



Educating and Strengthening Our Community



THOMASVILLE COMMUNITY RESOURCE CENTER, INC.  
P.O. Box 1897  
501 Varnedoe Street  
Thomasville, GA 31792

CHILDCARE ENROLLMENT FORM

Entrance Date

Withdrawal Date

CHILD INFORMATION:

Child's First, Middle, & Last Name      Sex      Age      Date of Birth

Home Address      Home Telephone

School Child Attends      Grade      Allergies/allergic to anything

Child's Parents:

Father's Name      Address/Telephone, if different from child

Father's Place of Employment / Address of Employment / Business Number

Mother's Name      Address/Telephone, if different from child

Mother's Place of Employment / Address of Employment / Business Number

Household Information:

Child's Living Arrangements: ( ) Both Parents ( ) Mother ( )Father ( )Other (specify)

Child's Legal Guardian(s): ( )Both Parents ( )Mother ( )Father ( )Other (specify)

Please complete all lines that apply.

**Contact Information: (All information must include full address and phone numbers or application WILL NOT BE ACCEPTED.)**

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Father's Name	Cell Number	Work Number	Home Number
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Mother's Name	Cell Number	Work Number	Home Number
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**CHILD MAY BE RELEASED TO PERSON SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

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Name	Full Address	Phone	Relationship to child
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**PERSON TO NOTIFY IN AN EMERGENCY IF PARENTS CANNOT BE REACHED:**

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Name	Full Address	Phone	Relationship to child
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## Medical History

\_\_\_\_\_  
Child's Physician / Clinic's Name (Child's Primary Health Source)

\_\_\_\_\_  
Address & Telephone

My child has the following special need(s). Please describe any known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the Center:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence of age-appropriate immunizations or a signed affidavit against such immunizations is required to be on file in the Resource Center's office in order to complete the enrollment process.

Medical Facility the Center Uses: **Archbold Hospital, 507 Gordon Avenue**

Signature \_\_\_\_\_  
(Must be completed by custodial parent/guardian)

Date \_\_\_\_\_

**THOMASVILLE COMMUNITY RESOURCE CENTER, INC.  
GUIDE FOR AUTHORIZATION OF MEDICATION**

Child's Full Name \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

Prescription Number(s) \_\_\_\_\_

Time Medication is to be given \_\_\_\_\_

Amount of Medication to be given \_\_\_\_\_

Dates to be given \_\_\_\_\_

\_\_\_\_\_  
Signature: Custodial Parent/Guardian

\_\_\_\_\_  
Date

**FOR CENTER USE:**

	<u>Date</u>	<u>Time Given</u>	<u>Amount</u>	<u>Any Adverse Reaction</u>	<u>Administered By</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

**IF NOTICEABLE ADVERSE REACTION TO MEDICATION IS OBSERVED, WHAT ACTION WAS TAKEN? DESCRIBE.**

**THOMASVILLE COMMUNITY RESOURCE CENTER, INC.  
PARENT AGREEMENT**

1. The Thomasville Community Resource Center, Inc. agrees to provide day care for \_\_\_\_\_ (name of child) On \_\_\_\_\_ (days of week), from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast                      Morning Snack                      Lunch                      Afternoon Snack

- 2. Before any medication is dispensed to my child, I will provide a written authorization which includes: date, name of child, name or medication, prescription number, if any dosage; date and time of day medication are to be given to child. Medicine must be in the original container with my child's name marked on it.
- 3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
- 4. I acknowledge it is my responsibility to keep my child's records current to reflect significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.
- 5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which involve or affect my child.
- 6. The Thomasville Community Resource Center, Inc. agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
- 7. In event of an emergency involving my child and if the Center cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.
- 8. My child's physician or clinic's name (child's primary health source) is \_\_\_\_\_ and the phone number where my child's physician or clinic can be reached is \_\_\_\_\_.
- 9. I have received a copy and agree to abide by the childcare policies and procedures for Thomasville Community Resource Center, Inc.

