

Thank you for considering Summit Christian Learning Center for your Child's Care and Education!

Summit Christian Center's purpose is to connect people with God and others, leading them to become fully devoted followers of Christ, who are expressing His life in their world. This purpose statement is the bedrock of our Children's Ministry and our Learning Center. Our program is designed to nurture young children, to stimulate their spiritual, physical, cognitive, and creative development, and to encourage positive self-esteem and social interaction.

We offer *CORE curriculum for our Elementary program.*

All age groups participate in Child centered biblical education through **Cantamar** curriculum.

Our learning goals for our Elementary aged children include the following:

- **Wisdom**
- **Initiative**
- **Contentment**
- **Cooperation**
- **Compassion**
- **Self-control**
- **Service**
- **Individuality**
- **Hope**
- **Perseverance**
- **Respect**
- **Kindness**
- **Friendship**

Please contact our Administrative team for information via email: thelearningcenter@summitsa.com or by phone 210-545-5219 to schedule your registration appointment. All appointments must be completed within 2 full school days prior to requested start date. All forms, records and fees are due at the time of the appointment. If these items are not complete, the appointment will need to be rescheduled and may affect requested start date. We look forward to serving your family at Summit Christian Learning Center.

ELEMENTARY ENROLLMENT

How did you hear about us? _____ Program Selection: _____

Name: _____ Gender _____ Date of Birth ____/____/____
Address _____ City/Zip _____
Start Date: ____/____/____ Withdrawal Date: ____/____/____Father Name: _____ Mothers Name: _____
Employer: _____ Employer: _____
Business Phone: _____ Business Phone: _____
Cell Phone: _____ Cell Phone: _____
Home Church: _____ Home Church: _____
Email Address: _____ Email Address: _____

Does the Child live with Both Parents? : ____ Yes ____ No

If No, whom does the child live with: _____

Is there a custody order on File? : ____ Yes ____ No

Other Children in the Family: Name: _____ Age: _____
School: _____
Name: _____ Age: _____
School: _____**Emergency Contact and Pick Up (other than parents; ID will be required)**

Name _____ Relationship to Child: _____

Address _____ Phone _____

Authorized Pick Up (other than parents; ID will be required)Name: _____ Relationship to child: _____
Contact Phone _____Name: _____ Relationship to child: _____
Contact Phone _____Name: _____ Relationship to child: _____
Contact Phone _____**I have received and agree to the policies of Summit Christian Learning Center.**

Signature _____ Date: _____ I understand it is my responsibility to change any information in this enrollment form as needed. By this signature I am verifying that this information is true and correct to the best of my knowledge. In consideration for my child being allowed to participate in activities at Summit Christian Center, I hereby release, discharge, indemnify and agree to hold harmless Summit Christian Center, its directors, officers and employees, agent and all volunteer personnel from any and all liability for personal injuries and or damages, injury or illness that may be suffered by (Child Name)

_____ We further agree to indemnify and hold harmless Summit Christian Center, it's directors, officers, employees, agent and all volunteer personnel for any claim and or damages, or its agents are required to pay as result of any injury or damage including reasonable attorney fees, litigation expenses and court costs.

Signature _____ Date: _____

Medical Information and Release

Childs Name: _____ Date of Birth: _____

Childs Physician's Name _____ Phone: _____

Physician's Address _____

Medical Insurance Carrier and Policy#: _____

_____ **My Child has NO special/medical needs, injuries, or allergies (Environmental, food and/or medical)** This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed or over the counter for continuous, long term use.

_____ **My Child has special/medical /developmental needs, injuries, or allergies (Environmental, food, and/or medical)** This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed or over the counter for continuous, long term use. **PLEASE LIST:** _____

Please answer all of the following questions, if yes please describe:

- Does your child have any hearing or speech difficulty? Yes: _____ No ____
- Does your child taking any medication? Yes: _____ No ____
- Does your child have asthma or wheezing? Yes: _____ No ____
- Does your child have epilepsy? Yes: _____ No ____
- Does your child have febrile (fever) seizures? Yes: _____ No ____
- Is your child allergic to insect bites or stings? Yes: _____ No ____
- Has your child had allergic skin reactions? Yes: _____ No ____
- Has your child been hospitalized in the past 12 months Yes: _____ No ____
- Has your child had a Medical condition/procedures in the last 12 months? Yes: _____ No ____

My child's immunizations / health records are current. I have provided Summit Christian Center with a copy of current Immunizations records. My child will not be accepted into care until current shot records are received; before my child is in care.

