

Meadowthorpe Post Time After School Care Program 2017 - 2018 SCHOOL YEAR APPLICATION FORM

Office Use Only	
Date Received:	_____
Amount Received:	_____
Date of Enrollment	_____

- Applications are accepted on a "**first come, first serve**" basis until the program is full.
- Applications considered only if accompanied by the registration fee, first week's payment, and immunization records.

Please check below which service you wish to enroll your child in:

- Full Time 4 or 5 days: Dismissal 6:00 PM
\$50.00/week
- Part Time 3 or days: Dismissal 6:00 PM
\$35.00/week

Please note that your child cannot switch between part-time and full-time without a written notice and approval from the Site Director. ANY changes in enrollment must have approval from the Site Director or can be called into the school office at 381-3521.

Post Time accepts checks and/or money orders ONLY. NO CASH WILL BE ACCEPTED!!!

Make check payable to Meadowthorpe Elementary, and mail completed application to:

**Meadowthorpe Elementary
1710 N. Forbes Rd.
Lexington, KY 40511**

All Applications must come through the main office to be processed. A \$30.00 registration fee is charged for the school year. The maximum registration fee per family is \$40.00, plus first week's payment.

Please mail check with application and immunization records.

<p>Child's Information</p> <p>Please print all information and list the best number (s) to reach you in event of an emergency.</p>
--

Child's Information	
Last Name _____	First Name _____
D.O.B. _____	
Mailing address _____	
City _____	Zip Code _____ Grade _____
Email Address _____	
Legal Guardian _____	Phone Number _____
Mom's Name _____	Phone Number _____
Father's Name _____	Phone Number _____

Post Time After School Care Program

PARENT CONTRACT

Child's Name _____

- I understand and accept the following Meadowthorpe Post Time Policies and Procedures (PLEASE CHECK EACH BOX):

I understand that this year's registration fee and first week's tuition is to be paid by check or money order only. Check, or money order will be accepted upon school starting. I understand that a personal check that is returned for insufficient funds

- will include a check charge.

I agree to pay the weekly fee each Monday for the following week. I understand that payment not received by 6:00 p.m.

Monday will be assessed a \$5.00/day late fee. **Accounts overdue two weeks will be turned over for collections, and your**

- child's spot in our program will be forfeited.**

I understand that opening time is at school dismissal (2:35p.m. on school days only) and that closing time is promptly at 6:00 p.m. Closing time is 6:00 p.m. **Should a child be picked up after the closing time, the parent or guardian is assessed a penalty of**

\$5.00 at 6:05 p.m. A \$2.00 charge for every additional minute the parent is late per child. This fee is to be paid when the child is picked up. If not paid at time of pick-up, it will be tacked onto the next weekly tuition fee. In the event that my child

- is not picked up by 7:00 p.m. and I have not contacted the staff, I understand that, according to policy, he/she will be considered abandoned and the appropriate measures and agencies will be contacted to ensure my child's safety.

I understand that payments must still be made for daily illness, absence, inclement weather days, or partial attendance. In the event of a serious or lengthy illness or injury extending for a period of one (1) week or more, I may contact the Meadowthorpe's Post Time Director (381-3521) to make arrangements on an individual basis. In the event of inclement weather days, the payment amount and schedule does not change. Charges will still be applied and simply be transferred to the additional make-up days later in the school year. (All inclement weather days MUST be made up.)

-

I agree that my child will be signed in/out each day by an adult (16 years minimum) and I understand that I must maintain the sign in/out on a daily basis. I understand that only individuals whom I have named on the authorization form may sign out my child with proper identification. I have the sole ability to make changes on any part of this application but must do so with

- written confirmation. Meadowthorpe's Post Time Program will honor this document in all custody disputes until notified otherwise by legal documentation.

I understand that the staff has the authority to refuse my child admission into the program if he/she shows any signs of illness.

- I agree to keep my child absent from Post Time if he/she has had a fever or a contagious disease within the twenty-four-hour period prior to attending the program.

- If a medical emergency arises, I/We authorize the staff to contact local Paramedics to provide emergency medical attention for my child.

