



OFFICE USE ONLY!
 Payment Date _____
 Payment Method _____

**KidzQuest
 Before/After School
 Registration Form
 2010/2011**

School _____
 Before School Registration
 Fee \$10
 Before School (\$3/day 1st
 child, \$2/day each
 additional child)
 After School Registration
 Fee \$15
 After School (\$12/day 1st
 child, \$7/day 2nd child,
 \$5/day each additional
 child)

Start Date _____
 Parents who do not fill in a
 start date **MUST** call (540-
 967-4420) 24 hours before
 your child attends.

Days Attending:
 M T W Th F

Child's Name Last	First	Middle	Teacher/Grade	Birth Date	Sex
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Street Address	City	Zip Code
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Child's Parent/Guardian Name	Email Address
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Home Phone	Cell Phone	Work Phone
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Street Address	City	Zip Code
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Child's Parent/Guardian Name	Email Address
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Home Phone	Cell Phone	Work Phone
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Street Address	City	Zip Code
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OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY

Name	Relationship	10 Digit Telephone Number
		Work/Cell: Home:
		Work/Cell: Home:
		Please circle best contact number

OTHER THAN YOU, WHO HAS PERMISSION TO PICK UP YOUR CHILD?

Name	Address	10 Digit Telephone Number
		Work/Cell: Home:
		Work/Cell: Home:
		Please circle best contact number

WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?

Name	Reason(*appropriate paperwork must be attached if parent is not allowed to pick up child, ie: custody papers)

Child's Name

CHILD'S HEALTH INFORMATION			
Date of Child's Last Physical Examination:	Child's Health Care Provider's Name	10 Digit Telephone Number	
Street Address		City	Zip Code
Special Health Problems		Allergies, Including Drug Reactions	
Regular Medications		Other Pertinent Data	
Child's Dentist's Name		10 Digit Telephone Number	
Street Address		City	Zip Code
CHILD'S MEDICAL INSURANCE COVERAGE			
Insurance Company Name		Member/Policy Number	
Policy Holder Name		Employer Name	
Insurance Company Name		Member/Policy Number	
Policy Holder Name		Employer Name	
CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN			
<p>I hereby give permission that my child, _____,</p> <p>may be given emergency treatment by a qualified child care provider at</p> <p>_____</p> <p align="center">Name and/or Address</p> <p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p> <p>I certify (or declare) under penalty of perjury under the laws of the Commonwealth of Virginia that the foregoing is true and correct.</p>			
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Child(ren) Name(s)

MEDICATION

1. An "Authorization to Give Medication" form must be completed by the parent/guardian if a child requires *any* medication while at the program.
2. Medicines must be in the original container.
3. If medication is to continue for more than ten days, an "Extended Medication" form must be filled out by the parent/guardian and signed by the administering physician.
4. Over the counter Medications also require an "Authorization to Give Medication" form.
5. All Medication will be kept in secure area away from children.
6. Any change in medication or dosage will require a new form to be filled out.

Parent/Guardian Signature _____ **Date:** _____

EMERGENCY MEDICAL AUTHORIZATION

I give the Louisa County Parks and Recreation's KidzQuest Program permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of KidzQuest. I also authorize for my child to be transported by ambulance to an emergency center for treatment. I authorize the KidzQuest staff to obtain immediate medical care and give consent for my child's medical treatment when I can not be contacted immediately. It is also understood that this agreement may cover only those situations which are true emergencies and only when I can not be reached. I understand that the staff will make every effort to contact me and my designated emergency contact.

I/We will be responsible for payment of medical expenses
Medical treatment costs will be covered by: _____

Insurance Company Name (print): _____ Policy # _____

Parent/Guardian Signature _____ **Date:** _____

COMMUNICABLE DISEASES

1. The Louisa County Parks and Recreation Before and After School Program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent/guardian will arrange to have the child picked up within an hour if requested by the center.
2. The parent/guardian authorizes the staff to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. The parent/guardian agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, except for life threatening diseases which must be reported immediately.

Parent/Guardian Signature _____ **Date:** _____

DISCIPLINARY AND BEHAVIOR MANAGEMENT POLICY

The Louisa County Parks and Recreation family will not tolerate unacceptable behavior and the consequences will be explained to our program participants.

1. Participation in an activity will be denied for repeated poor behavior and the child will be directed to an alternative activity.
2. The parent(s)/guardian(s) will be informed by phone, in writing and through parent/guardian conferences, if the child continues to display poor behavior. Physical discipline will not be used nor will food be denied as a form of punishment.
3. Please be aware that three (3) notifications may result in suspension from the program. If the behavior continues after that, permanent removal from the program will result.