Signature: _____ Date: _____

In the event that I cannot be reached to make arrangements for emergency medical treatment at the time of illness or accident, I hereby authorize Summit Christian Center to call EMS to take my child to the closest emergency room.

Signature : _____ Date: _____

Well Child Policy

In the event of your child's illness, please do not bring them school. We want to ensure a healthy environment for all of our children and teachers. We ask that you abide by our program's "WELL CHILD POLICY." Children with any of these symptoms will not be accepted into the classroom or if they display any of these symptoms while in care they will be sent home immediately. Sick children must be picked up within 90 minutes of parental notification of the illness and cannot return for a minimum of 24 hours. In the event that the child is not picked up within 90 minutes of notification \$1 per minute late fees will be assessed. In the event that a parent cannot be reached, all emergency contacts will be asked to pick up the child.

1. Any fever above 100 degrees in the past 24 hours (this includes a fever controlled by medication).
2. Lethargy
3. Any vomiting or diarrhea in the past 24 hours.
4. Goopy eyes, green or yellow runny nose.
5. Chronic wheezing/barking cough
6. Abnormal breathing
7. Any unexplained rash or skin infection
8. Mouth sores
9. Pink eye and other eye infection
10. Head lice. Child must be free of all nits.

Also, if any illnesses or condition prevents the child from playing comfortably in activities including outdoor play; and/or the illness results in a greater need for care than the caregivers can provide without compromising the health, safety and supervision of other children in care; the child will not be permitted to stay in care.

In the case of a minor injury or accident, the staff will administer basic first aid. All injuries or illnesses not requiring immediate parental notification will be documented and reported to the parents via electronic app. **In the event that a serious injury that warrants immediate emergency medical service, 911 will be called and EMS activated to respond. The child may be transported to the nearest Emergency Room.**

I knowlege that I have read and am agreeing to the above Well Child Policy.

Signature : _____

Date: _____

PARENT NOTIFICATION OF CUSTODY/INTERPERSONAL ISSUES

To be filled out regardless of marital/family status

We cannot legally prevent a child from being picked up by a parent or person designated by a parent. If parents are legally separated or divorced, we cannot restrict the days or times parents pick up their student. Parent/families must be responsible to adhere to their custody agreement and/or decide between themselves which days and times each of them will pick up their student. Summit Christian Learning Center is legally obligated to release the child to any parent. If a parent has no legal right to pick up their child, or has a restraining order in effect, the school **MUST HAVE A COPY OF THE COURT ORDER** stating such on file. Otherwise, either parent may check the child out of the school with proper identification at any time.

I have read the above statement regarding pick up custody issues of legally separated or divorced parents. This form should be signed regardless of your marital status. Your signature states that you understand Summit Christian Learning Center Policy regarding custody issues.

Child(ren) _____
Names: _____

Parent / Guardian Signature: _____ Date: _____

Medical Waiver

My child _____ has his/her TB skin test record, hearing and vision screening on file at his / her Elementary school.

School Name: _____

Address: _____

Phone: _____

Parent Signature: _____ Date: _____

Food Allergy Emergency Plan

**MUST BE COMPLETED BY PHYSICIAN AND SIGNED BY PARENT
PRIOR TO ENROLLMENT.**

CHECK ONE

- _____ (Child's name) does not have FOOD ALLERGIES.
- _____ (Child's name) has the following FOOD ALLERGIES.

List all food allergies: _____

Symptoms if exposed to allergen: _____

Steps to take if the child has an allergic reaction:

Physician's Signature/ Stamp: _____ Date: _____

Physician's Address & Phone: _____

Parent Signature: _____

PROGRAMMING AND PRICING SHEET 2020-2021

AFTERSCHOOL PROGRAM HAS AN ANNUAL REGISTRATION FEE OF \$100 DUE AT TIME OF REGISTRATION. ALL AFTERSCHOOL STUDENTS HAVE AN ANNUAL \$150 SUPPLY FEE DUE BY FEBRUARY, 1 2021.

