

SCHOOL-AGE

Imagination Daycare & Preschool's School Age Program

214 4th Street

North Vernon, In 47265

Annalee Alexander

812-346-6790, 812-767-1342

HOURS OF OPERATION

MONDAY-FRIDAY 5:00 AM-5:30 PM

ENROLLMENT FORM

Date of Admission _____

Child's Name: (First, Middle, Last) _____

Date of Birth _____

Home Address _____

Mother's Name: (First, Last) _____

Home Address _____

Home Telephone # _____ Cell # _____

Employer _____ Employer # _____

Employer Address _____

Additional phone #'s _____

Email Address _____

Father's Name: (First, Last) _____

Home Address _____

Home Telephone # _____ Cell # _____

Employer _____ Employer # _____

Employer Address _____

Additional Telephone #'s _____

Email Address _____

Please list the name of individuals who have legal custody of child. Any changes need to be reported _____

Individuals having permission to pick up (Childs Name) _____

Name: _____ Telephone # _____

Name: _____ Telephone # _____

Name: _____ Telephone # _____

Drivers license/picture ID will be checked for identification before releasing any child to an individual other than the parent/guardian. Also the staff must be contacted in advance if someone else will be picking up a child.

Parent/Guardian Signature _____

Imagination Daycare & Preschool's School age Program
AUTHORIZATION TO OBTAIN MEDICAL TREATMENT

I, _____ agree, and by my signature, give my authorization for
Parent/Guardian

Imagination Before & After Care Staff to transport and obtain medical treatment for my child if I cannot be contacted. I understand that I will be contacted immediately, or as soon as possible should I be away from the telephone numbers listed on the enrollment form.

Please list the name of responsible persons who can be called for your child in case of emergency, if parents cannot be reached.

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Perferred Hospital Name: _____
Address: _____

Allergies:(Please List Any/All) _____

Medications:(Currently Taking) _____

It is the responsibility of the parent/guardian to obtain accident or medical coverage to pay for accidents/injury to the child. Imagination Before & After Care (Annalee Alexander Owner) is not responsible for medical bills associated with accidents/injuries, which would occur at or during the program.

Parent/Guardian Signature

Date

Imagination Daycare & Preschool, Inc.
School Age Program
Rate and Hours Contract
AM= \$5.00 Per Session (\$25.00 Per Week)
PM=\$5.00 Per Session (\$25.00 Per Week)
AM & PM \$10.00 Per Day
Weekly AM & PM= \$50.00 Per Week

A rate of \$_____ per session will be charged. These rates will be charged from the child's attendance each week. Please mark the days your child will be normally be attending, if times and days change or vary please let the staff know.

Mon _____ am to _____ pm
Tues _____ am to _____ pm
Wed _____ am to _____ pm

Thur _____ am to _____ pm
Fri _____ am to _____ pm

Payment Schedule- All payments and fees are due no later than 5:30 on Fridays, show/no show.

Late Fee- A late fee of \$20.00 per week will be charged on late payments. If fees are not paid by Monday morning of the next week, your child will not be able to attend until the outstanding balance is paid. Continued late payments will result in termination of the contract. The parent/guardian will be responsible for court fees, and any other cost due to loss of wages if there is a small claims case.

Returned Checks- There will be a fee of \$25.00 in the event of a "bounced check". Also you will be responsible for all bank charges and will be required to pay in cash from that time on.

Termination of Services- This contract may be terminated by either parent/guardian or provider by giving a notice in advance of the ending date. Parent/guardian is responsible for all payments through the end of the notice period based on attendance. The provider may terminate the contract without giving any notice if the parent/guardian does not follow the program rules and regulations. Being rude and disrespectful to a provider or children will result in immediate termination.

