

HENDERSON COUNTY PUBLIC SCHOOL CHILDCARE

PSAM-PSPM-PLUS

2020-2021 TRADITIONAL CALENDAR REGISTRATION PACKET

Place student
photo here

Legal Name of Student: Last name: _____ First name: _____ Middle Initial: _____

Nickname of Student: _____ Gender: _____ Age: _____ Date of Birth: _____

School Information: Student ID: _____ Current School: _____ Current Grade: _____

Teacher Name: _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be attached to the application. The child's parent or a health care professional must complete the medical action plan. Is there a medical action plan attached? Check YES or NO

List any fear or unique behavior characteristics the child has: _____

List any allergies and the symptoms along with the type of response required for any allergic reactions: _____

List any types of medication taken for health care needs: _____

List any other information that is important to know to ensure safe medical treatment for your child: _____

If parental custody is or should become an issue, it is necessary for a copy of the official custody papers to be on file at the site. Otherwise, the program staff must legally release children to either parent.

Is Mother or Guardian authorized to pick up child? Check YES or NO

Mother or Guardian's Name: _____

Cell phone: _____

Mailing Address: _____

Home phone: _____

City, State, Zip: _____

Employer: _____

Physical Address: _____

Work phone: _____

City, State, Zip: _____

Email: _____

NC Driver's License Number: _____

Is Father or Guardian authorized to pick up child? Check YES or NO

Father or Guardian's Name: _____

Cell phone: _____

Mailing Address: _____

Home phone: _____

City, State, Zip: _____

Employer: _____

Physical Address: _____

Work phone: _____

City, State, Zip: _____

Email: _____

NC Driver's License Number: _____

The student may also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parent or guardian cannot be reached; the facility has permission to contact the following individuals:

Name: _____ Cell phone: _____ Home phone: _____

Name: _____ Cell phone: _____ Home phone: _____

Name: _____ Cell phone: _____ Home phone: _____

Child's Health Care Professional / Doctor: _____ Office Phone: _____

Hospital Preference: (Check one) Advent Health Pardee Closest Other: _____

Health Insurance Information: Medicaid # _____ Insurance company & # _____

Parental permissions:

I give permission to Henderson County Public School Childcare for my child to participate in field trips, activities and celebrations either on site or off site during PSAM, PSPM or PLUS. I understand that as a parent or guardian I will be notified of all field trips. Check YES or NO

I give permission for my child to have supervised use of the internet. Check YES or NO

I give release to Henderson County Public Childcare for photos to be used on the HCPS website and give permission to talk to the media. Check YES or NO

I give my permission to the staff of HCPS Childcare to apply sunscreen (No-Ad 45+ SPF) to my child. Check YES or NO

I give permission for my child to use Chap Stick (personal only) or other brands while in care. Check YES or NO

I give permission for my child to use hand sanitizer provided by the program, while in care. Check YES or NO

All authorizations are valid from August 2020 through August 2021.

Parent signature: _____ Date: _____

Immunization history: Check one

My child's immunization record is attached to the registration packet.

My child is exempt from required immunizations. The exemption statement is attached to the registration packet.

Permission to seek medical attention:

I hereby give permission for HCPS Childcare to seek medical attention for my child in an emergency. I verify that all of the above information to be correct and I am responsible for updating the application as needed. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I certify that I have received and read the North Carolina Child Care Laws & Rules Summary, the HCPS Childcare Parent Handbook, the HCPS Childcare Discipline Policy and it was adequately explained to me.

Parent signature: _____ Date: _____

In accordance with Federal Civil Rights Laws and US Dept. of Agriculture Policy, this institution is prohibited from discriminating on the basis or race, color, national origin, sex, age or disability. USDA is an equal opportunity provider and employer.

Office use only:

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent or guardian.

Employee signature: _____ Date: _____

HCPS Childcare Discipline Guidelines & Policies

First offense – Verbal warning

Second offense – Time out appropriate for the age of the child

Third offense – Director and parent conference

The following are disciplinary guidelines that are used in PSAM – PSPM – PLUS.

- Corporal punishment is not used
- Verbal warning is given
- The problem will be discussed privately with the student
- Time out will be given
- The Director will meet with the parent when there are behavior problems

Repeated misbehavior may result in:

- One day suspension
- Three day suspension
- Five day suspension
- Permanent suspension from the program

Immediate or permanent suspension may result due to the following:

- Fighting
- Injuring self or another child
- Cussing or swearing
- Running from the group and staff members
- Destruction of property
- Stealing
- Threatening violence
- Leaving the designated area without permission

The Childcare Coordinator must approve all suspensions. Payment credits will not be given for days that the child is suspended from care.

I understand the Discipline Guidelines and Policy of Henderson County Public School Childcare. I will be a positive influence and support of this policy. I understand that if my child(ren) do not follow these policies and guidelines that they will be unable to use the Henderson County Public School Childcare Program.

I certify that I have received and read the North Carolina Child Care Laws & Rules Summary, the HCPS Childcare Parent Handbook, the HCPS Childcare Discipline Policy and it was adequately explained to me.

Child's name: _____ Enrollment Date: _____

Parent or Guardian Signature: _____ Date: _____

HENDERSON COUNTY PUBLIC SCHOOL CHILDCARE

Fee Payment Policies

1. Registration fees must be paid and the Fee Payment Policy signed prior to the child's first day of attendance.
2. It is required that parents must reserve days and make advance payment for all programs by Friday for the following week of care. Dates are not transferable and credit is not given for days missed. Drop in care is not provided.
3. Parents receiving financial assistance are still required to follow the payment schedule, if a parent fee is required. Advance payments are required, for all programs, by Friday for the following week of care. Any family receiving financial assistance from DSS must apply and receive a new voucher for each school year, for Summer PLUS care and for teacher workdays, if attending another site.
4. Parents must sign up and pay in advance for dull day care on teacher work days within the periods specified (1-2 weeks in advance for teacher workdays). Fees for winter weather care are paid upon arrival to the winter weather site.
5. Credit will not be given for days purchased and not used except in cases of family emergencies and extended illness (must be five consecutive days or more). Credit for payments will not be given for suspensions. The parent and site director must complete a written Fee Payment Agreement Adjustment for credit to be approved. If Henderson County Public Schools closes due to any unforeseen reason, a credit will be given for that day(s).
6. There will be a \$10.00 late pick up charge, per child, for each 15-minute increment that children are picked up after the 6:00 pm closing time. If there is not contact between the childcare staff and parent or another authorized adult by 7:00 pm, the local authorities will be called.
7. Childcare fees may be paid by check, cash, and money order or by debit or credit care through K12PaymentCenter. If paying by cash, please provide correct change or expect to have remaining balance credited to the account.
8. In the event your check is returned the following procedures will be followed:
 - a. The parent will be notified of the NSF check
 - b. Re-payment must be made in cash for the NSF check
 - c. A \$25.00 NSF fee must be made in cash
 - d. In the event that two NSF checks have been written; the parent or guardian will be put on a cash only basis.
 - e. If any additional bank charges are incurred, the parent or guardian will be responsible for those fees as well.

I understand the Henderson County Public School Fee Payment Policy and agree to comply with the terms of payment. I understand that failure to adhere to the payment schedule and policies will result in the termination of childcare services.

Parent or Guardian Signature: _____ Date: _____