



Enrollment Application

Entrance Date _____ **Withdrawal Date** _____

Child's Name _____ Sex ____ Age ____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Email Address _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

*Name _____ Address _____

Telephone Number _____ Relationship to child _____

Please check the weeks that your child will be in attendance for Summer Camp 2016.

Week 1 (May 31-June 3) _____

Week 2 (June 6-June 10) _____

Week 3 (June 13-June 17) _____

Week 4 (June 20-June 24) _____

Week 5 (June 27-July 1) _____

Week 6 (July 5-July 8) _____

Week 7 (July 11-July 15) _____

Week 8 (July 18-July 22) _____

Week 9 (July 25-July 29) _____

If your dates/weeks change, please email us at info@team3asp.com as soon as possible to better help us schedule proper staff.

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attend: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of **Team 3 Sports After School Program, LLC.** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge _____

Signature

Date: _____

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The **Team 3 Sports After School Program, LLC.** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for **Team 3 Sports After School Program, LLC.**

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

Transportation Agreement

Transportation Agreement This is to certify that I give

_____ Name of Facility Permission to transport

my child _____ Name of Child from

_____ at _____ (am/pm) Pickup Location to

_____ at _____ (am/pm). Delivery Location

My child will be transported from _____ at _____ (am/pm) to

_____ at _____ (am/pm) Delivery

Location on the following days: _____ Monday

_____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

_____ is authorized to receive my child. In the event the authorized Name of

Authorized Person person is not present to receive my child, the following procedures are to be followed:

_____ The

_____ is approximately _____ miles from the center. Location In the

event that my child is not to be transported as outlined above, I agree to notify the

_____. Facility Signature (Parent/Guardian)

_____ Date _____

Team 3 Sports After School Program, LLC.

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses Rockdale Medical Center

Address 1412 Milstead Ave NE Conyers, GA 30012

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if **Team 3 Sports After School Program, LLC.** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____

No Liability of Insurance Acknowledgement

Parents or Guardian's Notice of No Liability Insurance and Acknowledgement I understand that I am being informed in writing by signing this acknowledgement that this facility, _____, does not carry liability insurance sufficient to protect my children in the event of an injury, etc. _____ Parents or Guardian's

Signatures Date _____ Parent or Guardian (Print Names) Date _____ Center Director's Signature Date _____

Team 3 Sports After School Program, LLC.

Parental Agreement Form

1) HOURS OF OPERATION

Monday to Friday 6:30 a.m. to 6:30 p.m.

We will be closed in observance of the following holidays: Full Tuition is still due.

New Years Day, Martin Luther King Jr. Birthday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and Christmas Day.

2) WEEKLY FEES

Weekly fees include all sick days and statutory holidays. After 12 consecutive months of attendance 1 week of vacation may be taken at 1/2 the weekly rate. Fees are based on booked days not attendance. Refunds and credits will not be given for days where your child does not attend.

Fulltime: (5 days per week)

Before School	\$ _____ per week (per child)
After School	\$ _____ per week (per child)
Before and After School	\$ _____ per week (per child)
Summer Camp	\$ _____ per week (per child)
School Holidays/Breaks	\$ _____ per week (per child)

Part-time and Drop-in: (less than 5 days per week)

All Ages \$40.00 per day (per child)

3) AFTER SCHOOL SUBSIDY/CAPS

Parents who qualify for After School Subsidy must have full approval in place prior to attendance. Fees not covered by Subsidy are the parents' responsibility and are payable on the first of each week in advance proof of qualifications must be presented to provider prior to registration.

4) PAYMENT POLICY

Parents agree that all weekly fees (full time and part time attendance) will be paid by 6:30 p.m. on Fridays in advanced prior to week of attendance. Drop-in fees are payable per occurrence. Unpaid fees are subject to immediate suspension or termination of care unless reasonable arrangements are made and accepted by both parties.

There will be a fee of \$30.00 charged on payments received after 6:30 a.m. on Mondays.

A fee of \$30.00 will be charged for all NSF CHECKS. Upon second occurrence of an NSF check, all subsequent payments must be made by money order or certified funds.

5) LATE ARRIVAL/PICKUP POLICY

Please advise the center prior to 7:30 a.m. if your child will be arriving later than the pre-arranged time.