I understand that the staff will make every effort to contact me as soon as possible in the event of an emergency. I /We accept

- full responsibility for all financial costs that are a result of our child receiving medical treatment not covered by our personal insurance.

I understand I have accurately stated all medical/health concerns and listed all medicine my child(ren) may need. I also

- understand that I must provide any medicine according to proper dosage and sign a medical log each day. **Any Medical Concerns not listed are grounds for dismissal from the program.** I agree to provide immunization records for each child.

- Meadowthorpe Post Time Program reserves the right to dismiss your child from our program in the event that their behavior threatens the safety of our staff and/or the other children in the program. We do not tolerate bullying of any kind.

I have read the Meadowthorpe Post Time Program Handbook and will comply with all the policies and procedures stated therein and in this contract. I also agree to abide by the Civility Policy detailed in the Handbook. I understand that failure to adhere to these policies may result in my child's termination from the Meadowthorpe Post Time Program.

Parent/Guardian Signature: _____ Date: _____

Meadowthorpe Post Time Program Waiver

The undersigned (being of lawful age and the parent/guardian of the undersigned student) having requested that their minor child participate in the Meadowthorpe Post Time Program and related events and activities; and whereas Fayette County Public Schools are willing to let their minor child participate in the Meadowthorpe Post Time Program. The undersigned do hereby waive, release, and discharge Fayette County Public Schools from any and all claims, actions, demands, and unknown foreseen and unforeseen bodily/personal injuries and property damages, and consequences thereof resulting from the activities of the Meadowthorpe Post Time Program.

It is understood that for, and in consideration of, granting permission for their minor child to participate in the Meadowthorpe Post Time Program that the undersigned hereby acknowledges that they have received a copy of the Post Time Program Handbook, have thoroughly familiarized themselves with its contents, and agree to obey and abide by all the rules and regulations contained herein. The undersigned fully declares that they have admonished their minor child to conduct themselves properly at all times and have advised their child that if he/she should believe any of the facilities or equipment to be unsafe to immediately advise his/her counselor of such condition and refuse to participate further in the activity.

The undersigned consents to allow the picture or likeness of the participant to appear in any official documentary, sponsor advertisement, or television coverage of an event in any manner incidental to participate in said event and/or program without compensation to me, my heirs, executors and/or agents and administrators.

THE UNDERSIGNED HAS READ THE FOREGOING WAIVER AND FULLY UNDERSTANDS IT.

I further state that I have read the foregoing release and know the contents thereof, and sign the same as my own free act and it is my intention to be legally bound hereby.

Signed, sealed and delivered this _____ day of _____ 20__ in Lexington, Kentucky.

Caution: Read before signing below. All parents/legal guardians MUST sign. Witnesses MUST be at least eighteen (18) years of age.

Student's Name: _____

Witness Signature _____

Parent/Legal Guardian Signature _____

Meadowthorpe Post Time Program Medical Authorization Form

Date of Birth _____ School _____

Child's Name _____ Sex _____ Age _____ Grade Entering _____

Address _____ Zip _____ Home Phone _____

Mother/Guardian _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father/Guardian _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Child lives with: Both Parents Mother Father Guardian Other: (Please List) _____

EMERGENCY CONTACTS, *MUST BE COMPLETED FOR ATTENDANCE*

Name:

Relationship to child:

Daytime Phone:

Physician's Name _____ Phone _____

Hospital preference in event of an emergency _____

HEALTH AND MEDICAL CONCERNS

List any physical limitations/precautions, allergies, recent surgery, accidents, etc.

Please check any of the following your child presently has or has a history of:

Diabetes Heart condition/heart surgery ADHD Asthma Epilepsy/seizure

Need special accommodation due to food allergies/disability, etc.,

Please describe:

Other (Please Specify) _____

If medication is taken on a daily basis please alert Site Director on first day of camp, of the medication to be administered by staff. Appropriate forms will be filled out at that time. Please list child's current medications:

Additional Important Information:

- Your child's name and name of medication must be clearly marked on the original pharmacy container.
- Site Director will maintain a medication log as to date, time given, etc.
- It is the parents'/guardians' responsibility to inform staff of any changes in writing in your child's medication and to sign daily medication authorization.