Signature _____ Date _____ Parent/Guardian

Signature _____ Date _____ Program Director

Imagination Daycare & Preschool, Inc
School Age Program
Disciplinary Policy

Latchkey staff members are absolutely not permitted to use any form of physical punishment, including spanking. Staff members may not single out a child or ridicule, threaten harm to the child or the child's family, and may not specifically aim to degrade a child or a child's family. They may not use harsh, demeaning or abusive language in the presence of children. We use the following disciplinary techniques where they are age appropriate:

- Giving Choices
- Problem Solving
- Natural and Logical Consequences
- Ignoring
- Redirecting
- Time Out

After you have tried everything from above we move to the 3 strikes system. See attached.

Discipline does not mean punishment. Discipline is teaching a child how to be safe, how to behave on his/her own and how to know the difference between right and wrong. The staff will use praise and positive methods of discipline and guidance to encourage self-expression and self-direction of the children in the Center. The limits may be set at times in order to keep children from losing control or causing harm to themselves or others. Time Out is only one way to handle a situation and allows the child to regain control of his/her actions and feelings. Time away from the group will not exceed 5-10 minutes. A timer will be used.

Positive ways to channel children's emotions and handling misbehavior include:

- Redirect negative behavior to an acceptable activity by gently encouraging the child to change activities.
- Ignore the behavior.
- Help children understand consequences to behavior.
- Limit choices.
- Use humor.

Remember we will never humiliate, frighten or abuse a child. We will respect their feelings and let them know whatever they are feeling is okay - but it is the way they express it that we want to help them control. Let the children know your feelings. We tell them we are not upset with them, but with their actions. We will communicate with the children and model positive behaviors for them to imitate. We will make sure what we are asking the child is appropriate for their developmental level. We will make sure all classroom rules are clear and understood at their level. We will consult with parents since they know their child best. Emphasize the partnership between caregiver and parent in an attempt to defuse a tense situation involving a problem with the child's behavior.

Strikes will be given for failure to follow Latchkey and building rules. The first strike is the warning. A second strike the parent will receive a phone call from the student they will need to be picked up immediately. Upon receiving a third strike the child will no longer be allowed to participate in Latchkey and will be expelled from the program. Children must follow the rules given to them by their teacher. Teachers will redirect and try separating a child before the first strike. Teachers will not tolerate violence or disrespect towards students or teachers.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

_____ Strike One (warning): _____

_____ Strike Two (student calls parent to notify of needing picked up): _____

_____ Strike Three (loss of attending remaining field trips): _____

Parent Signature _____ Date _____

**IMAGINATION DAYCARE & PRESCHOOL, INC.
BEFORE & AFTER CARE PROGRAM
TRANSPORTATION
AUTHORIZATION AND WAIVER TO TRANSPORT FORM**

Date Valid- 8/10/2020-6/1/2020

Child's Elementary School _____

Child's Name: (First, Middle, Last) _____

Date of Birth _____

My child requires a booster seat: Yes No (supplied by parent)

Please fill out the information below with your child's regular transportation schedule.

If there are any changes to your child's daily transportation plan you MUST contact Annalee Alexander at 812-767-1342 ahead of time.

This is for the safety of all children in our care to stay on normal daily routine. If you do not make our program aware of a schedule change and or your child's absent your account will still be charged for the regular scheduled session.

My child will be transported to their listed elementary school in the am on:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

My child will be pickæd up from their listed elementary in the pm and transported to 214 4th Street North Vernon, In 47265 on:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Notes: _____

I authorize Imagination Daycare & Preschool's Before & After School Care Program to transport my child in a company van or bus, driven by an individual authorized by Imagination Daycare & Preschool, Inc Before & After Care Program. I understand that my child is to follow all applicable laws regarding riding in a motor vehicle and is expected to follow directions provided by the driver.

Parent/Guardian Signature _____



HEALTH CARE PROGRAM FOR CHILD CARE HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

FAMILY AND SOCIAL SERVICES
ADMINISTRATION - MS02
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name of child (last, first)	Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)		
Child lives with (relationship)	Name	Telephone number ()

MEDICAL HISTORY

Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	
		Handicapping conditions:	
Screenings	Result / Date (month, day, year)	Other:	
TB Risk / Symptom			
Developmental Screen			
Lead			

PHYSICAL EXAMINATION

Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)?

Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No