Signature: Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature: Director of Children's Services \_\_\_\_\_ Date \_\_\_\_\_

## **Thomasville Community Resource Center Publications, Video, Internet Consent Release Form**

Students who attend the after school and summer program at the Thomasville Community Resource Center are occasionally asked to be part of school and/or district publicity, publications and/or public relations activities. TCRC takes advantage of the benefits of modern media and technology. Students' images may appear in pictures, brochures, newsletters, newspapers, annual reports, videos, television programs, commercials, web sites, and/or audiotapes. This release shall be binding upon and inure to the benefit of the partners, their successors, assigns and personal representatives. Please take the time to review the following Consent Release Form and select an appropriate option.

**PARENTS: PLEASE SIGN THIS FORM AND RETURN IT TO THE TCRC STAFF AS SOON AS POSSIBLE. YOUR CHILD MAY APPEAR IN ANY OF THE MARKETING/PROMOTIONAL PROJECTS LISTED BELOW FOR INDIVIDUAL SCHOOLS OR THE SCHOOL SYSTEM.**

\_\_\_\_ My child **has** permission to be photographed for TCRC's publications, video and/or web site by TCRC staff and the news media.

\_\_\_\_ **I do not** want my child to be photographed for TCRC public relations activities.

**Be it known, that by granting TCRC permission, you jointly and generally forever release, discharge, acquit and forgive TCRC from any and all claims, actions, suits, agreements, liabilities, and proceedings of every nature and description both at law and in equity arising from the use of the undersigned's image in any medium.**

**\*\*\*\*\*TCRC has no control of media use of pictures/statements that are taken without permission.**

\_\_\_\_\_  
**Student's Name: (please print)**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

## TRANSPORTATION AGREEMENT

This is to certify that I give Thomasville Community Resource Center permission to transport my child \_\_\_\_\_ from \_\_\_\_\_  
(Name of Child) (Name of School)

at \_\_\_\_\_ (a.m. / p.m.) to Thomasville Community Resource Center at 501 Varnedoe Street at \_\_\_\_\_ (a.m. / p.m.) on the following days:

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the Center.  
(Name of School)

In the event that my child is not to be transported as outlines above, I agree to notify the Thomasville Community Resource Center, at least one hour in advance.

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

**THOMASVILLE COMMUNITY RESOURCE CENTER, INC.  
VEHICLE EMERGENCY MEDICAL INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Home Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Father / Mother's Cell Number \_\_\_\_\_

List child's special need(s). Please describe any known allergies or other physical problems, mental health disorders, or developmental disabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use on a daily basis for a chronic condition(s):

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Children will be taken to **Archbold Hospital (507 Gordon Ave.)** unless, and if determined, that it is medically necessary to transport elsewhere.

**IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD, AND IF THE THOMASVILLE COMMUNITY RESOURCE CENTER CANNOT CONTACT ME, I HEREBY AUTHORIZE ANY NEEDED EMERGENCY MEDICAL CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENSES INCURRED DURING THE TREATMENT OF MY CHILD.**

Child's Name \_\_\_\_\_

Signature of Custodial Parent/Guardian \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_



## **Bus Pickup Policy**

Our bus pick-up is directly related to weekly paid attendance records. As you now, our policy is to collect fees on the Friday prior to each week that your child attends our after school program. Based on the fees we have received by Monday noon each week, we develop our bus schedule for that week. Our bus drivers are given a list of the students that are expected to pick up each day at school, based on our list of paid registrants that morning.

The public school that your child attends is responsible for making sure your child is in line and waiting for the bus. If your child is **NOT** in line, our driver will ask the teacher on duty if they know where your child is, but we are only responsible for waiting if the teacher can assure us that your child is actually on his/her way to the bus line at that time. We cannot hold up other buses and students at the other schools while searching for your child.

**We are NOT responsible for picking up your child after school under the following conditions:**

- 1. If you have not paid for the week by Monday at noon (if we do not have payment, we assume your child is not attending that week unless other arrangements have been made in advance).**
- 2. If your child is kept after school and/or is not in line when our bus or van arrives at the school.**
- 3. If your child is picked up at school by someone else (if your child is being picked up by someone else, we would greatly appreciate a phone call so we know in advance not to look for your child).**

**It is our policy to return to the school to pick up a missed child ONLY IF WE forgot the child or it was our fault in some way the child was not picked up. We cannot return to the school if it was YOUR CHILD'S FAULT or YOUR FAULT that your child was not picked up. In those instances it becomes the responsibility of the school and/or parent.**

Please feel free to contact Thomasville Community Resource Center at 226-5846 if you have additional questions regarding the bus policy.

