

A+ School Age Registration Forms

Updated March 2018

Child's Name _____

Grade in School _____ School Name _____

Age _____ Birthdate _____ Sex _____

Parent's Name _____

Cell Phone _____ Business Phone _____

Parent's Name _____

Cell Phone _____ Business Phone _____

Street Address _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address (required) _____

Emergency Contact:

Name and phone number of the person who would assume responsibility for your child in the case of an emergency. (This will be used only when we are unable to get in touch with you.)

Name _____ Phone _____

Medical Information:

Family Physician _____ Phone _____

Are there any medical issues or allergies that we should be made aware of? _____yes _____no

If yes, please list:

The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant permission for any emergency treatment and hospital services that may be rendered to said minor under the general direction of any hospital emergency department physician.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Family/Custodial Information:

Are parents married? _____ Yes _____ No

If parents are divorced, is there joint custody of the child? _____ Yes _____ No

If yes, please include the name and phone number of the other parent.

Name _____

Phone _____

Do both parents have the authority to pick up the child? _____ Yes _____ No

If no, A+ needs to have a copy of the pertinent court documents on file.

Other pertinent information:

A+ TRANSPORTATION AGREEMENT**Arrival of Child:**

I agree that my child _____ can be picked up by A+ transportation or
(child's name)
the TTUSD bus and brought to the A+ Program.

Release of Child:

_____ will be picked up by parent or designated adult listed below.
(Child's Name)

Please list names and phone numbers of any designated adults allowed to pick-up your child.

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

5. _____ Phone Number: _____

Pricing Information

Tahoe Lake Elementary

Transitional Kindergarten & Kindergarten

After School: \$15.00 per child per day

Minimum Day: \$20.00 per child per day

First – Fourth Grade

After School: \$9.00 per child per day

Minimum Day: \$20.00 per child per day

Creekside Cooperative Charter School (Transitional Kindergarten – Eighth Grade)

After School: \$7.50 per child per day *(plus a \$5.00 per day transportation fee)*

Minimum Day: \$20.00 per child per day *(plus a \$5.00 per day transportation fee)*

Kings Beach Elementary (Transitional Kindergarten – Fourth Grade)

After School: \$7.50 per child per day

Minimum Day: \$20.00 per child per day

North Tahoe Middle School (Fifth Grade – Eighth Grade)

After School: \$4.50 per child per day

Minimum Day: \$20.00 per child per day

Other Fees for All Schools

Full Day Care: \$35.00 per child per day

Half-Day Care: \$20.00 per child per day

Care for a delayed start: \$7.00 per child per day

***NOTE: If parents are not married, the initials of each parent are required.**

Services Offered

The A+ School Age Program is for children in transitional kindergarten (TK) through eighth grade. We provide service to the following schools: Tahoe Lake Elementary School, North Tahoe School, Creekside Cooperative, and Kings Beach Elementary School. During the After-School Program, we provide a nutritious snack, homework assistance, educational enrichment activities, social opportunities, and recreational time. We are open for full day care on snow days (as long as we have electricity) and various school holidays. For information on our summer program, please visit our website at fbctahoe.com. **Students who attend TTUSD schools are required to purchase a bus pass. If not, parents will be required to bring children to the program.**

(Initials)

(Initials)

Admission Policies

Healthy children will be admitted and accorded equal treatment and access to services without regard to race, religion, color, national origin, or ancestry. The A+ School Age Program are for children in transitional kindergarten through eighth grade.

The following forms must be completed and turned in to A+ **BEFORE** your child may be admitted into the program: a signed Admissions packet, Notification of Parents' Rights, Personal Rights, Identification and Emergency Information, Consent for Emergency Medical Treatment, Pre-admission Health History.

(Initials)_____
(Initials)**Days and Hours of Operation**

Monday through Friday 7:30 a.m. - 5:30 p.m.

(Initials)_____
(Initials)**School Closings**

I understand that A+ Before and After School Program will be closed on various days throughout the year in honor of holidays, as well as for staff trainings and building maintenance. Please visit our website for these dates.

(Initials)_____
(Initials)**Absences**

I understand that on a day that my child is unable to attend, it is my responsibility to notify A+ as soon as possible.

(Initials)_____
(Initials)**Illness**

I understand that I will be contacted should my child become ill (according to our health policy) while at A+. I agree to pick up my child promptly upon such notification. I also understand that my child cannot attend A+ on a day in which he or she is ill.

(Initials)_____
(Initials)**Communicable Disease**

I understand that I must inform A+ within 24 hours, or the next business day after my child or any member of our immediate family has developed any communicable disease. I also understand that life-threatening diseases must be reported immediately.

(Initials)_____
(Initials)

Sign-In / Sign-Out

California law requires a Sign-In/Sign-Out record. We become responsible when you check your child in, and you resume responsibility when you check your child out. (The person signing your child in or out must be 18 years of age or older and be listed on the approved list of adults designated to pick up your child.) Chronic indifference to proper check-in and check-out procedures jeopardizes your child's continued enrollment. After signing out, your child should remain with you. The staff will sign in students that arrive to the facility by bus or are picked up by an A+ program staff member.