SUMMER CAMP PROGRAM HAS AN ANNUAL SUMMER FEE OF \$200 PER CHILD DUE AT THE TIME OF REGISTRATION.

SUMMER CAMP PROGRAMMING WILL BE CHARGED A TUITION DEPOSIT OF TWO WEEKS OF TUITION THAT WILL BE ALLOCATED TO THE FIRST AND LAST WEEK OF ADVENTURE CAMP DUE AT THE TIME OF REGISTRATION.

PROGRAMS

ELEMENTARY AFTERSCHOOL – K-5 TH GRADE	\$75 per week + \$75 tuition deposit
ELEMENTARY CAMP 1 ST -5 TH GRADE – Monday-Friday (field trips included)	\$225 per week + \$450 tuition deposit

We are proud to offer the following discounts

10% off of tuition for Military, Active First Responder, Active Educator or Active Summit Church Member.

All discounts require current identification from the above agencies and will be only be applied in honor of parents or legal guardians of the enrolled child(ren).

10% off of tuition for siblings. (Youngest child at standard rate)

10% off of tuition for Legacy Families (Families who have been in care for 3 years at Summit, applied on 3rd anniversary date of enrollment)

10% off Family Discounts (Families with 3 or more children co-currently enrolled)

Discounts cannot be combined

DAILY DROP-IN RATE WHEN AVAILABLE, PAYABLE IN ADVANCE, NON-REFUNDABLE

(Only available for currently enrolled families')

\$60

DROP IN MUST BE APPROVED AND PRE-PAID WITH CENTER ADMINISTRATION 48 HOURS PRIOR TO REQUEST.

ALL FEES AND TUITION ARE NON-REFUNDABLE

TUITION & FEE AGREEMENT 2020-2021
ALL FEES AND TUITION ARE NON-REFUNDABLE

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Program Selection: _____

Summit Christian Learning Center is entirely self-supporting and depends upon tuition for its operation.

- A Registration Fee of \$100 is due per child.
- Registration Fees are due at the time of registration.
- A Supply Fee of \$150 is due in February 1, 2021.
- An Expedited Registration Fee of \$50 will be charged for all registration ahead of 2 business days requirement
- A tuition deposit is due at the time of registration in the amount of 2 week's tuition.
- This deposit will be credited to my last 2 tuition payments.
- All payments are Auto Drafted at 2 am every Monday of each week. Payments are made via the Smart Care APP. Auto Payment feature is a requirement of enrollment. Please note that tuition is due whether or not your child is in attendance. An automatic late fee of \$35 will be assessed on the account at 630 am Monday of each week, and the child cannot return to care until the account is paid in full.
- Drop in care is available for current students when space permits and must be pre-approved by administration and prepaid at the time of reservation, all drop in tuition payments are non-refundable.

Tuition rate \$ _____ Tuition Deposit \$ _____ Annual Registration Fee \$ _____ Annual Supply Fee \$150

- I understand that Tuition, Deposits & Fees are non-refundable and are not pro-rated for Holidays or absence. **(Parents' Initials)** _____
- During summer months and holiday times, an activity fee may be charged. Activity fees are for additional activities outside our normal planned curriculum. Parent will be notified 14 days in advance of activity fee options. **(Parents' Initials)** _____
- Late pick up fees will be assessed at the rate of \$1.00 per minute beginning at 6:30pm until 6:35pm. \$40 for 6:35pm-7:00pm. **(Parents' Initials)** _____
- After school enrollments are required to notify the Learning Center by 12pm on the day of pick up if their child will not be needing pick up that day. Failure to notify the Learning Center by 12pm will result in a \$25 fee that is due on the next tuition due date. **(Parents' Initials)** _____
- Children not picked up within 30 minutes of closing, or after the requested school pick up time may be reported to the governing authorities. Summit Christian Learning Center is not financially responsible for any governing authority fees. **(Parents' Initials)** _____
- Tuition is not pro-rated for Holidays or Absence. Center wide final pricing is determined with consideration of Holidays and Closure Dates. **(Parents' Initials)** _____
- In the event I choose to end my relationship with Summit Christian Learning Center and withdraw my child, a two week written notice will be given and my deposit will be credited towards my final 2 weeks of tuition. I will ensure that my account has a zero balance on my child's last day of programming. All accounts are subject to collection / legal action and will include all associated collection and legal fees if not paid in full of which I am responsible for. **(Parent's Initials)** _____
- Programming changes- In the event you need to change your programming a 2 week notice must be given in writing to thelearningcenter@summitsa.com and a new Tuition Agreement must be filled out. **(Parent's Initials)** _____