I have read and agree to abide by the bus policy described above.

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After School Program Director

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Date

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Parent/Guardian Signature

## STUDENT BEHAVIOR GUIDELINES

I attend the child care program at TCRC.

I understand that it is important for me to follow guidelines so that we can all enjoy our day in a way that is safe, fair, and fun for everyone.

I understand that:

I must express my thoughts and feelings **WITHOUT** using physically aggressive behaviors such as hitting, slapping, pushing, kicking, punching, etc.....

The **first time** I choose to hit, shove, push, kick, slap, or in any way use physical aggression toward another classmate, my parents will be called immediately and I will be suspended from TCRC for 2 days. If I choose to use physically aggressive behavior a **second time** I will not be allowed to come back to TCRC for the remainder of the (summer program or after school program).

These rules have been explained to me and I have read them and understand them and agree to follow these new rules.

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**After School Program Director Signature**

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**Child's Signature**

**Amended Discipline Procedures for Parent Handbook**  
Revised April 24, 2015

At all ages we will advise children of what behavior is considered acceptable. For minor infractions such as excessive loudness, running, disrespectful communication, whining, throwing or using toys inappropriately or not following directions, the following procedures will apply:

1. One check after name on Board: = Redirection
2. Two checks = the child will write what their negative behavior was about and what they will do differently the next time to avoid negative behavior.
3. Three checks = child will meet with Director of Children’s Services and director will determine if parent will be called.

Children will never be subject to discipline that is severe, humiliating or frightening. We will never allow discipline to be associated with food or rest. Spanking or other forms of corporal punishment is prohibited. Parental involvement will be requested if our discipline policy becomes ineffective with a child.

The above procedures apply for minor infractions only. Certain behaviors\* are more serious and absolutely will not be tolerated or given “second chances.” (\* *These behaviors include hitting, slapping, kicking, pushing, shoving or any other physically aggressive behavior directed at another person*). The parent or guardian of any child using **aggressive physical contact** with another child will be called immediately (eliminating steps 1 and 2 in the above guidelines) and the offending child will be suspended from the program for two days for first offense. Second offenses will mean permanent expulsion from the program for the remainder of the summer or for the current school semester.

I have received, read, and reviewed TCRC’s disciplinary procedures and handbook with my child/children and he/she agrees to abide by the policies and procedures contained therein. I am responsible for teaching these rules to my child and assuming that he/she follows these rules.

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**Parent Signature**

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**Child’s Signature**

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**After School Program Director Signature**

## **PHYSICAL or MENTAL ABUSE, SEXUAL ABUSE, and SEXUAL MOLESTATION PREVENTION POLICY**

Thomasville Community Resource Center does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct (“prohibited conduct”) to occur in the workplace or at any activity sponsored by or related to it. In order to make this “zero-tolerance” policy clear to all employees, volunteers, and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals, and victims must follow when they reasonably suspect, learn of or witness prohibited conduct. Abuse or molestation means each, every, and all actual, threatened, or alleged acts of physical or mental abuse, sexual abuse, sexual molestation, or sexual misconduct performed by one person or by two or more persons acting together.

### **Reporting Procedure**

All staff members who learn of, have a reasonable suspicion of prohibited conduct must immediately report it to their supervisor. Supervisor is responsible for contacting Associate/Executive Director to investigate. If the victim is an adult, abuse or neglect will be reported by this designee to the local or state police and/o Adult Protective Services (APS) Agency. If a child is the victim of abuse or neglect the designee will report it to the local or state police and/or Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse or neglect.

### **Investigation & Follow Up**

We take allegations of prohibited conduct seriously. Once the allegation is reported we will promptly, thoroughly, and impartially initiate an investigation to determine whether there is a reasonable basis to believe that the prohibited conduct has occurred and that it was committed by the target(s) of the investigation. The investigation may be undertaken by an internal team comprised of fellow employees or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the target(s) of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected prohibited conduct to appropriate authorities, we will endeavor to keep the identity (ies) of the target(s) and the alleged victim(s) confidential. If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the target’s relationship with our organization.