(Initials)_____
(Initials)**Release of Child(ren)**

I understand that my child will be released only to myself, a legal guardian, the other parent (except where prohibited by court order), and to those persons whom I have designated on my transportation agreement. I understand that I must notify A+ if someone other than those listed on the transportation agreement will be picking my child up. That person will be required to show a picture ID.

(Initials)_____
(Initials)**Emergency Contacts**

I understand that I am required to maintain at all times, at least one additional emergency contact other than myself, including full name, and phone numbers. I understand that in the event of an emergency for which neither I, nor my emergency contact can be reached, the staff may contact police or other emergency authorities.

(Initials)_____
(Initials)**In the Event of an Emergency**

In the event of an emergency, if I cannot be reached, A+ has my permission to have my child transported to a local hospital for care. I will not hold A+ or its employees liable. I understand that I am responsible for all expenses incurred.

(Initials)_____
(Initials)**Change of Information**

I understand that during my child's enrollment at A+ Program, it is my responsibility to inform A+ of any changes to information on my child's admission packet. This includes but is not limited to the following information: emergency contact, home address, parent contact information, medical conditions, transportation agreements, liability agreements, and pick-up authorizations.

(Initials)_____
(Initials)**Violent or Unsafe Behavior**

I understand that I will be contacted should my child display violent, unsafe, or continually inappropriate behavior. I agree to pick up my child promptly upon such notification.

(Initials)_____
(Initials)

Financial Policies

Tuition

Tuition will be billed at the end of the month for the days used. Payment is due 15 days after the invoice date. Chronic late payment will lead to dismissal. **Tuition is subject to change with a month's advance written notice.**

(Initials)

(Initials)

Rights of the Licensing Agency

The Department of Social Services licensing department has the authority to inspect, as specified in the Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535, and the authority to interview children attending A+, or A+ staff without prior consent. This authority includes the right to inspect, audit, and copy the child's records upon demand during normal business hours.

(Initials)

(Initials)

Terms of this Admission Agreement

This admission agreement is valid until your child ages out of the program, the child is withdrawn from the program, or the child is terminated from the A+ program.

(Initials)

(Initials)

Conditions of Termination

As mentioned above, A+ has the right to terminate this agreement and ask a parent to withdraw enrollment, if any of the following occurs:

- The child presents a health or safety threat
- Repeated discipline problems
- Lack of parental cooperation
- On-going late pick up
- Inappropriate parental behavior to children, teachers, or staff
- Chronic lack of payment

(Initials)

(Initials)

Sunscreen Utilization Permission Form

I agree to apply sunscreen to my child (name above) before dropping him/her off at A+. I also agree to send sunscreen with my child and understand that I am responsible for ensuring A+ staff have enough sunscreen for my child to use for the entire day.

(Initials)

(Initials)

I give permission for staff at A+ to apply a sunscreen product to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

(Initials)

(Initials)

Photo Release

I, (parent's name, please print) _____, give A+/FBCTC the absolute right and permission to use my child's photograph(s) in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ads, electronic media (e.g., video, internet, etc.), or other forms of promotion. I release A+/FBCTC from liability for any violation of any personal right I may have in connection with such use. I understand that my child's name and/or address will not be published in any form.

Parent/Guardian Signature: _____

Waiver Of Claims & Indemnity Agreement

I give my permission for my child(ren) to go on field trips with transportation provided by First Baptist Church of Tahoe City and its staff. I am aware of the nature of the activity(ies) for which my child(ren) is participating in at First Baptist Church Tahoe City children's programs (including but not limited to Big A Club, A+ Programs, Big A, PNO, MMO and Preschool Program) and understand that accidents and injuries may occur as a result of participation in said activity(ies). I hereby waive any claims against, and agree to release and discharge in advance First Baptist Church of Tahoe City, its council, members, volunteers and employees from any and all liability for personal injury, death, or property damage my child(ren) may have, or which may hereafter accrue my child(ren) as a result of such participation, even though that liability may arise out of First Baptist Church Tahoe City or its employee's negligence or carelessness. I further agree that this waiver, release and assumption of risk is to be binding upon my and my child(ren)'s heirs and assigns. I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses and expenses, including attorneys' fees, which they may incur as a result of my child(ren)'s participation in the program(s).

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN FIRST BAPTIST CHURCH TAHOE CITY AND ME, AND I SIGN IT OF MY FREE WILL. CONTRACT VALID UNTIL MY CHILD AGES OUT OF THE PROGRAM OR IS TERMINATED FROM THE PROGRAM.

Parent/Guardian Signature: _____

Date _____

Final Agreement

I have read, understand, and will comply with the policies and procedures included in this Admission Agreement and in the School Age Parent Handbook (available for download at www.fbctahoe.com).

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Program Director and Licensing Information

We are fully licensed by the State of California
License Number – 313 609 613
A+ Program

P.O. Box 7452
390 Fairway Drive
Tahoe City, CA 96145
A+ Office – 530.583.1534
Church – 530.583.7458
Fax – 530.583.9071
Website- www.fbctahoe.com

A+ Directory
Jayme Blanton
jayme@fbctahoe.com