Please advise the center immediately if you will be arriving later than the pre-arranged time to pick-up your child. If you are not able to pick up your child by 6:30 p.m. alternate arrangements must be made.

Please notify the center if an unauthorized person will be picking up your child. Verbal or written permission must be received before we release a child to anyone who is not authorized on the registration form.

In the event that a parent cannot be contacted, it is the policy of Team 3 ASP to call an emergency contact should a child remain in care after 6:30 p.m.

A late fee of \$5.00 for the first minute and \$1.00 per minute thereafter per child will apply if a child remains in care after 6:30 p.m. This late fee is due and payable upon pickup or prior to the next day of care.

6) TERMINATION

Team 3 ASP reserves the right to suspend or terminate care of any child without notice, should it be deemed necessary for the overall safety and well-being of its staff and/or other children in its care.

7) WITHDRAWAL

Parents agree that a minimum notice of two weeks will be given for permanent withdrawal of any child from care or agree to pay 2 weeks fees in lieu of. No exceptions will be made.

8) DAMAGES/INJURIES

Team 3 ASP is childproofed to the best of our ability, however, accidents do happen. Any damage to the center, personal belongings or injuries to the staff or other children that is willfully caused by your child will be replaced, repaired or compensated at the cost of the parents.

Team 3 ASP will repair or replace broken equipment and toys due to normal wear and tear. However, should your child purposely damage or break equipment or toys, then the item will be repaired or replaced at the cost of the parents.

9) DEPOSIT/REGISTRATION

A non-refundable registration fee of \$60.00 (per child) is required upon completion of registration to secure your child’s placement in care.

If Registration is not complete, and care will not commence until all the paperwork is done. Prior to the start date of care the following must be received by Team 3 ASP for each child:

- Registration Form
- Sports Physical
- Parent/Caregiver Contract
- Non-Refundable Deposit
- After School Subsidy Request Form (if applicable parent is responsible for picking up this form at the Daycare Subsidy Office (GA Department of Human Services) for Team 3 Sports After School Program to sign. Parent is responsible for making sure that the form is received by the Daycare Subsidy Office **IMMEDIATELY UPON SIGNING**. Care will not commence until we have confirmation of acceptance from the Daycare Subsidy Office)

10) PAYMENTS

It is further agreed that your child/ren will start attending the daycare on _____.
Your first payment will be due on _____ in the amount of \$ _____.
All payments thereafter will be due by 6:30 p.m. Fridays in advance in the amount of \$ _____.

11) SEVERABILITY

If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

12) DISCLAIMER

Team 3 Sports After School Program, LLC. failure to enforce any terms of this agreement shall be construed as a waiver of those terms.

Child’s Name _____

I/We _____ / _____
(Parent/guardian please print) (Parent/guardian please print)

Parent/guardian Signature

Parent/guardian Signature

Note: If child is in custody of both parents then two signatures are required

Caregiver Signature

Date

**Team 3 Sports After School Program, LLC.
Parent Contract**

It is my desire to have my child, _____.

Please initial next to each item stating that you understand and agree to the policies herein:

_____ I understand that during the first two weeks of enrollment, the staff will make observations and evaluations pertaining to my child's ability to adapt to the after school program's surroundings. Unless otherwise notified, my child will be accepted and permanently enrolled.

_____ I have received a copy of the Parent Handbook. I have read, understand and agree to abide by the policies contained therein. I further understand that if the policies outlined in the Parent Handbook are not adhered to, it will be sufficient cause for the removal of my child from the after school program.

_____ I agree to pay the amount of \$_____ per week to Team 3 Sports After School Program, LLC. for the care of my child. Along with the enrollment fee/registration fee of \$60.

_____ I understand that full tuition will be charged regardless if my child attends none or all days.

_____ I understand that payment is due on the Friday prior to my child's care.

_____ I agree to pay a late fee of \$30.00 for each week that my tuition payment is received past Monday morning at 6:30am.

_____ I understand that if my account becomes more than two weeks past due, my child will not be allowed to attend the center until the account is paid in full.

_____ I agree to pay an insufficient funds charge of \$30.00 for each returned check. Should I have more than two checks returned for insufficient funds within a twelve-month period, I agree to pay all future tuition with debit/credit or money order.

_____ I understand that any unpaid balance will be turned over to a collection agency and I agree to pay all fees resulting in the process of collection.

