

GROUP: Before After Both NEW STUDENT REG. AMOUNT \$ 25

2010-11 Youth Programs Application

MARY RIGG
Neighborhood Center

NO REFUNDS

Child's name: _____ Child's Soc. Sec. #: _____ - _____ - _____

Address: _____ Zip Code: _____

Home Phone: _____ D.O.B.: _____ Age: _____ Race: _____

Sex: M F School attending: _____ Grade _____ Rm _____

Parent/Guardian: _____

Mother's Name: _____ Employment: _____

Work Address: _____ Work Phone: _____ Cell/Pager: _____

Father's Name: _____ Employment: _____

Work Address: _____ Work Phone: _____ Cell/Pager _____

Child lives with: Mother Father Both Other: _____

If parent/guardian is not available in an emergency please notify: We will require ID

1. _____ Relation: _____ Phone: _____

2. _____ Relation: _____ Phone: _____

3. _____ Relation: _____ Phone: _____

Is there anyone **NOT** allowed to pick up your child? _____ Who? _____

In case of injury: Hospital Preference: _____

Doctor: _____ Address: _____ Phone: _____

Allergies: _____ Medicines: _____

I hereby enroll _____ in the program at Mary Rigg Neighborhood Center. In the event my child(ren) is injured, I authorize the Center Director or the authorized representative to secure first aid for my child(ren) or take my child(ren) to the doctor listed above. If the doctor is not available, take the child(ren) to the hospital with the understanding that any financial responsibility is the obligation of the parents and not of Mary Rigg Neighborhood Center.

We hereby waive any right of action against the Mary Rigg Neighborhood Center or the members or the staff or the agency for recovery of damages, in case my child(ren) is injured in a program or in route to or from an event.

Signature of Parent\Guardian: _____ Date: _____

**PLEASE LET US KNOW IF YOUR INFORMATION CHANGES.
YOUR CHILD MUST BE SIGNED IN AND OUT DAILY.**

Children and Youth Release Form

These people are allowed to pick up _____ :
(Name of child)

Please remind people picking up your child that we WILL ask for ID.

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent or Guardian Signature

Date

Late Pick-Up and Late Payment Policy

Before care is from 6:30am until school begins; after care is from the time school is dismissed until 5:45pm. If your child is registered for either care program, he or she must be dropped off **no earlier** and picked up **no later** than the times listed above. If pick-up is later than 6pm, a fee of **\$1.00 per minute per child** will be charged until the child is picked up. This fee must be paid at time of late pick-up; if no payment received, your child(ren) will not be able to return to the program until the fee is paid in full.

Program payment is due every Friday. I will pay the program fee each week, \$57.00, and will not bring my child(ren) to the program if I am behind in fee payment. I am aware that scholarships are available to eligible families.

I have read and understand the above Late Pick-Up Policy.

Signature of Parent/Guardian

Date

Has your child participated in other programs at Mary Rigg Neighborhood Center? Please check the appropriate programs below:

_____ Before/After School Program

_____ Summer Day Camp Program

_____ Preschool

Other programs: _____

Children and Youth Behavior Management Procedures

It is the goal of the Mary Rigg Neighborhood Center to provide a healthy, safe, and secure environment for all children in our programs. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to a more appropriate behavior.
2. The child will be reminded of the behavior guidelines, a discussion will take place with the staff and the parent will be informed of the problem.
3. If the behavior persists, the staff will document the situation with a write up form describing the disciplinary action that will be given.
4. If a problem still persists and a child continues to disrupt the program, staff will schedule another conference that includes the parent/guardian, child, staff, and program director. The program director will have all documentation and notes from the previous conference. At that time, the program director will make a decision as to what action to take.
5. If a child's behavior at any time threatens the immediate safety of that child, other children or staff, the parent may be notified and expected to immediately pick up the child.
6. **Mary Rigg Neighborhood Center reserves the right to suspend or expel the child from the program at any time.**

The following behaviors are not acceptable and may result in the immediate suspension of the child for the remainder of the current day and possible following days:

- ❖ Endangering the health and safety of children and/or staff, member, and volunteers
- ❖ Stealing or damaging equipment, facilities, or personal property
- ❖ Leaving the program without permission and/or continual disruption of the program
- ❖ Refusal to follow the behavior guidelines or rules
- ❖ Use of profanity, vulgarity, or obscenity and/or acting in a lewd manner

In any of these behaviors persists, staff may suspend the child a second time before expulsion.

