recorded within 3 business days of the date the payment is received. If the monthly payment is not received by the 10th of the month, a \$25 late fee may be charged to my account. If the balance is not paid in full by the end of the month, enrollment may be suspended.

All tuition payments are to be made out to The Firs ASA, mailed or placed in the tuition box in the sign-in area. Statements will be filed in the Family File. If I do not receive my monthly statement it is my responsibility to call or ask the ASA Director or Registration Office for the correct amount due.

If a child is picked up after the time his/her program is scheduled to end, the late pick-up fee is \$15 for the first 1-15 minutes and \$1 per minute for every minute thereafter. This payment must be made at the time of pick-up or it will be added to my child's care account. Failure to pay these charges may result in termination or enrollment.

In the event I fail to notify ASA that my child will not be attending on any scheduled day, a \$10 fee for failing to notify ASA may be charged to my account. In order to avoid this fee, I will need to contact the center at least 1 hour before my child is expected to arrive by calling **820-2031**. You may leave a message. Excessive failure to notify may result in suspension or termination of enrollment.

A minimum of 2 weeks' written notification must be given for withdrawal from the program. Tuition will accrue for 2 weeks from the date written notice is received. If less than 2 weeks written notice is given, tuition will accrue for 2 weeks after my child's last date of attendance and my deposit on file will be forfeited.

I understand and accept that there is no credit for absences and days that the Program is closed; the registration fee is non-refundable and is charged annually.

This contract is effective for the duration of my child's enrollment in ASA. Changes to my child's schedule or complete withdrawal from the program are subject to the policies outlined in the Parent Handbook and the Tuition Agreement.

All fees and policies are subject to change annually.

A monthly program fee will be charged for each child. This fee will help cover the cost of special events and equipment, to improve the daily experience of my child. I will pay the monthly program fee that is charged for each child and appears at the bottom of my monthly bill.

I have read and accept the conditions outlined in the Parent Handbook, the Enrollment Packet, the Parent Agreement and the Tuition Agreement.

Signature: _____ **Date:** _____

HEALTH & WELL-BEING AGREEMENT:

Date that a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

Per Washington state child care licensing and public health requirements, the following is available for parents to review at any time. These documents are posted in the parent area and copies are available. Please take time to read and understand these documents and initial next to each item that you have reviewed or understand that they are available for review.

1. **Health Policy:** ASA policy and procedures relating to staff and child health practices, communicable disease exposure and reporting, medication and first-aid management, and other health-related topics. **Initials:** _____
2. **Pesticide Policy:** ASA policy adheres to public health standards. **Initials:** _____
3. **Disaster Preparedness Policy:** ASA policy works in partnership with the schools that it serves. This covers policy for major natural disaster preparedness, staff responsibility and disaster supply management. **Initials:** _____

Signature: _____ **Date:** _____

FIELD TRIP PERMISSION:

Date that a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

Throughout the year, we take field trips to local parks, beaches, woods or public places, and extended Firs property. All trips will be adequately staffed to provide the utmost safety for your child, while enjoying an enriching visit to a nearby place. Parents will be notified of the trip in advance, with the time of departure and arrival back at the center, unless it is a "walking" field trip to the greater Firs property. This information will be posted on the door of the center. Parents will be allowed to pick up their child from a local field trip location, provided they have authorization and have picked up their child before (staff will recognize you) and sign out their child at the center in the sign-in/out book prior to pick up.

I give permission for my child to attend field trips with The Firs ASA throughout the year.

In the event that field trips are scheduled that require a border crossing into Canada, I am aware that my child will need to have their birth certificate or passport and/or proof of guardianship, along with a signed permission slip (provided in advance by ASA).

Signature: _____ **Date:** _____

CONSENT FOR EMERGENCY TREATMENT:

Date that a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

As the parent or legal guardian, I hereby give consent to The Firs ASA that my child(ren), _____, may be given emergency treatment, including First Aid/CPR by a qualified staff member of ASA or Medic 1. I also give permission for my child to be transported by an aid car, ambulance or qualified staff car, to the nearest medical treatment center or hospital, if necessary.

In the event that I cannot be contacted, I further consent to the medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician (M.D.), dentist (D.D.S.), or hospital, when deemed immediately necessary or advisable by the physician to safeguard the life, limb or well-being of my child.

It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken. The expense of this service will be accepted by me.

Child's Physician: _____ Phone: _____

Address: _____
Street City State Zip Code

Preferred Hospital: _____ Phone: _____

Address: _____
Street City State Zip Code

Insurance: _____ Policy #: _____

Allergy (drug/other) Reactions: _____

Parent's Name: _____ Work Phone: _____

Home Phone: _____ Cellular Phone: _____

Parent's Name: _____ Work Phone: _____

Home Phone: _____ Cellular Phone: _____

Guardian's Name: _____ Work Phone: _____

Home Phone: _____ Cellular Phone: _____

Parent/Guardian Signature: _____ **Date:** _____