



Aftercare Registration Form

(use a separate form for each child)

Child's Name _____ Date of Birth _____

Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S

Meals Typically Served While in Care: BR MS LU AS SU ES

Parent/guardian name(s): _____

Address _____

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

Pediatrician _____ Phone _____

Hospital Preference (in case of emergency) _____

***I give permission for my child, named above, to be transported in the FantastiKids Academy of Ocala vehicles from school as well as on various field trips and from _____ Elementary School.**

Parent signature/Legal guardian _____

Any information we should know about your child

Who will be picking up your child?

Parents _____

Other (please list names and phone #s) _____

Family Password _____

Discipline Policy**Parent Initials**

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility. FantastiKids Academy of Ocala follows a discipline policy which utilizes positive behavior supports and interventions. Our teachers recognize appropriate age and developmental needs for each child and will use positive techniques to teach proper behavior interaction. A child may be removed from a classroom by a teacher or the Director but will never be humiliated or treated with disrespect. Physical punishment is never tolerated at our school. If a child's behavior continues and affects his/her well-being or that of other children, the parent will be contacted, and the child may be required to go home for the rest of the day. In addition, a parent conference may be required. If acceptable resolution or behavior cannot be achieved, termination of enrollment may occur. We will always strive to provide a nurturing and positive learning environment that is conducive for each child to learn and thrive.

Photo Release**Parent Initials**

I do I do not give FantastiKids Academy of Ocala permission to photograph my child for education and advertising purposes. I understand these photos may appear in newsletters, Facebook, on our website, at school events or even as decorations. I also understand that FantastiKids Academy of Ocala does have video surveillance for safety and training purposes only.

Sunscreen Application**Parent Initials**

I do I do not give FantastiKids Academy of Ocala permission to apply sunscreen on my child when necessary.

Confidentiality Policy**Parent Initials**

FantastiKids Academy of Ocala will maintain confidentiality and respect all families' right to privacy, refraining from any and all disclosure of confidential information except where required or permitted by law. In addition, neither staff nor administrators will disclose children's records or have verbal communication about children with other professionals. Exceptions to this policy are suspected child abuse or neglect, pursuant to a subpoena or if a child's welfare is at risk. The School is mandated to share confidential information with agencies that may intervene on the child's behalf.

Transportation/Field Trip Agreement for School Age Children (4 years-10 years)

This is to certify that I give FantastiKids Academy of Ocala permission to transport my child, _____ from _____ Elementary School for aftercare. In addition, I certify that I give FantastiKids Academy of Ocala permission to transport my child, stated above, for field trips, summer camp activities and other special events. If I choose not to have my child participate in aftercare or any events requiring transportation, I agree to notify FantastiKids Academy of Ocala in advance either by written notice (dated and signed by parent/guardian) or by phone. I am aware that if I contact FantastiKids Academy of Ocala by phone I must speak with the Director, Assistant Director or Owner(s) and messages will not be accepted.

Signature of Parent/Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accidents and if the parents cannot be reached.

Authorization for Emergency Medical Treatment for a Minor

I certify that I am voluntarily providing FantastiKids Academy of Ocala with medical insurance information for my child, named below, whom I am registering in a FantastiKids Academy of Ocala program. In the event that I cannot be reached, the physician cannot be reached or any of the alternative people I have designated for an emergency, I give permission to a representative from FantastiKids Academy of Ocala to obtain first aid and/or emergency medical care for my child including transporting my child to the nearest emergency facility. In addition, I give permission to any physician and/or emergency facility to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate medical treatment. I understand that all medical expenses for my child, named below, are the sole responsibility of the parent(s)/guardian(s).

Child's Name _____

Physician to be contacted in emergency _____

Address _____

Phone Number _____

Parent(s)/Guardian(s) preferred alternative if above physician is unavailable _____

Medical Insurance _____ Group # _____

Policy Holder Name _____ Policy # _____

Signature of Parent/Guardian

Date

FantastiKids Academy of Ocala Policy Agreement

1. I have received the above listed items and the information on this registration form is complete and accurate. Also, I have received and read the FantastiKids Academy of Ocala Parent Handbook and agree to abide by its policies.
2. I understand the annual registration fee \$ _____ is Non-Refundable. If I do not pay the tuition fee of \$ _____/week for the after school program on Friday for the upcoming week, due no later than the following Monday, I must pay a \$ _____/day late fee. I also understand there is no reimbursement for absence.
3. I understand that there is a late fee for picking up my child after 6:30pm which is closing time. The late pick up fee is \$5.00 for every 5 minutes after a 5 minute grace period.
4. I understand that I must contact FantastiKids Academy of Ocala if my child is not going to be picked up on any given day. It is important that all of the children obey the rules and regulations that are required when riding on the bus or van, interacting with other children, on the playground, on field trips and interacting with teachers. Inappropriate behavior may result in a child being dismissed from the program.
5. I agree to notify FantastiKids Academy of Ocala in writing and give two weeks advance notice if I choose to withdraw my child for any reason or I will pay the two weeks difference in tuition.
6. I agree not to bring my child to school if he/she has a temperature over 100 orally and/or has not been fever free for 24 hours prior to attending school. I agree if my child has diarrhea and/or vomiting I will not bring him/her to school and my child must be symptom free for 24 hours prior to attending school.
7. I understand that FantastiKids Academy of Ocala will not administer medication to my child for any reason. I understand that I must make arrangements to have someone come administer medication to my child during school hours.
8. I have read and understand FantastiKids Academy of Ocala's discipline policy which may be found on page 6 in the "Parent Handbook".
9. I understand that FantastiKids Academy of Ocala may change policies, procedures, and pricing at any time.
10. I agree to pay all costs and expenses incurred by FantastiKids Academy of Ocala to include but not limited to court costs and attorney fees, if it becomes necessary to take action in order to enforce this agreement.
11. I agree to all the policies and procedures mentioned above as well as those set forth in FantastiKids Academy of Ocala's "Parent Handbook". I will read the "Parent Handbook" thoroughly and if I have any questions I will speak with the Director or Operations Manager to get clarification.

I have read and agree to comply with FantastiKids Academy of Ocala's policies.

Parent's signature: _____ Date _____