

PARTICIPANTS NAME: _____

AGE: _____ DATE OF BIRTH: _____ SCHOOL GRADE LEVEL: _____

STREET ADDRESS: _____

HOME PHONE: HOME (_____) _____

COUNTY: _____ TOWNSHIP: _____

Email (for newsletters & invoices/ billing): _____

Cell phone: (For text updates): _____

***If you do not have email access and would like a paper copy of distributions please note that above.*

PRIMARY GUARDIANS NAME: _____

CELL PHONE: (____) _____ ALT. PHONE: (____) _____ (Home, work, etc.)

SECONDARY GUARDIANS NAME: _____ RELATIONSHIP: _____

CELL PHONE: (____) _____ ALT. PHONE: (____) _____ (Home, work, etc.)

Are there any medications that your child takes that we need to know about? If so please tell us about them.

Does your child have any important medical conditions that we should know about? If so please tell us about them.

Is your child allergic to anything? If so please tell us what they are allergic to, what happens when they have a reaction, and how we can best treat. Also, is your child aware and prepared to deal with this/ these allergies?

Does your child have any physical, emotional, psychological, behavioral, or social needs? We want to provide the best care for every child who participates so please tell us as much information as you can. If it helps we will also schedule a meeting to talk about ways to make your child feel more comfortable in our environment. Children who require one on one attention or have special needs or require assistance in the bathroom are required to have a TSS worker or aid with them at all times while at the Center. Our staff members are not trained to provide a safe enriching environment for children with these needs.

Has your child ever been violent? Please tell us as much information as possible about the situation.

Has your child ever tried to run away? Please tell us as much information as possible about the situation.

Please use an additional sheet of paper or attach any information that is pertinent to us providing a safe environment for your child and all of the children we serve.

Waiver of Liability:

- I understand that during attendance, The Donald Heiter Community Center staff, volunteers, and affiliates will do everything they can to keep my child safe, however accidents do happen. In case of an accident or incident, I will not hold The Donald Heiter Community Center, its staff, volunteers, or its affiliates responsible for any harm that might come to my child.
- I understand that my child may be riding in volunteer and staff vehicles, a borrowed van, and/or a bus. I understand that I am responsible to provide a child restraint seat, when requested by a Donald L. Heiter Community Center staff member or volunteer, if it is required by law that my child use one.
- I understand that the Donald L. Heiter Community Center full time staff members are properly trained to handle emergencies and that if something should happen to my child the staff and volunteers will use their best judgment in responding, and I will not hold them responsible for their judgments. I understand that these responses might include calling for emergency medical services, emergency medical treatment, going to the emergency room or going to the doctors office. I understand that I am responsible to pay for any expenses associated with these treatments. I give my permission for The Donald Heiter Community Center staff, volunteers, and affiliates to use whatever means necessary to treat my child in case of an emergency.
- I understand that the staff will often take pictures of my children for advertising and memory book making, and that it is my responsibility to inform the Executive Director if my child can not be photographed.
- I understand that I must adhere to all parent/ guardian rules at the Center. I am aware that failure to follow all rules can lead to termination of my child/ children's attendance privileges at the Center.
- I understand that the Donald L. Heiter Community Center's primary responsibility is the safety of all participants, staff members and volunteers. I also understand that if at any time my child or children are found to have instigated or caused an unsafe (emotionally or physically) or inappropriate situation staff members or volunteers have the right to ask my child to immediately leave the premises or program for any length of time and can place restrictions on returning to the Center such as the requirement of a TSS worker, medically trained assistant, psychological/ medical evaluation, etc.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Split Custody Situations:

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Parent/ Guardian Expectations

- Please pick your children up by 6:00 PM each day unless the Center's hours are extended for trips, special programs, etc. If your child is not picked up on time, there will be a \$3 per minute fee. Repeated lateness will result in loss of privileges. Families who are charged a late fee can not return until the fee is paid.
- Please prepare your children for the day's activities by reading the calendar or newsletter and having things like sneakers, a packed lunch, or whatever is needed ready and available. Children who are not prepared will be excluded from the activities for that day, and although we will try to make phone calls to obtain articles needed, we do not promise to make those efforts.
- Please participate in fundraising events. The fees charged only represent about 45% of the actual costs of the program. Helping with fundraising events allows us to maintain low fees and still provide a high quality experience.
- Please come into the Center, speak to a counselor and sign your child/ children out every day. Remember to clean out children's cubbies every Friday; forgotten items will be discarded.
- Please be sure to make payments according to the payment schedule. If you need to extend a payment time please speak to a staff member, prior to the due date, and we can help you.