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

Staff Name: _____ **Staff Signature:** _____ **Date:** _____

Registration fee _____ **Tuition Deposit** _____ **Discount Available** _____ **Discount Verified** _____

PHOTO Notification

Dear Parents,

During the school year, opportunities arise to provide positive information and publicity about our programs and events to our student body families, general public and/or specific audiences through photography/videos. Please let us know what works best for your family:

- I give in house permission
- I do not give in house permission

- I give Virtual permission
- I do not give Virtual permission

To use my Child Picture and First Name in:
Newsletters/ Classroom, Website, Summit Social Media.

No last names or other personal information will ever be used



Child's Name

Parent's Signature

Date

SUNSCREEN /INSECT REPELLENT / WATER PLAY/ TRANSPORTATION PERMISSION

If you are desiring for your child to wear Sunscreen or Insect Repellent, we do encourage parents to apply it at home. If you are unable to do so, we are willing to apply our Sunscreen/Insect repellent for you, upon parent request.

Having signed the acknowledgement below, you permit us to apply our Summit Sunscreen/Insect Repellent.

Please be sure to notify your child's teacher that you are requesting for the Sunscreen/Insect repellent to be applied.

Your signature below authorizes Summit Christian Learning Center to apply Sunscreen or Insect Repellent to your child upon request, as well as acknowledges your awareness of this policy.

Your signature below authorizes your child to participate in water play activities.

Your signature below authorizes your child to be transported from _____ (Child's Elementary School) to Summit Christian Center.

Your signature below authorizes your child to be transported from Summit Christian Center to designated Field Trip Locations.

Child's Name

Parent's Signature

Date

Elementary Progressive Discipline Policy

Discipline is defined as the training of the mind that produces proper conduct and obedience. Our goal in discipline is to help train the student to grow toward a Christ-like image.

It's God's way to discipline with love. "Train up a child in the way he should go 'means' to mold character, to direct the growth of, and to point in an exact direction. Discipline is "training that corrects, molds, or perfects character."

Each student will be taught what is expected and should feel a sense of security in knowing and following the basic program procedures and rules. When it becomes necessary for a student to receive correction, it will be done prayerfully, lovingly, fairly, firmly and swiftly.

Children must see that their parents and the administration agree on the consequences of behavior or the effectiveness of the program will be diminished.

The majority of disciplinary action will happen in the classroom. When a student's actions are disruptive to the class, the teacher will address the situation as they deem appropriate. Consequences will be developmentally appropriate and it is our expectation that calling attention to students actions in a timely and constructive manner will redirect the behavior.

If, however, disruptive behaviors continue, teachers will use the steps below. Repeated offenses will accelerate this process.

1. The student will be redirected. This could be moving the student to another seat in the classroom, calling attention to the student, standing near the disruptive student, or making eye contact with the student.
2. Teacher and student will have a one on one conversation about the inappropriate behavior.
3. Teachers will communicate with the parents to inform them about what is going on in the classroom and to solicit the parent's assistance. A copy of the communication will be sent to the Director.

The administration will serve as the final authority on matters of discipline. Areas needing discipline may include:

- Leaving the classroom without permission
- Consistent failure to obey classroom rules; continual disruption of class.

The following behaviors will result in the student being sent to the Assistant Director for intervention. Typically, the parent will be contacted, depending on the severity of the infraction, suspension is a possible consequence.

