

Gremlin Extended Care Registration

Office Use Only:	
Start Date: _____	End Date: _____

(Please fill out every line or use "NONE" if it does not apply)

STUDENT INFORMATION

Name (Last, First, M.I.): _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Home Phone: _____ Cell Phone: _____

Grade (in the 2017-18 School Year): _____

List any medical, allergic or dietary conditions: _____

What signs or symptoms will be seen if there is a problem? _____

In the event of a reaction, how should staff respond (i.e call 911): _____

	Mother named on birth certificate /Legal Guardian	Father named on birth certificate /Legal Guardian
Name (Last/First):		
Can pick up child:	Yes No	Yes No
Mailing Address:		
City, State, Zip:		
Home Phone (skip if same as student):		
Cell # and Email :		
Employer/School Name:		
Employer/School Phone:		
Daily Work/School Times:		
Relationship to Student:	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

EMERGENCY CONTACT INFORMATION

List local contacts authorized to pick up student in an emergency when parent/guardian is not available.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

List any additional adults other than parent/guardian to whom student may be released.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

Parental Consent/Release Statement

Please circle Y or N for each statement

Student name: _____

Y	N	I give permission to the program to receive any school records that may be needed for program services, eligibility and evaluation. All information gathered regarding my child will be held confidential.
Y	N	I understand that the program cannot be held responsible for every accident or injury during the after-school or summer portion of the program.
Y	N	I have received and reviewed the Parent Handbook and I understand that my child will be expected to abide by the rules as stated in the Handbook.
Y	N	I understand the consequences for my child's behavior if they do not abide by the rules as stated in the Parent Handbook.
Y	N	The program will provide food service that consists of breakfast, lunch or snack as appropriate. I will provide food for my child on the days that my child does not participate in the program's food service.
Y	N	By signing below, I also authorize my child to be transported in school district, and Lamers Transportation buses/vehicles.
Y	N	I give permission for my child to participate in field trips.
Y	N	My signature also gives permission to Houghton Portage Township Schools to secure emergency medical and emergency surgical treatment for the above-named minor child while in care.
Y	N	I authorize the application of topical nonprescription insect repellent as needed.
Y	N	I authorize the application of topical nonprescription kid's sun block as needed.
Y	N	I give permission for my child to be photographed participating in program activities for print or electronic use for education or public relations purposes.
Y	N	I am aware that abuse and neglect of children is against the law and will be reported.
Y	N	I give permission for my child to swim in area pools, lakes and other bodies of water under supervision of a lifeguard and other site staff.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Signatures above certify that all information in this registration is complete and accurate.

Meals and snacks are provided by the school.

If you choose to provide food for your child, please indicate what you will be providing:

Parent Notification of Playground

While our playground is regularly maintained, it is a public school's outdoor play area. We have not been inspected by a person certified by the National Playground Safety Institute or the National Program for Playground Safety. By signing this form, you acknowledge that your child will have access to the Houghton Elementary School playground that has not been inspected by a playground safety inspector according to Rule 164 (11).

Please sign to indicate that you have read and understand the above statement.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Parent Notification regarding Child Custody

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, the Houghton school district recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, or divorced, the parental rights of both parties will be equally recognized by your child's program site, **unless and until** a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at their program site, the child's records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access any information on a child, the program site **must** have a copy of the most recent court order on file that indicates that the parent's access and information rights are inhibited. Otherwise either parent with proper identification, may have access to the child at their program site, request and receive information and be included in the child's educational process.

Please sign to indicate you have read this and understand the program's position.

(Parent/guardian name – please print)

(Parent/guardian signature)

(Date)

AFTER-SCHOOL FEE POLICY

1. Rates

Family Income Category	Determination of Category	Cost per day
Full Pay	n/a	\$6.50
Free/Reduced Lunch	Free/Reduced Lunch Application	\$3.00

*Families who qualify for DHS childcare assistance are now required by the state to make a weekly contribution prior to release of state aid. The fee is \$15 per week, per child. These families will be billed at the Free/Reduced Lunch rates of \$3 per day, per child.

2. Schedules

Programming begins immediately after school until 5:30 p.m., Monday thru Friday, except holidays and scheduled no school days (see school calendar).

We do ask that parents fill out a weekly schedule.

If your child is not scheduled to attend, you must contact the Director or Assistant to see if there is room for them.

GEc Office: 482-5460, Email: aforsell@houghton.k12.mi.us

3. Payments

Payments may be made ahead of time.

Bills will be issued following the week of activity. Payment is expected by Friday of the next week. If payment is not received by the next billing week, a fee of \$5 will be charged. Receipts and statements of payments for tax purposes will be available upon request.

4. Late Fees

A late fee will be charged for each child picked up after the closing time as follows: \$5 for up to 15 minutes late, \$10 for 15-30 minutes late, \$25 for more than ½ hour late. Parents who consistently pick up children late will be charged late fees. If a site incurs additional staffing expense due to a parent's lateness, the parent will be charged accordingly for that expense. Parents are encouraged to discuss irregular schedules with the Director.

5. Financial Assistance

Childcare reimbursements are available through the Dept. of Human Services (DHS) to eligible families. Parents can contact DHS (482-0500) to determine eligibility and obtain approval.

6. Returned Check

A fee of \$30 will be charged for returned checks. Payment must be made by cash or money order to cover the returned check. Two returned checks will result in payment in cash only.

7. Failure to Pay

Parents who fail to pay fees will be notified in writing and required set up a payment plan with the Director.

I understand and agree to this policy:

Signed _____ Date _____
Parent or Guardian