

Open Hearth at Waitsfield Elementary School After-School Kids Registration Form 2015-16

One Child's Full Name _____ Date of Birth _____ Grade _____
Address _____ Town _____ Zip _____
Parent/Guardian Name _____ Home Phone _____
Address (if different from above) _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Employer Address _____ E-mail Address _____

Parent/Guardian Name _____ Home Phone _____
Address (if different from above) _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Employer Address _____ E-mail Address _____

List others living in the home - names and ages of siblings, etc.

List two additional people who may be called in an emergency if the parents are unavailable

Name _____ Cell Phone _____ Home Phone _____
Name _____ Cell Phone _____ Home Phone _____

Child's Physician _____ Phone _____
Child's Dentist _____ Phone _____

Medical Information

Does your child have allergies, dietary requirements, current medications, special needs or a medical history or a condition that we should know about? If so, please describe:

Date of your child's most recent well-child checkup _____

Has your child ever been stung by a bee? ☐ Yes ☐ No

Medical Release

I hereby authorize teachers of Open Hearth at Waitsfield to contact directly the persons named on this form, and authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians or other persons named on this form cannot be reached, the Open Hearth at Waitsfield teachers are hereby authorized to take whatever action is deemed necessary in the judgment for the health of aforesaid child. I agree to this statement as it is written.

Signature of parent/guardian _____ Date _____
Health Insurance Carrier _____ Policy Number _____

(continued on next page...)

Child's Name _____

Immunization Records

☐ I am responsible for submitting the immunization records for this child to the Director OR

☐ I am responsible for submitting a State-approved Exemption form to the Director

Immunization records or Exemption forms should either be faxed to 802-496-3226, hand-delivered to the Director, or mailed to the program. State laws requires that updated immunization records be on file with the after school program in order for a child to attend.

I give permission for my child to be transported from school by the following people, in addition to the parents listed:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Is there anyone who is NOT allowed to pick up this child? _____

Signature of parent/guardian _____ Date _____

Field Trips (optional)

I give permission for my child to participate in walking field trips during the normal hours of the program.

Signature of parent/guardian _____ Date _____

Multi-Media Release (optional)

I give permission for my child to be photographed and/or videoed for publicity purposes.

Signature of parent/guardian _____ Date _____

Information Sharing with WES or FES Personnel (optional)

I hereby give permission for Open Hearth at Waitsfield Elementary School staff to share information regarding my child with authorized representatives of Waitsfield Elementary School and Fayston Elementary School, and vice versa.

Signature of parent/guardian _____ Date _____

Parent Handbook (mandatory for enrollment)

I have read the parent handbook and understand the written material. I will support and follow all of the policies and procedures in the handbook.

Signature of parent/guardian _____ Date _____

2015/16 OHASK Contract

**Two-week notice required for decrease in schedule.
To change the schedule, please submit a new contract. Keep a copy!**

Child's Name _____

☐ My child will drop in from time to time OR

☐ Please enroll my child for the following weekdays (please note, a two-week notice is required to decrease the number of days, and enrollment is granted on a first-come, first-served policy)

☐ Mondays ☐ Tuesdays ☐ Wednesdays

☐ Thursdays ☐ Fridays

OR

☐ Un-enroll my child from the program

I understand that fees are due in advance of attendance, and that a registration fee of \$15 per family is due at the time of registration. **I am responsible for payment of this account. I understand that a two-week notice is required for a reduction in schedule. I will submit a new contract if my child's schedule changes. My child's current immunization information is on file with the after school program.**

Signature of parent/guardian _____ Date _____

Send invoices to this email address: _____

Fees and Scheduling: Full-time enrollment is five days per week, and part time enrollment is a regular schedule for fewer than 5 days per week. The fee schedule is as follows:

Full time enrollment (5 days per week) \$12/day

Part time enrollment (1-4 days per week) \$14/day

Drop-in, if available \$15/day if paid on day of attendance (\$17/day if billed)

Invoices will be sent monthly on the 20th of each month for attendance in the following month. Payment is due before the 1st of the month.

Please make checks payable to Open Hearth at Waitsfield, OHASK

Drop-ins: 24-hour notice (496-3643) is required. A completed registration form must be on file and the account must be in good standing. Payment is due on or before the day of attendance. A \$2 fee will be added to the cost if payment is received after the date of attendance. Prepayment is also encouraged.

A sibling discount of 10% is given off the total regular program invoice.

Failure to make payment: Accounts that are not paid in full by the 15th of the month will incur a finance charge of \$5. If the account has an unpaid balance at the end of the month, the child will be removed from the program until the account is paid in full. It is our sincere wish that the above steps will not need to be taken.

Tuition Assistance: Please refer to page 3 of the Parent Handbook for more information. If you would like help with the application, please let us know and we will be happy to assist.