### **Retaliation Prohibited**

We prohibit retaliation against anyone, including an employee, volunteer, board member, student, or individual who in good faith reports prohibited conduct. Retaliation against a participant in the investigation is also prohibited. Anyone who retaliates against someone who has made a good faith allegation of prohibited conduct or intentionally provides false information to that effect will be subject to discipline, up to and including termination.

(continued on next page)

ACKNOWLEDGMENT OF RECEIPT OF PHYSICAL or MENTAL ABUSE, SEXUAL  
ABUSE, SEXUAL MOLESTATION, AND SEXUAL MISCONDUCT POLICY

I, \_\_\_\_\_, acknowledge that I have received and read the physical or mental abuse, sexual abuse, sexual molestation, and sexual misconduct policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Employee/Volunteer/Parent

\_\_\_\_\_  
Signature

Date(s) of Annual Review(s): (employee/volunteer to write date in his/her own handwriting. Add additional sheets if necessary).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**THOMASVILLE COMMUNITY RESOURCE CENTER**

P.O. Box 1897

THOMASVILLE, GEORGIA 31799-1897

Phone: (229) 226-5846 Fax: (229) 226-4595

Email: [tcrcinfo@rose.net](mailto:tcrcinfo@rose.net)

**Release of Records**

This is to authorize \_\_\_\_\_ to release my child's grade records to the Thomasville Community Resource Center (TCRC) for their afterschool program for my child(ren) listed below.

Student's Name \_\_\_\_\_  
DOB \_\_\_\_\_

Student's Name \_\_\_\_\_  
DOB \_\_\_\_\_

Student's Name \_\_\_\_\_  
DOB \_\_\_\_\_

\_\_\_\_\_ I decline due to my child not attending the afterschool program.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent Handbook Acknowledgement

In order to provide the most effective communication to parents regarding activities and/or resources for your child, various types of information is presented in an annual student handbook. Our desire is to involve parents in the education of their children. We want parents to understand the daily activities and the expected behavior for their children while they are at the center, attending a program function, or are in route to a program related function.

Your signature below indicates that you have reviewed the student handbook and understand its contents. Please sign the form below and return it to your child's after school teacher. If you have any questions please contact the Thomasville Community Resource Center at (229) 226-5846.

Student's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AMENDMENT TO PARENT/STUDENT HANDBOOK

FEE FOR AFTER SCHOOL / SUMMER PROGRAM 2015

**After School Program Fees**

\$45 weekly

**Summer Program Fees**

\$65 weekly

Yearly registration fee when you sign your child up.....\$25 per child

Fees must be paid by **Friday (close of business)** of the previous week to ensure bus pick up for the upcoming week. If fees are not paid by Friday a \$15 late fee is assessed.

**Online Only: As an incentive to pay online, late fees will not be assessed until Monday for those parents who pay online. However, if fees are not paid by midnight Monday, the late fee is \$15.00.**

**Fee payments must be paid in the form of checks, money order or online at [www.tcrconline.org](http://www.tcrconline.org). We do not accept cash.**

**Fees include transportation from all City & County Public schools (during the school year), field trip transportation during the summer, plus snacks or meals.**

**There is no fee reduction for absences, vacations or holidays unless our facility is closed.**

**If child does not attend for the week, a fee of \$30 must be paid to hold the spot if the child anticipates returning to TCRC. If the fee is not paid child will lose their slot and a student from the waiting list will be enrolled.**

**Weekly fees are not prorated.**

If a child leaves TCRC indefinitely and wishes to return sporadically on School Vacation Days, the child may return under the following conditions

- Availability of opening
- Daily Rate: \$20 daily

**Late Fees:**

Should your child be left at the center after the end of the program day (**5:30 in the summer, 6:30 during the school year**), you will be expected to pay a late fee of **\$1.00 for every minute, for example if you are 15 minutes late you will pay \$15.00**. Pay is due at the time of pick up. Staff expects to go home when their shifts are finished; please help us to get everyone home on time. Should you have an emergency and need to be late, please notify the Center.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_