

MARY JOHNSON CHILDREN'S CENTER SCHOOL AGE PROGRAMS

ONE CHILD PER FORM/ ONE FORM FOR EACH CHILD is required.
 ~~This Enrollment Form is valid for one calendar year from the date of enrollment~~

Please CIRCLE which summer site is requested below.

SUMMER 2020 PROGRAM SITE:

BRISTOL	MIDDLEBURY
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Child's Legal Name: _____ Preferred Name: _____
 Date of Birth: _____ Age: _____ Date of Enrollment: _____

Parent/Guardian Name: _____ Relationship to Child _____

Best Phone #	2 nd Phone #	Employer	Work Phone #
Mailing Address:		E-Mail:	

Parent/Guardian Name: _____ Relationship to Child _____

Best Phone #	2 nd Phone #	Employer	Work Phone #
Mailing Address:		E-Mail:	

EMERGENCY CONTACT PERSONS: These are the persons to be contacted in case of an emergency if parent(s) or guardian(s) cannot be reached. These must be someone in the local area, within 20 minutes' distance if possible, in case this child needs to be picked up due to illness, etc.

Name	Best Phone #	2 nd Phone #	Work Phone #	Address



IN CASE OF EMERGENCY

IF parents/guardians or above-named person(s) cannot be contacted, AND the situation calls for immediate attention, I HEREBY AUTHORIZE MJCC SCHOOL AGE PROGRAM STAFF TO SEEK EMERGENCY MEDICAL ATTENTION FOR THIS CHILD.

SIGNATURE: _____ DATE: _____

CHILD'S Physician and Dentist

Doctor's Name:	Doctor's Phone Number:
Dentist's Name:	Dentist's Phone Number:

Does this child have any ALLERGIES? ____ If yes, please list: _____
 Are any MEDICATIONS taken on a regular basis? ____ Please list with dosage and frequency:

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PERMISSIONS:

PICK-UP: This is the list of **all** who may pick up this child—parent/guardian, siblings, neighbors—**ALL persons**. The SCHOOL AGE PROGRAM will not release your child to anyone except the persons listed here, and on page 1, unless written or verbal permission is provided, for your child's protection. THESE PERSONS SHOULD BE PREPARED TO FURNISH CURRENT IDENTIFICATION IF ASKED BY PROGRAM STAFF, to ensure safety of the child.

I GIVE PERMISSION FOR THE FOLLOWING INDIVIDUALS TO PICK UP MY CHILD FROM THE SCHOOL AGE PROGRAM:

NAME:	PHONE NUMBER(S)	Relationship to Child

Parent/Guardian Signature: _____ Date: _____



Parent/Guardian Access Information:

Families always have access to their child, their child's files, and, within reason, to the Program staff. MJCC School Age programs recognize that in most situations, both parents have a legal right to be a part of their child's life.

MJCC programs deny parent/guardian access to a child **only** if there is a legal document on file at the program site and the MJCC office.

If there are any individuals not LEGALLY permitted access to this child, list below:

Parent/Guardian Signature: _____ Date: _____

1). I give permission for the staff of the SCHOOL AGE PROGRAM to **administer Children's Tylenol** in the event that I cannot be reached, and my child has a fever of 101 or above.

Parent/Guardian Signature: _____ Date: _____

2). I give permission for the SCHOOL AGE PROGRAM STAFF to access my **child's immunization records** from the VT Department of Health database (immunization records only).

Parent/Guardian Signature: _____ Date: _____

3). I understand that occasionally **photographs** might be taken of children in school age programs. I give permission for photographs including my child to be used in brochures, magazine/newspaper or other publicity materials, without payment to me.

Parent/Guardian Signature: _____ Date: _____

4.) I give permission for (please check and sign):

My child to go on **field trips, off-site hikes, etc.**, with the understanding that adequate adult supervision will be maintained, and that safe transportation, if needed, will be provided.

My child to **SWIM** with the SCHOOL AGE PROGRAM—advance notice provided.