Signature of Parent/Guardian _____ Date: _____

POST TIME CHILD RELEASE AUTHORIZATION

Please list all persons including parent(s) with whom they live who are authorized to pick up the child. Only parent/guardian who has enrolled the child is allowed to make changes to this form and can only do so by written confirmation.

(Note: All persons must be at least 16 years old.)

Child's Name: _____

1. Name _____ Relation to Child _____ Phone _____

2. Name _____ Relation to Child _____ Phone _____

3. Name _____ Relation to Child _____ Phone _____

4. Name _____ Relation to Child _____ Phone _____

5. Name _____ Relation to Child _____ Phone _____

ANY CHANGES IN THIS FORM MUST BE RECEIVED IN WRITING.

If a medical emergency arises, I/We authorize the staff to contact local Paramedics to provide emergency medical attention for my child. I understand that the staff will make every effort to contact me as soon as possible in the event of an emergency. I/We accept full responsibility for all financial costs that are a result of our child receiving medical treatment not covered by our personal insurance.

Parent Signature _____ Date _____

Meadowthorpe Post Time Program

Parent Handbook:

Post Time is a fully licensed, exciting program designed to provide activities for your child at a reasonable cost. It offers student enrichment opportunities to include educational support, positive socialization skills and a variety of leisure activities. Meadowthorpe's Post Time program is licensed by the state of Kentucky. This handbook has been designed to provide you with important information and the policies of the Post Time program.

Administration and Staff:

The Post Time program is staffed with a site director who is fully employed by Meadowthorpe Elementary. This person is responsible for close communication with the school principal, staff and participating students. The site director will also ensure quality in program curriculum and will provide continuity between Post Time activities and all regular school policies with regard to student conduct.

Program staff will include school staff, college students and other individuals skilled in various leisure activities. These individuals will program the daily activities and provide the recreational support. All site personnel will receive adequate in-service training, background checks and a TB Skin Test prior to employment.

Activities:

Both indoor/outdoor learning opportunities are provided with time for active play as well as homework help, time to relax, read, and participate in quiet activities. Activities include arts and crafts, recreational games, music, drama, science experiments, and nature activities. Weather permitting; the students will spend time outdoors. Please dress your child(ren) appropriately for the outdoors.

Costs:

A \$30 registration fee, plus first week's tuition is due with the application for the school year. The maximum registration fee per family is \$40. Below is a list of the weekly fees.

Full time = \$50.00 4-5 days/week
less/week

Part time = \$35.00 3 days or
less/week

All weekly fees are due each Monday for the following week. Please give your checks (payable to Meadowthorpe Elementary School) to the site director or program secretary. A \$5.00 late fee per day will be assessed to all payments received after 6:00 p.m. on Monday. Please keep your weekly fees current: your child will lose his/her spot in the program due to a delinquent account. Your tuition pays for direct operating costs of the program. When you enroll, you are reserving the staff, space and provisions for your child(ren). Therefore, you are responsible for payment whether or not your child attends. Written notice must be submitted to Post Time two weeks prior to a child's last day of attendance. This enables the staff to offer space to prospective families that may be in need of the program. Reentry into the program at a later time will be available only if space permits. If you drop the program without adequate notice, your account will be charged accordingly and you will not be able to re-enroll until this is paid. In the event of inclement weather days, the payment amount and schedule does not change. Charges will still be applied and simply be transferred to the additional make-up days later in the school year. (All inclement weather days MUST be made up.)

Program Closings:

Post Time services are not available on holidays, Records/Conference, Professional Development, or snow days. The program is offered only on days Fayette County Public Schools are in session.