- Inappropriate language
- Insubordination
- Disrespect of faculty, staff or classmates
- Theft or Destruction of property
- Fighting
- Verbal altercations with other students

The following behaviors will result in the student being sent to the Director for intervention and possible suspension or expulsion.

- Bullying
- Cyber bullying
- Swearing/foul language
- Threatening remarks toward faculty, staff or classmates
- Possession of matches, fireworks, or weapon(s)

We do not characterize a one-time incident as bullying. We call this being unkind and will deal with each situation appropriately. Bullying is not tolerated at Summit Christian Learning Center. If you believe your child is being targeted by a certain individual, please notify the Center Director. All other concerns you may have pertaining to disciplinary situations should be addressed with your child's teacher first.

Your signature below signifies that you have read, understand, and agree to the discipline policy.

Child's Name: _____

Parent or Guardian Signature

Date

Program Hours of Operation

Summit Christian Learning Center operates Monday-Friday from 6:30am-6:30pm, year round. We will be closed on the following days in observance of Federal Holidays, Christian Holidays, Local Holidays, Holiday Breaks and Teacher In-Service Days.

Closure and Event Dates

- August 17, 2020 “First week” of school
- CLOSED September 7, 2020 (Holiday)
- CLOSED September 25, 2020 (Teacher In Service)
- CLOSED October 12, 2020 (Holiday)
- CLOSED November 11, 2020 (Holiday)
- CLOSED November 26-27, 2020 (Holiday)
- CLOSED December 21-25 2020 – January 1st 2021(Christmas Break Closure NO TUITION DUE)
- CLOSED January 1, 2021 (New Year’s Day Holiday Observed)
- CLOSED January 18, 2021 (Holiday)
- CLOSED February 15, 2021 (Holiday)
- March 8-12 2021 Spring Break (After School Only)
- April 1, 2021 SPRING FLING – Family Event 10:30-12:30PM
- CLOSED April 2, 2021 (Holiday)
- April 22, 2021 Summit Fiesta Boat Parade 10am
- CLOSED April 23, 2021 (Teacher In Service)
- GRADUATION PROGRAM May 27, 2021, 1pm
- CLOSED May 31, 2021 (Holiday)
- SUMMER PROGRAMMING BEGINS June 1, 2021
- July 5, 2021 (Holiday Observed)



Childs Name

Parent Signature

Date

SUMMER CAMP 2020 PROGRAM SCHEDULE AND FIELD TRIP POLICY

Summit Christian Learning Center has full time Summer Programming.

Monday-Friday 6:30am-6:30pm. Families that are requesting less than 6 weeks of care are required to pay for and reserve those week in advance at the time of Registration.

Please select your desired weeks:

- ____ June 1, 2020- **Friendship featuring *Toy Story***
Memory Verse: *All people will know that you are my followers if you love each other.* John 13:35
Field Trips: Morgan's Wonderland on Thursday (Field Trip only on Thursday this week)
- ____ June 8, 2020 – **Week Two: Mighty featuring *A Bug's Life***
Memory Verse: *Humble yourselves therefore under the mighty hand of God, that he may exalt you in due time.* 1 Peter 5:6
Field Trips: Glass Bottom Boats/San Antonio Zoo
- ____ June 15, 2020 - **Week Three: Respect featuring *Monster's Inc.***
Memory Verse: *This is my commandment, that you love one another, even as I have loved you.* John 15:12
Field Trips: Monster Mini Golf/Johnson City Exotic Resort Zoo
- ____ June 22, 2020 – **Week Four: Peace featuring *Finding Nemo***
Memory Verse: *Trust in God with all your heart, and lean not upon thine own understanding.* Proverbs 3:5
Field Trips: San Antonio Aquarium/ Pearsall Park & Splash Pad
- ____ June 29, 2020 – **Week Five: Family featuring *The Incredibles***
Memory Verse: *I will surely bless you and give you many descendants. They will be as many as the stars in the sky and the sand on the seashore.* Genesis 22:17
Field Trips: Incredible Pizza/McKenna Children's Museum
- ____ July 6, 2020 – **Week Six: Creativity featuring *Ratatouille***
Memory Verse: *Better is a little, with righteousness, than great revenues with injustice.* Proverbs 16:8
Field Trips: Auntie Anne's Pretzels/ Movie Theater to see *Soul*
- ____ July 13, 2020 – **Week Seven: Gratitude featuring *Wall-E***
Memory Verse: *He is the One who made the sky, the earth, the sea, and everything that is in them.* Acts 14:15
Field Trips: Scobee Planetarium/ Cibolo Nature Center & Farm
- ____ July 20, 2020 – **Week Eight: Compassion featuring *Up!***
Memory Verse: *Do not forget to do good to others. And share with them what you have. These are the sacrifices that please God.* Hebrews 13:16
Field Trips: Doseum/Painting with a Twist