Immediate expulsion may occur if the child is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, weapons or explosives.

Does your child have an Individual Education Behavioral Plan in place now? Yes _____ No _____

If so, what can we do to improve their success?

PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

Child Signature (if applicable)

Parent/Guardian Signature

Date

Children and Youth Head Lice Policy

The staff at the Mary Rigg Neighborhood Center has established this head lice policy because we want to provide a healthy environment for your child(ren). It is a challenge which we need your full cooperation to eliminate.

There will be random head checks for lice and nits. Parents whose children have head lice or eggs (nits) will be called to pick up the child and be directed to the public health office or their own medical resources. The families will need to treat the entire house including bedding, toys, and cars, according to the instructions given on the lice shampoo. A very important thing, which needs to be done, is removing every bug and pick off each nit with the special comb.

Please be responsible, the child(ren) **WILL NOT** be allowed to return until you have eliminated the nits and lice from their hair.

Thank you,

Mary Rigg Neighborhood Center Staff

I have read and understood the Lice Policy.

Parent or Guardian Signature

Date

Children and Youth Release Form

RELEASE OF LIABILITY TO DISPENSE MEDICATION

I hereby request that the medication(s) listed below be administered to my child(ren) during their attendance at the Mary Rigg Neighborhood Center, and I agree to hold harmless Mary Rigg Neighborhood Center and their employees and agents from and against any injury (including death) to my child(ren) which may occur from the administration of such medication.

	Medication #1	Medication #2
Name of Medication		
Prescribing Physician		
Physician Phone Number		
Prescription Number		
Dosage		
Time to Dispense		
Date to Begin Medication		
Date to End Medication		

All medications must be in original container with child(ren)'s name clearly printed on it.

RELEASE OF LIABILITY FOR EXCURSIONS

I hereby give permission:

for excursions to such locations as Survive Alive, the Movie Theatre, Indianapolis Zoo, the Children's Museum and many more. Trips may also be taken to local swimming pools.

MISC. INFORMATION

In order to document the quality and impact of this program, the sponsoring organizations will conduct ongoing evaluations, both formal and informal with each child about their experience.

Parent or Guardian Signature

Child's Name

Date

YOUR SIGNATURE HERE PROVIDES PERMISSION AND RELEASE OF LIABILITY FOR EVERY ITEM LISTED ON THIS FORM.

Release Form For Media Recording

I, the undersigned, do hereby consent and agree that the Mary Rigg Neighborhood Center, its employees, or agents have the right to take photographs, videotape, or digital recording of me and/or my child(ren), and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the center's educational and marketing promotions, and program assessment. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Mary Rigg Neighborhood Center, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I understand that Mary Rigg Neighborhood Center will help to protect the identity of my child(ren) and/or myself by changing the first and last names of child(ren) and/or adults in any and all publications.

I also understand that the Mary Rigg Neighborhood Center is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I have read and understand the foregoing statement, and I am competent to execute this agreement.

Child(ren)'s name: _____

Parent's name: _____ Date: _____

Address: _____

Phone: _____

Program associated with: _____

Witness for the undersigned: _____

Signature: _____

Provider Name: MARY RIGG NEIGHBORHOOD CENTER

Child Immunization Record
(Bottom of this form must be signed by a Health Care Provider)

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone: _____

Address: _____
Street Address City State Zip

Record Date of Immunization

It is not necessary to fill in the blanks, but we must have a current shot record attached.

	1	2	3	4	5
Hep B				X	X
DtaP/DTP/Td					
Hib					X
MMR			X	X	X
IPV					X
Variella (Chicken Pox)		X	X	X	X
PCV/Prevanar					X

Child has documented history of Varicella (Chicken Pox) ___No ___Yes
If yes, age: _____

Please check the appropriate response

_____ Child has received complete age-appropriate immunizations.

_____ Child is currently in process of receiving complete age-appropriate immunizations.

Signature: _____ Date: _____
Health Care Providers Signature

Print Name & Title: _____