**Parents/ Guardians are encourage and expected to follow the Children's rules while in the building.
Please remember that children are at play and we are all role models.**

Pertinent Policies regarding this program:

Calendars

- All families are asked to submit a calendar detailing days that each child will attend. This will allow the DHCC to plan staff, activities and food for the month. Here are the 2019/2020 due dates for calendars. **There will be a \$2 per day fee for calendars that are handed in late.**

Parents Initials: _____

Month:	Due Date:
August & September 2019	August 16, 2019
October 2019	September 20, 2019
November 2019	October 18, 2019
December 2019	November 20, 2019
January 2020	December 20, 2019
February 2020	January 17, 2020
March 2020	February 21, 2020
April 2020	March 20, 2020
May 2020	April 17, 2020

- We understand that it is hard to schedule your child's plans weeks in advance, and often, plans change after the calendar has been submitted. If this situation occurs please contact the Community Center staff members and let them know that you would like to change your calendar. **You may add days and pay for them. No refunds will be given for days missed. Days cannot be changed.**

Payments

- There is a one-time registration fee for all applicants. This fee is \$20. This is due when you submit this application.
- Fees:
 - Before School Care: \$5 per day
 - After School Care: \$6 per day
 - Both before and after school care: \$10 per day.
 - Non School Days: \$15 per day
- Forms of payment accepted: We accept cash and checks for all accounts. Checks can be made out to "DHCC" or "Donald L Heiter Community Center." Please be advised that a \$35 fee will be charged for all returned checks. Credit Card & PayPal Payments are not accepted.

Hours of Operation

- Before School Care: 6:00 AM until the start of school
- After School Care: End of school until 6:00 PM
- Non School Days: 6:00 AM- 6:00 PM

Illness/ Missed days:

- You are required to notify the DHCC if your child is scheduled to attend the Before/ After School Program but is unable to attend. When children do not arrive as scheduled our staff members need to minimize supervision to attending children to make phone calls and ensure the safety of your child. This isn't fair to the children in attendance. Abuse of this service will result in dismissal from the program.

Parents Initials:

- We understand that from time to time children become ill and need to stay home. We ask that you contact our office at (570) 524-5000, to inform us that your child will not be in attendance that day. If a staff member is not available to take your call directly, please leave a message with the name of the child and when you expect him/her to return. We also like to ensure that all of our families are notified if there is a public health risk. Please advise us as to the illness your child has. We will not share this information with other participants; we will simply inform families that we have been informed of a possible outbreak and that they should take certain precautions. Unfortunately we cannot offer refunds for sick days.
- If your child becomes ill, or arrives at the center ill, (vomiting, diarrhea, and fever of 100 or more) then we will contact a parent or guardian for immediate pick up. The daily fee will be charged regardless of when the child leaves the center.

Daily schedule & meal service:

- Breakfast is provided at 6:30 AM
 - Lunch is provided (During Non-School Days) at 11:00 AM
 - Snack (After School Program) is provided after homework time (Typically about 4:30 PM)
 - Snack (Non School Days) is provided at 3:00 PM
- ***Please send a snack or meal for your child if you are unsure if they will like what is being served. Replacements are not offered.

By signing below you are agreeing that you have received, reviewed, understand, and will adhere to The Donald L. Heiter Community Center's revised Program Policies and Procedures.

Parent or Guardian's Signature: _____ Date: _____

Dual custody participants (if applicable):

Parent or Guardian's Signature: _____ Date: _____

Please list any comments on custody arrangement and how it will affect your child's attendance in this program.

Pick Up List:

The following adults are allowed to pick up my child:

CHILD'S NAME: _____

I understand that without valid state issued photo identification the Donald L. Heiter Community Center will not allow anyone including myself to pick up this child.

PICK UP #1: (must be a Parent or Guardian)

FULL NAME: _____

DATE OF BIRTH: _____

PICK UP #2:

FULL NAME: _____

DATE OF BIRTH: _____

PICK UP #3:

FULL NAME: _____

DATE OF BIRTH: _____

PICK UP #4:

FULL NAME: _____

DATE OF BIRTH: _____

Due to public child care regulations set in place by the Dept. of Public Welfare we cannot allow children to sign themselves out without written consent from a legal guardian. A parent/guardian must enter the Center, check with the staff and sign out their child. Failure to comply will result in immediate termination of attendance privileges.

Parents Initials: _____

Parents/ Guardian Signature: _____

Date: _____

******OPTIONAL******

I give my permission for my child, _____, to sign themselves out of the Center and leave at their own discretion. I understand that the Donald L. Heiter Community Center, the staff, volunteers, and Board Members are not responsible for my child once they leave the Center.

Parents/ Guardian Signature: _____ Date: _____

Split Custody Situations:

Parents/ Guardian Signature: _____ Date: _____

SCHOLARSHIP APPLICATION:

(Only complete if financial assistance is needed)

How many people are in your household (according to your most recently filed tax return):

Please tell us your gross household income (according to your most recently filed tax return)

\$_____

Are you able to provide a copy of your most recently filed tax return to us? _____

Do your children receive free lunches at school? _____

How much of a scholarship do you need?

- 100%- Full cost of the program
- 50%- Half of the cost of the program
- Other arrangement: Please explain: (Sometimes families only need help with a quarter of the fees, or paying for one child, etc.)

By signing this form you are confirming that the above stated information is complete and true to the best of your knowledge. You also are giving the Donald L. Heiter Community Center permission to apply on your behalf using this information for grants and scholarship money from funding agencies. Although it is the intention of the DHCC to protect the identity of all of its participants and we do so to the best of our ability it is often a requirement of funding agencies to have this information.

Guardian Signature: _____ Date: _____

We will contact you for more information and to verify the information you have provided on this form.
Thank you.

Office Use Only:

Approved? _____ Amount of scholarship? _____ Funding source: _____

Executive Directors Signature: _____ Date: _____