



<u>STAFF USE</u>	
Reg. Fee	_____
Start Date	_____
End Date	_____

Friendship Company Before and After School Program
Application
 2008-2009

This form must be completed and returned to Friendship Company Staff before child's first program attendance.

Child's Name: _____ Date of Birth: _____

Home Address: _____ Phone #: _____

City: _____ Zip: _____ Grade: _____ Teacher's Name: _____

Mother's Name: _____ Home Address: _____

If different from child.

Phone #: Home _____ Work _____
 Cell Phone or Pager # _____ email _____

Father's Name: _____ Home Address: _____

If different from child.

Phone #: Home _____ Work _____
 Cell Phone or Pager # _____ email _____

Emergency Contact: In case of emergency, I permit F.C. to release my child to those listed below:

_____	_____	_____
Name/Relationship	Address	Phone #

_____	_____	_____
Name/Relationship	Address	Phone #

Program Option(s) to be reserved for this child*: (There is a non-refundable Registration Fee of \$20.00 for each child per year).

***Because space is being reserved for your child, you will be charged each week for the option(s) you mark, even if your child does not attend. Unless we have written notification.**

- OPTION A** AM only
Hourly Rate \$ 5.00/Daily
- OPTION B** AM only
Weekly Rate \$20.00/week
- OPTION C** PM only
Hourly Rate \$ 5.00/hour
- OPTION D** PM only
Weekly Rate \$40.00/week
- OPTION E** AM & PM
Weekly Rate \$60.00/week

EMERGENCY CARE: AM or PM
 Hourly Rate \$ 5.00/hour
One time only.

2nd time attenders-
You will be charged a \$20.00 registration fee plus the hourly rate. An enrollment packet will be sent home to be completed.

____ Check here if you would like to have your weekly charges Emailed to you. Otherwise you will pick them up in the Friendship Company room on Thursdays.

Are there any physical or medical conditions which require observation by staff, avoidance of certain items, or special adaptations or equipment? Yes No

If "yes", please explain: _____

List any food allergies or special dietary needs: _____

Are any medications taken at any time during the day for behavior? Yes No

If "Yes", please list medication(s) and explain: _____

PART 1: Everyone must complete.

I hereby grant permission to F.C. to release my child to the following individuals (child will be released only to those persons listed below:

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____
4. _____ Phone #: _____

X _____
Parent/Guardian Signature Date

PART II: Walkers only complete.

I hereby grant permission to F.C. to release my child to walk home at _____ p.m. (Parents are requested to pick up, in person, at least one time per week.)

PART III: Completion is optional.

I hereby grant permission for my child to take routine walking trips in the vicinity of the F.C. program site, and I release the School Board and employees from any and all liability of any kind which may arise during or related to the trips except liability for damages or injuries caused by sole negligence of F.C.

X _____
Parent/Guardian Signature Date

FRIENDSHIP COMPANY

LETTER OF AGREEMENT

A parent Handbook, which contains detailed information on F.C. policies and procedures, will be available on my child's first day of attendance. I agree to obtain and read the Parent Handbook. I will keep myself informed of any modifications noted in the F.C. newsletter or at the parent table. I agree to abide by the requirements listed below as well as all rules set forth in the Parent Handbook, and any modifications. In return, F.C. agrees to provide care for my child which meets the standards and guidelines of the Parent Handbook and is in accordance with all applicable city, state, and federal regulations. This agreement is for all F.C. programs and some may not apply to your child.

