

ALLERGIES: _____



COMPLETE BOTH SIDES

OFFICE USE ONLY
DATE REC'D _____ ck # _____

APPLICATION FOR ADMISSION TO SAN ANSELMO BEFORESCHOOL & AFTERSCHOOL

Name of Child: _____ Grade in Sept. _____ Date of Birth: _____

Preferred date to enter: _____ Nickname: _____ Sex: _____

Where did you hear about our program? _____

Parent's Residence: _____ City: _____ Zip: _____ H Phone: _____

Parent's (if applicable) _____ City: _____ Zip: _____ H Phone: _____

E-mail _____ Alternate E-mail _____

Bill via: E-mail _____ Mailing Address _____

Parent's Name _____ Occupation: _____ W Phone: _____

Business Address _____ Cell Phone: _____

Parent's Name _____ Occupation: _____ W Phone: _____

Business Address _____ Cell Phone: _____

The following persons are **authorized** to take my child from school, and should be contacted in an emergency if parent / guardian cannot be reached.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Your child will not be allowed to leave with any other person without permission from parent / guardian

Physician: _____ Phone: _____

Office Address: _____

If this physician cannot be reached in an emergency, what action should be taken? Hospital(s) _____

Allergies or health problems: _____

Please check the time block, circle time, number of days and write down the days of the week that care is needed.

Mornings:

7:30-8:30 **or** 8:30-9:30 (Number of Days: 2, 3, 4, 5) Name days: _____
please circle

7:30-9:30 (Number of Days: 2, 3, 4, 5) Name days: _____

Afternoons:

2:00 PM – 6:00 PM. (Number of days: 2, 3, 4, 5) Name days: _____

3:00 PM – 6:00 PM. (Number of days: 2, 3, 4, 5) Name days: _____

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO SAN ANSELMO PRESCHOOL TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S.) FOR _____. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. MY CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

Signature of parent or guardian _____ Date: _____

Enclosed \$100 (non-refundable) Registration Fee.



San Anselmo Afterschool Center
121 Ross Avenue, San Anselmo, CA 94960
Telephone (415) 453-3181

The San Anselmo Afterschool Center will offer before and/or Afterschool care to the undersigned upon the following terms and conditions:

Section 1. Tuition/Payment Policy: Tuition is charged based upon the schedule that you have selected. *Families with more than one child in the program receive a 10% discount on the lower of the two tuition fees.* Once accepted, your first tuition payment is due on or before the 20th of the month prior to your child's starting date to reserve your child's spot in the program. For example, if your child is to start in September, your first payment is due by August 20th. *If we do not receive your payment, your child's spot is forfeited.* We do have a waiting list, and after the 20th we will start taking names from the waiting list. **There are no refunds given for either days missed or holidays nor can we trade days.** However, by notifying the Director in writing at least two weeks in advance about vacations of two or more weeks your child's space can be reserved and tuition reduced by 1/2 for the period the child is out. Because of the difficulty filling vacancies near the end of the school year, **any withdrawals during the last six weeks of school will be billed for the full month of June. At other times of the year two weeks written notice must be given for withdrawals** from the center, or a full month's tuition will be charged. **Financial Aid is available on a limited basis.** Applications for Financial Aid are available upon request from the Director. There will be a \$20 returned check fee on all returned checks.

Section 2. Registration: There is an annual registration fee per family, which must accompany the registration card. Children may be registered for 3, 4 or 6 hour blocks of time in the afternoon. A minimum of 2 days per week is required. Any combination of days is allowed provided that the days are consistent every week. A drop-in service is available only to registered children and is left to the discretion of the Assistant Director.

Section 3. Holiday Schedule: Children who attend the Afterschool are entitled to their regular hours during District Winter and Spring breaks. There is a drop-in charge for extra AM hours or extra days.

Section 4. Late Pick Up: The Afterschool Center closes at 6:00 PM. **If a child is left longer, there is a \$1.00 fee for each minute that you are late.** You are responsible for notifying the Assistant Director if you are not able to pick up your child at your allotted time. After three late pick-ups your situation will be reviewed by the Board of Directors.

Section 5. Emergency Closure: During the school year and especially during the winter months there is always the possibility that heavy rains and flooding, electrical failure or another emergency may force us to close the school for an entire day or part of a day. In such circumstances it is impossible for us to provide you with advance warning. As soon as the emergency closure has been determined we will leave a message on our voicemail and we will activate our emergency phone tree. In cases where we need to close the school during the school day it is imperative that you provide us with two emergency contacts on your Identification and Emergency Information form. It is impossible to refund tuition for emergency closure days nor can we trade days.

Section 6. Medication: The staff can only dispense medication of **any type** after the parent has filled out a medication permission slip. Permission slips, which are available at the Afterschool Center, must be filled out and signed on a daily basis, and medication must be stored in or near the refrigerator, in its original bottle. Medication must be taken home at the end of each day.

Section 7. Illness: The Afterschool is not equipped to care for sick children. If a child is unable to participate in the normal routine the parent will be called and asked to take the child home. **Before returning to school, the child should remain at home fever-free for twenty-four hours.**

Section 8. Parents are required to notify the Afterschool of any infectious and communicable diseases in your family. Notification of Wade Thomas office is not direct notification of the Afterschool.

Section 9. Parents must notify the Afterschool if their child is not attending on a scheduled day. If a child has permission to go to a friend's home or will not be attending Afterschool for any reason, parents must call the Center. A call to Wade Thomas is not direct notification to the Afterschool Center,

Section 10. Dress your child in old, comfortable clothing that will not restrict his/her play. We offer children messy play with water, sand, paint, etc. **All removable clothing including shoes and boots must be marked with your child's name.** Kindergarten children should bring a complete change of clothes in a shoebox, each item marked with your child's name.

Section 11. The Afterschool encourages parents to send special toys, bikes and skates, but we do not allow candy, gum, money or guns.

Section 12. Pets may come to the Afterschool by prior arrangement only.

Section 13. The San Anselmo Afterschool Center admits children regardless of race, creed or national origin. We reserve the right to exclude a child from attendance for any reason whatsoever including but not limited to health, disruptive behavior, lack of adjustment to the group situation, or delinquency of the tuition account.

Section 14. The Department or Licensing Agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren), or any staff member, and for the examination of all records relating to the operation of the facility. The Department or Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Section 15. The parent or guardian who signs the contract is responsible for payment of tuition.

Child's Name (Please Print) _____

Parent's Signature _____ **Date** _____

School Representative _____ **Date** _____