After School Kindness, Inc.

Enrollment Forms

Thank you for enrolling your child in the After School Kindness, Inc. program. Our goal is to make sure your child has a fun yet educational experience while staying at our program.

The enrollment process made simple:

1. Please fill out the information requested below and then return the completed paperwork to the After School Kindness director at your child’s school. Do not return the paperwork to the school’s front office, as they do not handle our records.
2. We will need a copy of your child’s immunization records, transcribed onto the approved State of Colorado form provided within these documents.
3. We will NOT need a doctor’s signature on any of the forms unless your child needs to take “Over the Counter” medication.
4. On the “Authorization for draft form”, simply put “Signature on file” in the space that asks for your credit card number; authorize and date.

Thank you again, we look forward to serving you and your family’s needs.

Sincerely,

Bill Black President

After School Kindness, Inc.

1525 Pelican Lakes Pt. Unit B

Windsor, Co. 80550

(970) 833-5494

After School Kindness, Inc.

Enrollment Form

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year\_\_\_\_\_\_/\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Child (race, hair color, eye color)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| Mother/ Guardian Information | Father/ Guardian Information |
| Name: | Name: |
| Home phone (if different from above): | Home phone (if different from above): |
| Address (if different from above): | Address (if different from above): |
| Cell Phone: | Cell Phone: |
| Work Phone: | Work Phone: |
| E-mail: | E-mail: |
| Employer/Company Name & Address: | Employer/Company Name & Address: |
|  |  |

**Emergency Contact Info if Guardian cannot be reached:**

Name Phone

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After School Kindness, Inc.

Authorization for Draft

SCHOOL NAME

I authorize After School Kindness, Inc. to auto draft my credit card monthly. I understand, with a two-week notice, I may cancel the draft at any time.

Credit card type, (please circle) MC, Visa, Check Debit, AmExp, or Discover

Account # --Please call in your card number to the Office— (970) 833-5494

Signature for Authorization to charge credit card

Print Name Here

Signature & Date



After School Kindness, Inc.

Medical Information

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Primary Care Provider/Pediatrician** | **Dentist** |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |

In case of a medical or other emergency situation while your child is under our care, you understand that After School Kindness, Inc. staff will attempt to contact you immediately; however, in the event that you cannot be reached or when a delay could further jeopardize your child’s health, you hereby authorize After School Kindness Inc. staff to act on your behalf and to take the emergency measures indicated below if deemed necessary by After School Kindness, Inc. staff or by medical authorities for the care and protection of your child.

* Consult a physician or dentist named above if you cannot be reached.
* Administer first aid and or cardiopulmonary resuscitation (CPR)
* Transport your child via ambulance or other emergency medical service to a local hospital or their urgent care facility if deemed necessary, by paramedic, police or their emergency personnel.

**Please circle your hospital of choice:**

Northern Colorado Medical Center Poudre Valley Hospital

1801 16th St. Greeley, CO. 80634 1024 S. Lemay Ave. Ft. Collins, CO.

(970) 352-4121 80524 (970) 495-7000

Mckee Medical Center Medical Center of the Rockies

2000 Boise St. Loveland, CO. 2500 Rocky Mtn. Ave., Loveland, CO.

80538 (970) 669-4640 80538 (970) 624-2500

* Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
* If there is an emergency we will call Poison Control Center in case of accidental ingestion of a poisonous substance.

Additional Instructions if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* As a condition of enrollment, you must authorize After School Kindness, Inc. to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If your wish is to request a religious or personal exemption, state-licensing authorities must be consulted to determine if such an exemption may be granted.
* In addition, parents must complete any state-specific medical authorization forms required by individual state licensing regulations.
* You authorize After School Kindness, Inc. staff to apply sunscreen and or bug spray (SPF 15 or higher), that you provide (with child’s name on it) or we provide. The teachers will only apply sunscreen to exposed areas when the child is to go outside.

Parent/Guardian

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

After School Kindness, Inc.