1. My child may not attend any F.C. programs until all necessary forms are completed and on file.
2. F.C. is not in session when schools are closed. I must also make alternate arrangements for emergency school closings and emergency early dismissals (e.g. snow days, facility problems).
3. The before school program will NOT be in session at regular time if school is delayed due to inclement weather, but will be in session one (1) hour before school begins. F.C. will NOT be in session if school is closed.
4. The registration fee is non-refundable.
5. I am responsible for payment for my child's reserved attendance days whether or not my child attends F. C. on those days.
6. Friendship Company tuition is due each week. If payment is not received by the last school day of each week (by 6:00 pm), I will be assessed a \$5.00 late payment fee. If payment is more than two weeks overdue, my child may be dropped from the program until accounts are paid to date. At that time, he/she may be reinstated if space in the program permits with payment of an additional registration fee.
7. Payments are to be made by check or money order; a \$25.00 fee will be assessed for each returned check. Change will not be given. You will receive a credit to your account.
8. The F.C. program ends at 6:00 PM and we ask that all children be picked up by that time. Since our staff is not expected to remain after that time, at 6:01pm a late fee of \$20.00 per child will be charged to your account. At 6:16 you will be charged an additional \$1.00 per minute per child. If you should have two (2) late pick-ups after 6:00PM your child(ren) will be un-enrolled from Friendship Company for 20 school days. If a child has not been picked up by 6:30, and attempts to contact a parent have been unsuccessful, the Police Department and/or Franklin County Children's Services will be called. F.C. reserves the right to terminate enrollment for recurrent lateness.
9. Children are to be accompanied in and out of the program by the parent or pick-up person. The parents must sign/clock in the child each day

10. I must inform a staff member or leave a message at my site before 2:00 pm if my child is not attending on his reserved attendance days.
11. Two weeks advance written notice is required when withdrawing my child from the program. If two weeks advance notice is not given, I will pay for two weeks from the time notice is given.
- 12. If my child is posing a serious or recurrent discipline problem, which cannot be resolved, he/she may be suspended or expelled from any of the F.C. programs and may not seek entrance in future years. Payment is due for the time a child is suspended.**
13. Conferences may be held with F.C. personnel upon request of a parent or guardian.
14. The Academy has a Student Directory of current families. If you would like a copy the cost is \$2.00 and contains a listing of names and phone numbers, unless the student's family has informed the Academy, in writing, of their objection.
15. Photographs of the children participating in the F.C. program may be taken periodically and may appear in newspapers, videos, or other publicity materials unless I inform F. C. in writing of my objections.
16. I will notify F.C. of any changes in my registration information (e.g. address phone number, place of employment, etc.).
17. Friendship Company can be contacted during F.C. hours (7:00am to 6:00pm) at (614) 861-4295 or contact the school office at (614) 866-6789 and leave a message in the F.C. mailbox (ext. 209).

Signature of Parent/Guardian _____ Date _____

Names of Enrolled Children and grade(s) _____

Revised 08/08

EMERGENCY MEDICAL AUTHORIZATION

School Brice Christian Academy STUDENT NAME _____

Address _____ City _____ Zip _____

Date of Birth _____ Grade _____ Home Phone _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____

Other # _____

Father's Name _____ Daytime Phone _____

Other # _____

Name of Relative or Childcare Provider _____

Relationship _____ Address _____ Phone _____

PART I or II MUST BE COMPLETED

Part I - To Grant Consent

I hereby give consent for the following medical care providers & local hospital to be called:

Physician _____ Location _____ Phone _____

Dentist _____ Location _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
- (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted: _____

Signature of Parent/Legal Guardian _____ Date _____

Address _____ City _____ Zip _____

Part II - Refusal To Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____ Date _____

Address _____ City _____ Zip _____

PLEASE READ OTHER SIDE

SECTION 3313.712, OHIO REVISED CODE
(Pursuant to Am. H.B. 1175)

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, have provided to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide the parent or legal guardian of such pupil, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent or guardian, authorities of the school in which the pupil may be enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent or guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: (See reverse side)

- PLEASE COMPLETE OTHER SIDE -

SAFE FUN

Every person in Friendship Company has two important goals:

- 1: to be safe
- 2: to have fun

I agree to follow these guidelines and to do my part to make these goals happen.

Play safely.

- Keeping our hands and feet to ourselves
- No biting, punching, pushing, or shoving
- Don't throw things at anyone for any reason

Respect others.

- Talk in a respectful manner
- Stop when someone asks you to
- Do not tease or make faces at our friends
- Try not to interrupt

Respect Brice Church and Academy property

Do not leave Friendship Company without staff or parent permission.

Member signature _____

Parent signature _____

Date _____