SCHOOL AGE PROGRAM STAFF to apply: **Sunscreen** **Insect Repellant**

Parent/Guardian Signature: _____ Date: _____

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Health Information:

A). Has this child ever had an **allergic reaction**? Yes ____ No ____

If yes, please describe warning signs or indicators of the allergic reaction that might be observable in your child in the event of accidental contact with the cause of the reaction here.

Please speak to a site director about the specifics of the reaction, and provide written directions for staff, if appropriate and necessary.

B). Does this child have any **medical conditions/ diagnoses**? Yes ____ No ____

If yes, please detail or describe here.

If you are unsure about whether this child's situation needs to be shared with staff, please speak with a site director to clarify.

EXCHANGE OF INFORMATION (please check and sign/date):

I give permission for the SCHOOL AGE PROGRAM staff to share information in the best interest of this child with school staff school counselor other team members

I give permission for school staff school counselor other team members to

Exchange information in the best interests of this child.

Parent/Guardian Signature: _____ **Date:** _____

(Permissions granted here are valid for one year from the date listed above.)

Family Information:

The SCHOOL AGE PROGRAMS ask for a bit of information about family relationships and people that are important in their lives, to best serve this child. For safety and legality, we ask for brief, clear answers to the following questions:

A). Does this child have any siblings? Yes ____ No ____

If yes, please list their names and ages:

B). Are this child's parents/guardians – Separated? Yes ____ No ____ Divorced? Yes ____ No ____

If appropriate, briefly describe this child's custody and/or visitation arrangements.

Please note: If one parent/guardian is not allowed to pick up this child, or to have access, we must have a copy of legal documentation stating this in the child's file. (see Parent/Guardian Access on page 2 of this form). Please advise of any changes as they occur during the year.

C). Please describe the important people in this child's living situation, (as a part of this child's extended family, relatives, living together with others, etc., for examples.

School Information at time of enrollment: School Child is Attending: _____

Grade Completed By start of Summer Session: _____ **And** Grade for School Year: _____

Does this child receive specialized services at school? Yes ____ No ____

Individualized education Plan (IEP)/ learning specialist/classroom assistant/counselor? Yes ____ No ____

If yes, how may SCHOOL AGE PROGRAMS meet special needs?

**MARY JOHNSON CHILDREN'S CENTER
SCHOOL AGE PROGRAMS**

Please check your enrollment form for accuracy and completeness. ***This becomes our best record of your child's information, and is required by our licensing agency, the Vermont Child Development Division.*** You will receive confirmation of your child's official acceptance from MJCC School Age Programs.

I understand the questions asked in this form (pages 1-3), and I have completed them fully and correctly. I understand that my child is not enrolled until this form and any other necessary documents are on file with Mary Johnson Children's Center School Age Programs.

Parent/Guardian Signature: _____

Date: _____

General Interest Survey Questions:

- 1) How can we best meet the needs of your child?
Likes _____.
Dislikes _____.
My child is fearful of _____.
Interests? Talents? Skills? _____

- 2) How long will your child spend at an activity he or she enjoys?

- 3) What techniques work best when your child is upset?

- 4) How does your child tend to enter group experiences?

- 5) Can your child express himself/herself verbally so that others are able to understand him or her? If not, how does your child communicate with others?

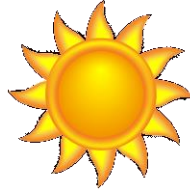
- 6) Any other information you would like our staff to know?

~~ AFTER SCHOOL CARE 2020-2021 ~~

I wish to enroll this child in the _____ After School Program for the fall of 2020. I verify the information on this form is current and up-to-date for the school year. **I understand that a separate school-year tuition agreement (page 7) must be signed to complete school-year enrollment.**

Parent/Guardian Signature: _____ Date: _____

**MARY JOHNSON CHILDREN'S CENTER
SCHOOL AGE PROGRAMS**



**Tuition Agreement
SUMMER 2020**

For MJCC Use: Deposit Received _____ Date _____ Amount _____ Check # _____ Initials _____ STAMP BELOW

Mary Johnson Children's Center is a nonprofit corporation which is dependent upon tuition fees to cover salaries and other expenses. Fees must be paid regularly and promptly.