___ July 27, 2020 **Week Nine: Kindness featuring Brave**

Memory Verse: *Live a life of love. Love other people just as Christ loves us.* Ephesians 5:2

Field Trips: Natural Bridge Caverns/Main Event Bowling

___ August 3, 2020 – **Week Ten: Honesty featuring Inside Out**

Memory Verse: *The Son paid for our sins, and in him we have forgiveness.* Colossians 1:14

Field Trips: Clay Casa & McAlister Park/ San Antonio Fire Museum

___ August 10, 2019 – **Week Eleven: Strength featuring The Good Dinosaur**

Memory Verse: *For God gave us not a spirit of fearfulness; but of power and love and discipline.* 2 Timothy 1:7

Field Trips: Witte Museum (Field Trip only on Tuesday this week)

___ (Initials) I understand that by choosing the weeks above, I am responsible for payment even if my child does not attend.

___ (Initials) Camps dates are from June 1-August 10, 2020

___ (Initials) Fields trips are not optional and are included in tuition

___ (Initials) Field trips are on Tuesday and /or Thursday of each week.

___ (Initials) **I understand my child must be present and checked into care at 8:30am on Field Trips days.** If not, they will be unable to attend the scheduled field trip and will remain behind in a younger classroom.

___ (Initials) I understand that Field Trips may be subject to change or cancelled and that I will be notified in advance of changes.

___ (Initials) I understand that my child’s attendance on field trips may be revoked due to disciplinary or development concerns. In this circumstance parents will be responsible for pick up and transportation of their child.

CHILDS NAME: _____

PARENT SIGNATURE _____ DATE: _____

ACTIVITY INFORMATION (TO BE COMPLETED BY THE ACTIVITY SPONSOR)

Name of sponsoring organization: SUMMIT CHRISTIAN CENTER / LEARNING CENTER

Address: 2575 MARSHALL RD SAN ANTONIO TX 78259

Phone: (210) 402-0565

Name of sponsor’s coordinator: SUMMIT CHRISTIAN LEARNING CENTER

Phone: (210) 545-5219

Description of activity: CHILD CARE

Date(s) and location of activity: 2020 – 2021

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Telephone (daytime): _____ Phone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____



FP Assistance

Feeding the Future

Enrollment Form

Center Name: _____ Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

Hispanic or Latino Not Hispanic or Latino

Race: (choose one or more racial identities):

Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American

	Parent Signature	Date of Signature	Day Time Phone Number
1)	_____	_____	(____) ____-____
2)	_____	_____	(____) ____-____
3)	_____	_____	(____) ____-____
4)	_____	_____	(____) ____-____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA

ELEMENTARY ALL ABOUT ME!

Childs Name: _____

Age: _____ Eye color: _____ Hair color: _____

In what ways would you like to see our program benefit your child?

Favorite type of music: _____

Favorite type of food: _____

Favorite book series: _____

Hobbies / Interests: _____

Favorite place to visit: _____

Best time of day: _____

People that live in my house: _____

Special people in my life: _____

Family pets: _____

Please describe a typical day in the life of your child, daily routines, eating and sleeping schedules, activities, outings, etc.

How does your child respond to new people? Is he/she shy around strangers or does he/she appear happy and curious?

How does your child behave in social situations with others? Does he/she enjoy observing children play? Does he/she prefer to play next to another child or to share activities with other children?

What techniques do you / your child's Elementary school use to help your child feel comfortable with and successful in transitions, new experiences and challenges?

What kinds of activities does your child enjoy with his or her favorite people?