Child(ren) Name(s) _____

4. If the unacceptable behavior endangers another's safety or the child's safety, immediate suspension/termination may result. The parent/guardian of the child will be notified and the child MUST be picked-up WITHIN ONE HOUR after notification. If you are unable to pick-up your child immediately, please make other arrangements for someone to pick-up your child immediately. Failure to pick-up your child within ONE HOUR after notification may result in removal from the program.

Failure to comply with following rules may result in an unacceptable behavior notification:

- Repeatedly engaging in fighting (physical aggression) as a way to resolve issues.
- Stealing or defacing school or other's property.
- Refusing to follow basic safety rules.
- Repeated disrespect for staff or rude and discourteous behavior toward other children.
- Repeatedly displaying the inability to follow established guidelines.
- Any act(s) that is (are) deemed unsafe or unacceptable as determined by the staff.

Louisa County Parks and Recreation's Before and After School Program requires the support of the parent(s)/guardian(s) in encouraging appropriate behavior of their child. The Before and After School Staff will strive to provide a safe and fun environment for all children; however, Parks and Recreation will not allow children who continually display disruptive behavior to hinder the safety and enjoyment of others.

Parent/Guardian Signature _____ Date: _____

ACCOUNTING POLICIES FOR 2009-2010

1. Rates

- Before School
 - \$3 per day first child
 - \$2 per day for each additional child
- After School
 - \$2 picked up by 3:30 p.m.
 - \$12 per day for first child
 - \$7 per day for second child
 - \$5 per day for each additional child

*When your child checks in for the KidzQuest Program; we become responsible for him/her, for this reason you will be charged anytime your child is signed in to KidzQuest. However, if your child is picked up by 3:30 p.m. the only be \$2 per child instead of the regular daily rate

2. Discount

- Discount rates are for immediate family members only.
- Multi-child discounts do not apply when receiving financial assistance.

3. Payment

- Payments are **due weekly**.

*Other payment arrangements can be made by speaking **directly** with the Children's Program Coordinator (Zuwana Morgan). Please feel free to call at (540) 967- 4420.

- If payment is not received by Friday prior to the start of the next week, your child will not be permitted to return to the program, until payment is made.
- There will be a \$15 late fee charged for payments not received by end of the second week your child has attended the program.

4. Check Policy

- There will be a \$35.00 charge on all returned checks.

5. Late Pick-up

- Whenever possible, the parent(s)/guardian(s) should call to let the staff know they will be late for pick-up. This is not only beneficial to the staff but also to your child. When parent(s)/guardian(s) are late, the child begins to worry.

Child(ren) Name(s) _____

- In fairness to our staff, it is important that your child be picked up on time. A late fee of \$1.00 per minute will be charged for any child not picked up by 6:30 p.m. **This fee must be paid before the child can return to the program.**
- Louisa County Parks and Recreation KidzQuest Program has a strict late pick-up policy, which could result in you being asked to remove your child from our program. The policy is as follows:
IF YOU ARE LATE MORE THAN THREE TIMES YOUR CHILD MAY BE SUSPENDED FROM THE PROGRAM FOR 30 DAYS.
- If your child has not been picked up by 7:00 p.m. and attempts by KidzQuest staff have been made to contact parent(s)/guardian(s) and emergency contacts, Louisa County Sheriff's Department will be notified to come pick-up your child.

Parent/Guardian Signature _____ **Date:** _____

PHOTOGRAPHY RELEASE

I hereby authorize the County of Louisa Parks and Recreation KidzQuest Program to photograph my child and use those photographs in brochures and advertising flyers for the KidzQuest Program. Yes No

Parent/Guardian Signature _____ **Date:** _____

RELEASE FORM

The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my child's participation in this program. I understand the risks involved with this activity and know that my child is physically able to participate in this program.

Parent/Guardian Signature _____ **Date:** _____

PARENT STATEMENT OF UNDERSTANDING

- I understand that under no circumstance should my child(ren) be dropped off without being signed in, for both Before and After school.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with KidzQuest or other arrangements must be made by calling the KidzQuest program to inform them in advance.
- Failure to up-date personal information may result in withdrawal from the program. For safety reasons, it is extremely important to be able to reach the parent(s)/guardian(s) or emergency contact(s) for a child in our program.
- I understand should anyone arrive to pick-up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the Sheriff's Department. Please do not put staff in a position where they have to make this judgment call.
- I understand Staff is required to report any form of suspected child abuse or neglect to Louisa County Parks and Recreation Administration. At that point determination will be made whether or not to contact Louisa County Public School Administration and/or Louisa County Child Protective Services should further investigation be warranted.

Parent/Guardian Signature _____ **Date:** _____

PARENT HANDBOOK

I have received the parent handbook and it is my responsibility to read and understand/be aware of ALL rules and policies in the parent handbook. If you have any questions, please contact the Children's Program Coordinator at (540) 967-4420

Parent/Guardian Signature _____ **Date:** _____