_____ I understand that if the center is closed for a holiday, full tuition is due for the entire week.

_____ I understand that the center will be closed for all national holidays including New Year's Day, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Day after Thanksgiving, Christmas Eve, Christmas Day.

_____ I understand that after twelve months of enrollment, my child is allowed one-week vacation per year. This time may not be split into days and it must be utilized as one full, consecutive week. My child will not be permitted to attend the center during that week.

_____ I understand that a two-week written notice is required if I wish to un-enroll my child for any reason. Unused vacation time may not be applied to the final two-week period.

_____ I understand that full tuition will be due for the notice period, regardless if my child is brought to the center for care.

_____ I understand that I must provide a Sports Physical from a MD or NP stating my child is in good health to participate in the physical activities at Team 3 ASP.

_____ I understand that I must submit a completed Authorization for Medication form in order for the ASP to dispense any type of medication to my child. All information including the date, child's name, name of medication, prescription number and date and time of dosage must be completed. Medicine must be in the original container with my child's name on it.

_____ I understand that only those persons authorized to pick up my child will be allowed to do so and that identification may be required at the time of pickup.

_____ I understand that if my child is sent home sick, he/she will not be allowed to return to the center until all symptoms have been gone for 24 hours.

_____ I understand that it is my responsibility to keep my child's record current to reflect any significant changes such as telephone numbers, work location, emergency contacts, child's physician, health status, immunization records, etc.

_____ I understand that Team 3 ASP will keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, etc. which pertain to my child.

_____ I hereby grant permission for emergency medical care to be given to my child as deemed necessary by qualified personnel. I understand that payment of all expenses incurred will be the parent/guardian's responsibility.

_____ I understand that Team 3 Sports After School Program will obtain written authorization from me before my child participates in routine transportation field trips, special activities away from the center or water related activities occurring in water that is more than two feet deep.

_____ I understand that all students in attendance on the day of the field trip must attend during camps when the trip is program-wide (all ages) and no students will be left behind with teachers.

_____ I hereby release, indemnify and hold harmless the ASP and its staff from any and all loss or damage to clothing, toys or other personal articles brought to the center and from any and all claims, damages or liabilities for injuries or damage by my child which are not a result of gross negligence by the center or its staff.

_____ I hereby warrant that I am entitled to legal custody and possession of my child, and am authorized to place my child in the care and custody of the center and am further authorized to sign this agreement.

_____ I understand that the ASP operated from 6:30AM-6:30PM.

_____ I understand the late pickup fee is \$5 the first minute and \$1 per minute thereafter.
(Close @ 6:30pm)

_____ I understand the behavior policy and will share the policy guidelines with my child.

_____ I have read and understand all contained in these policies and agree to abide by each and all.

_____ I understand that I am responsible for items my child consumes after leaving the center.

Parent/Guardian Signature _____ Date _____

TEAM 3 SPORTS AFTER SCHOOL PROGRAM, LLC BEHAVIOR PLAN

Dear Parents,

Team 3 Sports After School Program will not tolerate ANY child being disrespectful to a teacher or another child. Disrespect includes, but is not limited to the following:

-Hitting	-Kicking	-Biting
-Spitting	-Pushing	-Fighting
-Using Profanity	-Throwing Objects	-Not following directions

By a child performing any of the acts above, this could cause serious harm to another child or teacher. Team 3 ASP teachers will document anytime an occurrence occurs.

- 1st offense-Conference w/teacher and child (redirection)
- 2nd offense-Conference w/teacher and child (redirection)
- 3rd offense-Conference w/teacher, child and administration (redirection)
- 4th offense-Conference w/teacher, child and administration (redirection)
- 5th offense-Conference w/teacher, child, administration and parent
- 6th offense-Suspension (2-days)
- 7th offense-Suspension (5 day with pay)
- 8th offense-Expelled for the remainder of the school year

Your signature reflects that you have read and understand the behavior plan at Team 3 ASP.

Sign _____ Date _____
 Print _____

Date Occurred	Occurrence	Teacher/Parent Initial

**Team 3 Sports
After School Program & Camps**

Photograph Release Form

Dear Parent(s):

We would like to photograph your child (ren) for our ASP Website, while they are involved with their school activities.

_____ I give my permission for my child (ren) to be photographed.

_____ I do not give my permission for my child (ren) to be photographed.

Child's Name _____

Signature _____ Date _____