2020-2021 Prime Time for Kids Application

**Start Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** Revised 1/7/19

**IREDELL-STATESVILLE SCHOOLS - PRIME TIME FOR KIDS**

Application for Before and After School Child Care Program

**Please print clearly. ALL BLANKS MUST BE COMPLETED. Return to the PRIME TIME DIRECTOR at school of attendance. ALL PARENTS MUST MEET WITH PRIME TIME STAFF BEFORE STUDENT BEGINS ATTENDING.**

**\*\*\* Registration Fee: $25 Due at the time application is submitted. \*\*\***

Child's Name

(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M F Classroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prime Time Attendance Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School Name)

**Plan of Care:** check one: \_\_\_\_\_ A.M part-time (3 days or less per week) \_\_\_\_\_ A.M. full-time

\_\_\_\_\_P.M. part-time (3 days or less per week) \_\_\_\_\_ P.M. full-time \_\_\_\_\_a.m. & p.m.

**If any of the following information changes during the year, please notify the Prime Time Site Director immediately**.

Child's Street Address:

City, State, Zip:

Mother/Guardian: \_\_\_\_\_\_ Father/Guardian: \_\_\_\_\_\_

Street Address: Street Address:

City, State, Zip: City, State, Zip:

Phone: (h) (w) Phone: (h) (w) \_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: .\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: Place of Work: \_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parents are divorced, who has custody? Mother Father \_\_\_Joint Custody

Prime Time for Kids Application, Page 2 Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Developmental History** **Mark YES or NO for each question. Explain all YES answers below**.

\_\_\_\_\_ Has child ever been hospitalized? \_\_\_\_\_ Any history of convulsions?

\_\_\_\_\_ Does child get motion sickness? \_\_\_\_\_ Any developmental delays (describe)

\_\_\_\_\_ Any previous diseases or illnesses? (list/describe below) \_\_\_\_\_ Any physical disabilities? (describe)

\_\_\_\_\_ Any allergies? (list/describe below) \_\_\_\_\_ Any operations?

\_\_\_\_\_ Behavioral/emotional special needs? \_\_\_\_\_ Any history of diabetes in family?

\_\_\_\_\_ Any history of heart trouble in family? \_\_\_\_\_ Any other special needs?

\_\_\_\_\_ Is your child under a doctors care? \_\_\_\_\_ Does your child have special staff assistance during the regular school day?

Explanations for YES answers (continue on an additional sheet if necessary):

**Release Information** *Check appropriate space and provide names if applicable.*

**NO ONE** except the parents/guardians is authorized to pick up the child from Prime Time for Kids.

In addition to the parents/guardians, the following people are authorized to pick up the child from Prime Time for Kids: \_\_\_\_\_\_

**Emergency Information**

Child's Doctor: Child's Dentist:

Phone: Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Address: Address:

Hospital preference:

In the event of an emergency, if parents/guardians cannot be reached, please call the following people, who also have permission to pick up the child from Prime Time. It is important that you list at least two contact people.

Name: \_\_\_\_\_\_\_ Relationship Phone: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_\_ Relationship Phone: \_\_\_\_\_\_

The Prime Time program agrees to arrange transportation to an appropriate medical resource facility in the event of an emergency. In an emergency situation, other children in the facility will be supervised by responsible adults. We will not administer any drug or medication without specific instructions from the physician or the child's parent or guardian.

I agree that Prime Time for Kids site director may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.

**Parent/Guardian Signature: Date:**

**PLEASE NOTE: IF ANY OF THE FOLLOWING INFORMATION CHANGES, PLEASE NOTIFY THE PRIME TIME SITE COORDINATOR IMMEDIATELY.**

Prime Time For Kids Application, Page 3 Child's Name: \_\_\_\_\_\_\_

**Miscellaneous Information**

Please give any additional information concerning your child that would be important for staff members to be aware of (eating and sleeping habits, specific likes, dislikes, fears, etc.):

**Parent/Guardian Information:** Do you have any special skills, talents, or knowledge you would be willing to share with the Prime Time For Kids program at your child's school? If so, please describe:

**Insurance Information *Please check one of the statements below****.*

**Family/Private Insurance -** I have family insurance for my child to cover medical expenses resulting from accidents which might occur while my child is attending the Prime Time For Kids program.

**School Accident Insurance -** I have purchased/will purchase school accident insurance for my child and will contact the school site office at the beginning of the school year for information.

**\_\_\_\_\_\_ Other**

Insurance Company Name: Policy# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgments**

***Physical/Immunizations***: I certify that my child is enrolled in the Iredell-Statesville Schools and that a copy of a physical exam and a complete record of immunizations are on file in the school office where the child is enrolled.

***Medical Expenses***: I fully understand that the Iredell-Statesville Schools will not be responsible for medical expenses resulting from accidents which might occur while my child is attending the Prime Time for Kids program.

***Field Trips*:** I give permission for my child to be transported by a school activity bus to any activity planned by the Prime Time For Kids program. I understand that notification of field trips will be posted at the site at least one week in advance of the trip and that I should regularly check at the site for this information.

***Permission for Children's*** *Services*: (***circle one) I GIVE / DO NOT GIVE*** permission for my child to be photographed at the Prime Time site (e.g. by site staff for scrapbook or display, by journalists doing reports on child care, etc.)

**(circle one) *I GIVE / DO NOT GIVE*** permission for my child’s picture to be displayed on the website.

***Program Policies*:** I certify that I have received, read and understand the Prime Time For Kids Parent Handbook which includes the discipline/behavior management policy. I certify that I will comply with all of the policies and procedures outlined in this handbook.

***Fee Payment Policies*:** I certify that I have read and understand all fee payment policies as stated in the Parent Handbook. I understand that Prime Time payments are due in advance and that a late fee will be charged if my payment is not made by the payment deadline. Failure to pay fees in a timely manner will be grounds for dismissal from the program.

***Withdrawal Policy***: I understand that withdrawals must be made at the end of a month. Such notice must be given directly to the Prime Time site director or to the main office in writing. I understand that I am obligated to pay for the full month even if my child does not attend during that time.

**Permission for Academic Assistance**: ***(circle one) I GIVE / DO NOT GIVE*** permission for my child to receive academic assistance during after school.

North Carolina Child Care Laws and Rules: I received a copy of the North Carolina Child Care Laws and Rules when my child was enrolled for care.

***Application Forms*:** I certify that all information I have provided on this application form is true and accurate. I understand that providing false or incomplete information will be cause for dismissal from Prime Time for Kids.

**Parent/Guardian Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**