

**\*\* APPLICATION FORM 2020 - 2021 \*\***

Harper Creek Community Schools Before and After School Care Program

**Please check the location your child will attend**

\_\_\_\_\_ ‘ABC Care’ at Beadle Lake Elementary      \_\_\_\_\_ ‘Sonoma Smiles’ at Sonoma Elementary  
\_\_\_\_\_ Wattles Park Elementary

**Please complete fully and return this application form with the \$25 fee. The program director will contact you about your child being accepted into the program. Acceptance will be based on first come first serve basis and capacity. Your child will not be accepted if forms are not fully filled out.**

**Child’s Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please circle

Please circle

**Care Needed:** AM & PM Care / AM Care / PM Care      **Days Needing Care:** M Tu W Th F

**Please read and sign each statement.**

➤ **Acknowledgement of Handbook**

I have read the Before and After School Care Parent Handbook and understand the information and policies contained therein. I agree to abide by the policies contained in the handbook and understand that I am responsible for contacting the Program Director should I have any questions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ **Statement of Good Health**

My child is in good health and has up-to-date immunizations on file in his/her school’s office. My child does not have any activity restrictions unless listed on the reverse side of this form. Please initial if any restrictions are listed on back. \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have signed an immunization waiver which is located in the school office. \_\_\_\_\_ *Please initial if appropriate*

➤ **Emergency Medical Care**

I give the Harper Creek Community Schools Before and After School Care program, licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical treatment in the event of a medical emergency.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ **Photographs**

I recognize that photographs will occasionally be taken of the children in the Before and After School Care Program and that from time to time these pictures may be used in school brochures, newspaper articles, school wall frames, etc.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I decline to have my child’s photo taken and used for publicity purposes. \_\_\_\_\_ *Please initial if appropriate*

**Tuition and Enrollment Fees**

I understand that I am responsible for full payment of tuition the Friday before care begins. I understand that late fees will be applied and my child may lose their place in the program if payments are not made in a timely manner.

I am including the \$25.00 enrollment fee payable to Harper Creek Community Schools with this enrollment form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Provider Use Only		
Date of Admission:	Date of Discharge:	Registration fee accepted

Updated: 5/29/19

**This information is required by Child Care Licensing. ALL information is required. Each box must be completed, as per licensing regulations, otherwise we will need to return it to you to complete. If the information is not known or does not apply, “unknown” or “none” is the required response. A blank box, a line through a box, or “N/A” are not acceptable by the State. Thank You!**

**Copy of Licensing “Child Information Record” card  
(front & back) attached in this space**