Arrival and Pick-up:

An adult (minimum of 16 years old) must sign each child out of the Post Time program daily. Failure to sign out can result in the termination of Post Time services. Parents must enter their child's departure time on the sign out form. Parents/Guardians or an authorized person must accompany the child from the Post Time site. Closing time is 6:00 p.m. *Should a child be picked up after the closing time, the parent or guardian is assessed a penalty of \$5.00 at 6:05 p.m. A \$2.00 charge for every additional minute the parent is late per child. This fee is to be paid when the child is picked up.* If not paid at time of pick-up, it will be tacked onto the next weekly tuition fee. After 6:00 p.m., if a parent has made no contact, a responsible party from your emergency contact list will be contacted to come to the site and pick up your child. If no one is available from your emergency list, the local police will be contacted at 7:00 p.m. and the child will be taken into protective custody until a parent can be located. Failure to pick up your child by 6:00 p.m. on a regular basis is grounds for dismissal from the POST TIME program.

The only persons allowed to pick up a child are those indicated on the child's authorization form. The staff has the right to ask for proper identification and to refuse to release the child if a person is not on the child's authorization form. If someone other than the parent or guardian is to pick up the child, a signed note must be sent to the site and it must be indicated on the sign in/out form for your child for that day.

Illnesses:

POST TIME cannot provide for sick children. Please do not send your child to the program if they are ill. We are concerned for the health and welfare of each child; therefore, we require that your child be picked up as soon as possible in the event that they become ill at the program.

Behavior Management:

Standards of behavior in the POST TIME sites parallel those in the school classroom. Children are expected to respect the staff and to follow the rules. All rules are directed toward avoiding injury to persons or property while insuring fairness. To insure a safe, courteous and positive environment, it is necessary to firmly deal with unacceptable behavior. Discipline in POST TIME is assertive rather than aggressive. A disruptive child may be removed from a group situation to regain self-control or be denied a privilege. The goal of the program is for children to accept responsibility for their own behavior, both the rewards and consequences. Any form of discipline that would impair a student's self-respect is avoided. In the event that a child's behavior endangers another's welfare, is destructive to property, or disrespectful to authority, they will be given a discipline referral with a copy given to the parent. In the event that the site director deems it necessary, parents may be called to pick up their child immediately. Three discipline referrals during the school year will result in the child being dismissed from the program, followed by a 6-month ineligibility to re-enroll. Please help us provide a safe, courteous environment for all students and staff by emphasizing appropriate behaviors at home and by supporting the POST TIME staff in the event that a discipline problem may arise. Our goal is to assist children in learning to take responsibility for their actions and receive the natural rewards and consequences that their actions may bring. Behavior management is a day-to-day lesson in learning to make correct choices as well as learning how to interact positively with both children and adults.

Emergency Situations:

In the event of an emergency or natural disaster, the following procedures will be in effect. All children will follow the school site disaster plan that is posted. All children will be kept at the school until they are picked up by the parent or other authorized person. A person authorized by the parent to pick up a child will be asked to present identification to the staff. Should it be necessary to evacuate children from the school, the evacuation site will be posted on the school door and every effort will be made to contact parent or guardians. Staff members will remain at the site with the children until they are released to the parent or authorized person. Please keep the emergency information sheet in your child's file current to assist the POST TIME staff in the event of any emergency.

POST TIME Civility Policy:

It is the intent of The POST TIME Program to provide a positive environment for socialization as well as learning. To that extent, every adult that comes through the doors becomes a role model for positive socialization skills and effective problem management. The POST TIME Program reserves the right to deny service to any child whose family members or associates do not exhibit the appropriate behavior for an environment of growth and learning. All parents and associates are reminded that displays of anger, inappropriate behavior, and physical abuse can result in the termination of services to that entire family. The first infraction will be greeted with a warning to inform the family that a second infraction will result in termination of services. The POST TIME management staff reserves the right to determine what constitutes an infraction. Swearing, threatening gestures, raised voices, and intoxication are several good examples. Serious infractions may be referred to the proper authorities.

Tax Information:

The Meadowthorpe POST TIME tax ID number is 61-6001059. The address for Meadowthorpe Elementary is: 1710 North Forbes Road, Lexington, Kentucky 40511. We will not automatically send out yearly statements. Please save your cashed checks for your records. Receipts are available weekly from the site director or secretary for your childcare costs.

If you have any questions or concerns, please call the Meadowthorpe Elementary office at (859) 381-3521

