** Application for After-School Care**

Austin Elementary (JK-1st Grade) \_\_\_\_\_\_ Jolley Elementary (2nd-5th Grade) \_\_\_\_\_\_\_

**Child Information**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nicknames/Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (in fall): \_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Allergy Information**

Child’s Doctor/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Dentis/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take medication? **(Y) (N)** If yes, please list medication and dosage:

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

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Allergies & Other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.):

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

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Medical Plan for Allergic Reactions/Health Complications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Information**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any parental/family situations that we should be aware of to better support your child? Examples: custody arrangements, deceased/separated parents, sibling situations) If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is anyone restricted from seeing/picking up your child(ren)? **(Y) (N)**

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact/Pick Up Information**

Emergency Contact 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will regularly pick up your child(ren)?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Days Your Child Will Attend BSA**

Please indicate which days your child will attend the BSA after-school program. There is a 3-day per week minimum. Non-attendance will be evaluated on an individual basis and may not be credited.

**Monday** \_\_\_\_ **Tuesday** \_\_\_\_ **Wednesday** \_\_\_\_ **Thursday** \_\_\_\_ **Friday** \_\_\_\_

**Additional Information**

Is there anything else you would like to share about your child? (favorite things, food preferences, special interests, hobbies, fears, etc.) Please use this space as a place to communicate freely about your child! Being away from home is hard, and, while we will get to know them all better as the year progresses, it is sometimes helpful to have a conversation starter, or a special soothing technique that makes them feel a little more comfortable! \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Medical Care Authorization**

I hereby give permission for emergency medical treatment for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

if requested by Beyond School Adventures (BSA), who is our after-school care provider.

Please note that my child is allergic to the following medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is also important to note that my child has the following special medical conditions: \_\_\_\_\_\_\_\_\_

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

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

**Photo Permission Consent**

I hereby grant permission to **Beyond School Adventures (BSA)**to use photographs and/or video of my child taken in publications, news releases, online, and in other communications related to the mission of **BSA’s** advertisement and parent connection efforts:

**Yes \_\_\_\_ No \_\_\_\_**

Parent/Guardian Signature: \_\_

**Waiver of Liability, Indemnification & Medical and Travel Release**

The undersigned parent or guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in the Beyond Summer Adventures program.

Said undersigned parent or guardian does hereby represent that he/she is acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability for participant’s death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate BSA, the Vermillion School District, the state of SD and any of the officer, agents and employees of above stated and  
2. Indemnify and hold harmless BSA, the Vermillion School District, the state of SD and any its officers, agents and employees of above stated from and against any and all liabilities and claims made by other individuals or entities as a result of the participant’s participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant which may be deemed advisable in the event of injury, accident, or illness.

The undersigned also consents to and authorizes the participant to travel to various field- trip sites throughout the summer. The above waiver will apply to any and all incidents that may occur while on route and on location. This release and waiver should be construed broadly to provide release and waiver to the maximum extent permissible under the applicable law.

I, the undersigned, acknowledge that I have read and understand the above Release.

Name of minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Indication of Information Received**

Please read the following and check to indicate that you have received, read, and agree to the information provided in your after-school care contract package including the policies and procedures set out in the Parent Handbook:

\_\_\_\_ I have received and read/understand the Parent Handbook

\_\_\_\_ I have received and read/understand the After-School Fee Agreement

\_\_\_\_ I understand a non-refundable supply/materials fee of $25 per semester will be charged

\_\_\_\_ I understand that some field trips or activities may require an additional fee. I will be notified in advance of such activities and of the fee amount. These additional costs will be billed with my monthly bill.

\_\_\_\_ I understand that BSA is a pay-ahead service. My payment is due by the 5th of each month, and a late fee of $5 may be assessed for missed payments.

\_\_\_\_ I understand that my child(ren) must be picked up by 6 p.m. daily. Tardiness may incur an additional fee of $5 per 10 minute increments. Chronic tardiness may result in dismissal from the program.

\_\_\_\_ I understand that in accordance to safety guidelines, I (or a designated adult) **MUST** sign my child out (electronically when available, or by signature) and make contact with staff at every pick-up time.

\_\_\_\_ I understand that I will need to contact BSA staff via email, phone, or message if my child will not be attending the program for any reason. (email: [contactvermillionbsa@gmail.com](mailto:contactvermillionbsa@gmail.com), phone: 605-202-0300, message on Bloomz BSA Classroom)

\_\_\_\_ I understand that in a medical emergency, BSA staff will try to contact me first. If I am unavailable, staff will contact the doctor provided on this form. In the case of a situation where immediate medical care is needed, staff will call 911 to arrange emergency care.

\_\_\_\_ I give permission for the trained and certified BSA staff to administer medical treatment and/or authorize emergency medical treatment for my enrolled child(ren).

\_\_\_\_ I understand that medication can only be administered with my express written consent.

\_\_\_\_ In-line with state guidelines, I understand that my child must be kept at home if they have a communicable condition such as fever, vomiting, diarrhea, influenza, strep throat, etc. A full list of can be obtained from <https://doh.sd.gov/diseases/assets/ChildCareExclusion.pdf>.

\_\_\_\_ I understand that my child needs to be appropriately dressed for the weather and planned activities (socks, shoes, hats, gloves, etc.)

\_\_\_\_ I understand that it is my responsibility to notify the BSA Director of changes to my child’s file as soon as possible.

\_\_\_\_ I understand that BSA has adopted the Expulsion Policy (Federal Law) that states all families should have access to child care environments that support growth and development, and therefore will limit expulsion and suspension practices by providing access to appropriate supports whenever possible. Suspension and expulsion from the BSA program will be used as a final measure.

\_\_\_\_ I give permission for my child(ren) to attend field trips including parks, museums, and other destinations. My child may walk, be transported in school sponsored vehicles, or bussed to destinations. I release Vermillion Public Schools, the transportation company, and BSA (including all staff) from liability.

**Application/Contract Signatures**

I/We attest that the information listed on this application is as accurate and complete as possible. Should changes arise, it is my/our responsibility to let the Director know as soon as possible so that my/our child(ren)’s file can be updated properly.

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

Parent Signature (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_