



**Program Enrollment
(Check all that apply)**

- K-3
- Afterschool
- Summer

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

CHILDCARE ENROLLMENT FORM

Enrollment 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

Email Address

Prior After school/Summer Camp/K-3 Provider

Services Provided: (Please check all that apply)

____ Recreation / Enrichment

____ Tutoring

____ Homework Help

____ Academic Enrichment

____ Other: (Please Specify) _____

Why did you leave your last provider?

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.)

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: (These names are the only ones that will be allowed to pick up student)

Name Full Address Phone Relationship to child

PERSON TO NOTIFY IN AN EMERGENCY IF PARENTS CANNOT BE REACHED:

Name Full Address Phone Relationship to child

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
(For After school only)**

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
(For after school only)**

Our bus pick-up is directly related to weekly paid attendance records. As you know, 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.

After School Program Director

Date

Parent/Guardian Signature

STUDENT BEHAVIOR GUIDELINES

It is important that students follow guidelines so that we can all enjoy our day in a way that is safe, fair, and fun for everyone. Students must express their thoughts and feelings **WITHOUT** using physically aggressive behaviors such as **hitting, slapping, pushing, kicking, punching, fighting, etc.** The **first time** a student uses a physically aggressive behavior such as hitting, shoving, pushing, kicking, slapping, or punching, the students' parents will be contacted immediately and **the student will be suspended from the program for 5 days.** If the student uses physically aggressive behavior a **second time, he/she will be expelled from the program for the remainder of the school year and/or the summer program.** **Bullying is not tolerated in this program, and if your child bullies another child they will be dismissed from the program.** The students that are enrolled in our program are expected to follow the staff's directions and participate in all activities sponsored by the program. If your child refuses to comply with staff's directions or refuse to participate in the activities they will be suspended for 3 days, and if the behavior continues the student will be dismissed from the program.

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, and not following directions, the following procedures will apply:

1. Inappropriate behavior begins: Verbal Warning
2. Behavior Continues: Office Referral to the Site Manager, and 1 day suspension from the program
3. Behavior Continues: 3 - 5 day suspension from the program
4. Behavior Continues: Dismissal from the program

***After 3 documented infractions, the Site Manager, Program Director, and parent will meet to determine whether or not the child should remain in the program.**

Students 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 student.

Specific rules, procedures, and consequences will vary by site and age. Consequences may include time outs, missing special activities, written behavior contracts, suspension, and dismissal from the program.

Student Signature

Date

Parent Signature

Date

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

**Release of Records
(for after school only)**

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 2nd Child \$30.00 Weekly

Summer Program Fees

\$65 weekly 2nd Child \$50.00 Weekly

Yearly registration fee for the calendar year.....\$25 per child
Effective March 30, 2018. 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 \$10 late fee is assessed each day payment is not paid. Student will not be picked up due to nonpayment. If payment is not received by the second Friday student will be dismissed from the program and will have to reapply.

Fee payments must be paid in the form of checks, money order or online at www.tcrconline.org. For your convenience payments can be made in the office by check, credit card, or money order. 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. If a child does not attend for the summer but wants after school must pay a fee of \$50.00 to hold their spot. If fee is not paid student will lose their spot and have to reapply.

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: The following prices are for Drop In Rates only not enrolled students.

- Availability of opening
- Daily Rate: \$20 daily/for full day(s)
- For afterschool day(s): \$10

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 can be made at the time of pick up, or will be charged to your account. 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.

Returned Checks:

If a check is returned you will be charged \$10.00, and future payments must be made electronically or by money order.

Parent Signature: _____

Date: _____