

NO SCHOOL DAYS 2024-2025
REGISTRATION

CHILDS FULL NAME: _____

DATE OF BIRTH: _____ SCHOOL GRADE LEVEL: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

COUNTY: _____ TOWNSHIP: _____

Who should receive text updates: (must be cell phone numbers able to receive text messages)

_____ (relationship _____)

_____ (relationship _____)

Who should we email newsletters and other correspondence to?

Email Address: _____ Email Address: _____

Who should we call if there is an emergency? (Please include parents/ guardians)

First Person- Name (must be a parent or legal guardian): _____ Phone Number: _____

Second Person- Name: _____ Phone Number: _____

Third Person- Name: _____ Phone Number: _____

Please note any custody arrangement that might be pertinent to our care for your child.

General Health & Wellness information about the participant:

- Does your child have any important medical conditions, or take any medications, that we should know about? If so please use a separate sheet of paper to 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 individual 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, on a separate piece of paper, 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, have special needs or require assistance in the bathroom are required to have a TSS worker or aid with them at all times while participating in our programs. Our staff members are not trained to provide a safe enriching environment for children with these needs.
- Has your child ever been violent? If so please use a separate sheet of paper to tell us more.

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

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Parent/ Guardian Expectations:

- Please pick your children up by 6:00 PM each day, unless otherwise noted. Lateness will result in loss of privileges and additional fees (\$3 per minute). Families who are charged a late fee cannot return until the fee is paid.
- Please prepare your children for the day’s activities by reading distributed information and having things like sneakers, a packed lunch or whatever else is needed.
- Please sign your child in and out every day.
- Children must be fully potty-trained in order to participate.

Forms of payment accepted: We accept cash and check payments in person. Checks can be made out to “DHCC” or “Donald L Heiter Community Center.” Or payments can be made through the DHCC PayPal account via our email address (donaldheiter@gmail.com).

Hours of Operation: 6 AM- 6 PM

(a minimum requirement of 8 paid/ enrolled participants is required in order to hold No School Days)

**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.**

Daily schedule & meal service:

- Lunch is provided between 11 AM and NOON. Our meal service counts are taken at 9 AM so please be sure that your child/children are in the building or you have called if you would like them to be included.
- Snack is provided at, or around, 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. We are sorry but we are unable to heat, cook or prepare meals that are brought from home.

Illness/ Missed days:

- Please let us know if your child is unable to attend through the REMIND APP or via email.
- 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.
- 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 and they will be quarantined until you are able to pick them up. The daily fee will be charged regardless of when the child leaves the center.

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 and illness do happen. In case of an accident, illness 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, with my previous knowledge and consent, 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 staff members are properly trained to handle emergencies and sudden illness 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 cannot be photographed or photos can’t be shared.
- 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: _____

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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: _____

(Only complete if financial or other assistance is needed)

SCHOLARSHIP APPLICATION:

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)\$ _____

Please provide a copy of your most recently filed tax return to us.

Is this a UCCYS Referral? _____ CW INT: _____ Start & End Date: _____

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.) _____

Do you need any other help or support such as school supplies? Christmas Gifts? Food assistance?

Help with utility bills? The DHCC will help by referring you to local organizations.

How can we help? _____

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: _____

Pick Up List:

ONLY 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: _____

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: _____

Parents/ Guardian Signature: _____ Date: _____