Release Form

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release and Indemnification (Permission Slip)

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless After School Kindness, Inc., (Your School Name Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please fill in), its affiliates, officers, directors, volunteers, employees, all sponsoring businesses, organizations, their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child’s participation in all events and related activities including but not limited to field trips, transportation of field trips – whether it results from accidental negligence of any of the above or from any other cause. Furthermore, I authorize the use, copyright, or publication of my child’s name, image or voice as may be captured by photograph or recording while participating in this event and related activities in any medium for any purpose, including illustration, promotion or advertisement.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read and explained the foregoing release and indemnification agreement to my child, and hereby agree to its terms on behalf of the Participant and myself.

By signing this sheet you are also confirming that you have read the Policies and Procedures for the After School Kindness, Inc. program.

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

Parent or Guardian Name (Please Print)

Parent / Guardian Signature Date

Child’s Name (Please Print)

After School Kindness, Inc.

Child Health Evaluation Form

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Health Appraisal for Enrollment in After School Care

**Please include a copy of your child’s Immunization Records.**

|  |
| --- |
| **Describe your child’s health history & medical information pertinent to routine childcare and emergencies:** |
| None |
| Description: |
| Special diet: |
| Allergies:   * Type of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Medications: |

|  |
| --- |
| **Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization, or concerns with development?** |
| None |
| Description & Comments to child care providers : |

Date of most recent examination of child within the last 12 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weight**\_\_\_\_\_\_\_\_\_\_ **Height\_**\_\_\_\_\_\_\_\_

**Vision**\_\_\_\_\_\_\_\_\_\_\_ **Hearing**\_\_\_\_\_\_\_\_ **Dental Screening**\_\_\_\_\_\_\_\_\_\_

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

Parent / Guardian Signature Date

After School Kindness, Inc.

Authorized To Pick-Up Chart

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the names and phone numbers of the individuals you authorize to pick up your child from After School Kindness, Inc. Individuals listed below must have a current, valid form of identification.

|  |  |
| --- | --- |
| **Name** | **Phone Number** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* Unless otherwise noted, we will use the above listed names to call in case of an emergency.
* By authorizing this sheet, you are giving the After School Kindness, Inc. staff and/or associates permission to let any of the above names listed pick your child up from the program.

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Please initial here \_\_\_\_\_\_\_\_\_\_\_\_\_ONLY if you are authorizing your child to sign themselves out of designated area/room of where After School Kindness, Inc. watches the children.

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Parent (Guardian) Signatures:

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

Mother/Guardian

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

Father/Guardian

After School Kindness, Inc.

Group Tutoring

At After School Kindness, Inc. our mission is create more family time by completing most, if not all, homework while your child(ren) are in our care. Our goal is to help improve or maintain successful academic scores.

We dedicate an hour per day to work on your child’s homework assignments. Our directors try extremely hard to help every student finish their assignments before parents pick them up in hopes of providing more quality time with family and friends.

Please inform your child’s After School Kindness, Inc. director if you have specific requests for them to focus on while completing their homework. For example, maybe you would rather our director’s focus more on your child’s spelling or writing vs. math or foreign language courses. We will certainly do everything we can within the allotted hour to bring support in that requested area.

Not only do we try to get as much homework completed as possible in the allotted hour but we also pay specialty event professionals to come in weekly to teach your children a variety of activities. We hope you will be able to find your child’s passion in one of our specialty event programs without having to enroll them in several costly activities to determine their interest.

Thank you for your understanding and patronage of the After School Kindness, Inc. Program. We look forward to having your child(ren) as part of our Team!

**After School Kindness Inc. Child Illness Policy**

For the protection of our staff and all the students attending our program, we ask that parents/guardians keep sick children home. In the event that a child becomes sick during After School Kindness, Inc. care hours while attending our program, the child’s parents/guardians will be notified immediately and pick up arrangements will be made. If a child is unable to participate in regular daily activities, feels nauseous, running a fever of 100.0 degrees or higher, vomiting, diarrhea or has any type of infections illness they cannot attend. A child may return when he/she is symptom free for a minimum of 24 hours without taking medication. If your child tests positive for COVID-19 they must wait 14 days or more until they test negative before returning to our program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Parent/Guardian Signature Date**