TUITION IS DUE REGARDLESS OF ATTENDANCE.

Staff is assigned and programs developed based on the numbers of children enrolled on a daily basis. Tuition is based on the total yearly costs of the program, payable weekly as a convenience to parents.

NOTIFICATION OF CHANGES MUST BE GIVEN TO THE SCHOOL AGE CARE PROGRAMS DIRECTOR AT THE MJCC OFFICE.

Parents may change a schedule, or withdraw a child at any time, with the required two weeks' notice. Parents wishing to withdraw their child, but who fail to provide two weeks' notice will be liable for the last two weeks' tuition.

TUITION ADJUSTMENTS:

For families with two or more children attending, the cost after the first child is \$25 for the second and each additional child attending per day. If you have questions, call MJCC, at 802-388-2853.

RATES		
Full Day:	per day	\$ 37.00
Full week enrollment (5 full days):	per week	\$185.00

POTENTIAL SURCHARGE FOR LATE PAYMENTS:

The Board of Directors has determined that in order to avoid late payment of tuition, and remain equitable to all parents and guardians, A SURCHARGE OF 10% MAY BE ASSESSED AGAINST ANY PARENT OR GUARDIAN WHO IS MORE THAN 30 WORKING DAYS LATE IN PAYING AMOUNTS DUE, AND WHO HAS NOT AGREED TO A PAYMENT PLAN WITH CENTER DIRECTORS. Center Co-Directors are authorized to terminate a child's enrollment for failure to pay tuition and penalty charges. In addition, the Board of Directors may act to collect overdue accounts by legal processes.



I understand and agree to the above terms and conditions.
 I hereby enroll my child _____ in the MJCC SUMMER Program.
 My child's days will be: M T W TH F
 My child's hours will be: _____ to _____
 SIGNATURE _____ DATE _____

**MARY JOHNSON CHILDREN'S CENTER
SCHOOL AGE PROGRAMS**



Summer 2020

WEEKLY ENROLLMENT

Program

Child's Name: _____ Age: _____

Parent/Guardian: _____

Address: _____

Phone: _____ E-Mail: _____



Please mark with an X EACH day of the week, and in EACH week that your child will be attending. These are the days that you will be charged the daily rate. You may change this if necessary, with the approval of the MJCC School Age Programs Coordinator. (schoolage@mjcvt.org)

WEEKS	Monday	Tuesday	Wednesday	Thursday	Friday
WK #1 June 29 – July 3					NO PROGRAM Holiday
WK #2 July 6 - 10					
WK #3 July 13 - 17					
WK #4 July 20 - 24					
WK #5 July 27 – July 31					
WK # 6 Aug 3 - 7					
WK #7 Aug 10-14					



I understand and accept these conditions and charges, and agree to pay for the days my child is enrolled. I understand any changes must be approved by the MJCC School Age Programs Coordinator.

Parent/Guardian Signature: _____ Date: _____

**MARY JOHNSON CHILDREN'S CENTER
SCHOOL AGE PROGRAMS**

**FOR SCHOOL YEAR
ENROLLMENT
ONLY**

**COMPLETE THIS
FORM
AND
AFTERSCHOOL
INFO
VERIFICATION
(BOTTOM of PAGE 4)**



**Tuition Agreement
SCHOOL YEAR 2020-2021**

**Program Site:
Check One**

- BRISTOL
- MIDDLEBURY
- SALISBURY
- STARKSBORO
- WEYBRIDGE

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RATES

Daily Afterschool Rate:	\$ 18.00
Vacation Day/Extended Day (full day): per day	\$ 37.00
Full week enrollment (5 full days): per week	\$185.00

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- I understand and agree to the above terms and conditions.
- I hereby enroll my child _____ in the _____ AFTERSCHOOL Program.

My child's days will be: M T W TH F

My child's hours will be: _____ to _____

SIGNATURE _____ DATE _____