



POSITIVE GROWTH EDUCATION CENTER

WHERE KIDS GROW S.M.A.R.T. (SCIENCE, MATH, ART, TECHNOLOGY)

REGISTRATION FORM (duplicate for Van Transport Profile)

Child Last Name _____ First Name _____

School _____ Gender: M ___ F ___ Date of Birth ___/___/___

School Phone _____ Grade _____ Teacher's Name _____

Child Last Name _____ First Name _____

School _____ Gender: M ___ F ___ Date of Birth ___/___/___

School Phone _____ Grade _____ Teacher's Name _____

Child Last Name _____ First Name _____

School _____ Gender: M ___ F ___ Date of Birth ___/___/___

School Phone _____ Grade _____ Teacher's Name _____

Parent Name _____ Parent Name _____

Cell _____ Cell _____

email address _____ email address _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Hours of Employment _____ Hours of Employment _____

Home Address _____ Home Address _____
(if different)

City/Zip _____ City/Zip _____
(if different)

Home Phone _____ Home Phone _____
(if different)



POSITIVE GROWTH EDUCATION CENTER
WHERE KIDS GROW S.M.A.R.T. (SCIENCE, MATH, ART, TECHNOLOGY)

EMERGENCY MEDICAL CONTACT (Duplicate for Van Transport Profile)
(Person to contact **NOT** PARENT /guardian if parent cannot be reached)

NAME Person **NOT** Parent and relationship to the student(s) _____

DAY TIME PHONE:() _____

DAY TIME ADDRESS: _____

CITY: STATE: ZIP: _____

Authorization for Emergency Medical Care

I understand I will be notified at once in case of an accident or illness and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate care, I hereby authorize Positive Growth Education Center (PGEC) to call 911 or contact:

Dr. _____
Doctor's Name Phone

or the nearest hospital for emergency medical treatment.

DATE OF LAST FULL HEALTH SCREENING: _____

MY CHILD HAS THE FOLLOWING SPECIAL NEED, ALLERGIES, MEDICATION (S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

() Pick and Drop Off () Pick Up Only () Drop Off Only
Days: () Mondays -Fridays Other Please Specify _____

In the event of an emergency during VAN TRANSPORTATION please specify which parent should be contacted first: _____ Mother _____ Father _____ Other

I give my permission for the above listed child(ren) to be picked up. I understand my child will be transported by PGEC van and give my permission unless otherwise notified.

_____/_____/_____
Parent or Guardian's Signature Date



CHILD MAINTENANCE

Do any of the children qualify for **FREE** or **REDUCED** Lunch?

Yes___ No___ Child's Name Social Security #: _____

Yes___ No___ Child's Name Social Security #: _____

Yes___ No___ Child's Name Social Security #: _____

Status of Parents: () Single () Married () Partners () Separated () Divorced

CHILD'S LIVING ARRANGEMENTS: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

CHILD'S LEGAL GUARDIAN: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

THE CHILD MAY BE RELEASED TO FOLLOWING PERSON(S) OTHER THAN THE PARENTS. LIST PEOPLE WHO ARE NOT THE PARENTS

NAME _____ RELATIONSHIP _____

DAY TIME PHONE: _____

ADDRESS _____

NAME _____ RELATIONSHIP _____

DAY TIME PHONE: _____

ADDRESS _____

NAME _____ RELATIONSHIP _____

DAY TIME PHONE: _____

ADDRESS _____



ACKNOWLEDGEMENTS AND SIGNATURE PAGE

Parent's Name _____ Date _____

Please read thoroughly and sign each statement:

1. I acknowledge that I have received and read a copy of PGEC policies pertaining to admission, care, discharge of children. I was given the opportunity to ask questions and/or voice any concerns. _____
Initial

2. I have been informed that a copy of Licensing Rules for Child Day Care Centers in Georgia is available at PGEC for review. _____
Initial

3. PGEC and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs. _____
Initial

4. When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.

Initial

5. I agree to pay for every day that my child is registered and give two week's notice before removing my child. _____
Initial

6. I agree to pay a fee of **\$1.00 per minute** for every minute my child is picked up after 6:00 p.m. This money is to be paid in cash to the employee who must stay with my child after 6:00 p.m. _____
Initial

7. I understand that my child may be observed by authorized persons for educational and training purposes. I understand that no identifying information of my child will be released without my consent.

Initial

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in the Positive Growth Education Center. If my child is placed in Positive Growth Education Center, I agree that my child will attend the program for the required number of hours and days as outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

Parent or Guardian's Signature Date Parent or Guardian's Signature Date



POSITIVE GROWTH EDUCATION CENTER
WHERE KIDS GROW S.M.A.R.T. (SCIENCE, MATH, ART, TECHNOLOGY)

INTERNET AND TECHNOLOGY USAGE RELEASE

I hereby grant permission for _____ to be allowed to use the technology equipment and the Internet provided in the Center.

Guidelines for Internet Usage

1. All children must have a signed permission slip authorizing them access to the Internet.
2. Respect for the equipment of the Center and its network is a condition for use of the computers.
3. Children must notify staff immediately of disturbing material they encounter on the web or in e-mail.
4. Children are not to give out personal information like phone number, full name, address, etc. to anyone on the Internet.
5. Children are not to give anyone their password to any of their accounts or allow another student to use their account to access the Internet or center network.
6. Children must gain clearance from staff before downloading any programs from the Internet.
7. All USB devices to be used in the computers must first be scanned for viruses by the staff.

Violation of any of these rules may result in forfeiture of permission to use technology equipment, the Internet and the Center network. Please sign below if granting permission to use technology equipment and the Internet.

Student's Name: _____ DATE: _____

Student's Signature _____ DATE: _____

SIGNATURE (Parent/Guardian): _____ DATE: _____

Media Release Form

I give my consent for my child(ren) _____, _____, _____ to be photographed during attendance at PGEC. This consent releases from liability all personnel of PGEC and any others who have received permission to take photos in the Center. This consent also gives permission for photos taken to be used in publications, shown at meetings, and/or settings where the development of children is being studied, and in publicity for PGEC.

Parent or Guardian's Signature

Date

Non-Media Release Form

I do not give consent for my child(ren) _____, _____, _____ to be photographed during attendance at PGEC.

Parent or Guardian's Signature

Date



Liability Disclaimer For After School Program

Positive Growth Education Center, does not provide liability insurance for the protection of individuals, groups, organizations, businesses, spectators, or others who may participate in the after school program.

In consideration for your participation in said after school program, the individuals, groups, organizations, businesses, spectators, or other, does hereby release and forever discharge PGEC, and its officers, board, and employees, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the After school program.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or state providing substance that releases shall not extend to claims, demands, injuries, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waived.

I hereby agree on behalf of my heirs, executors, administrators, and assigns, to indemnify PGEC and its officers, board and employees, joint and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the after school program.

It is further understood and agreed that said participation in the after school program is not to be construed as an admission of any liability and acceptance of assumption of responsibility by PGEC after school program, its officers, board, and employees, jointly and severally, for all damages and expenses for which PGEC, its officers, board and employees, become liable as a result of any alleged act of the after school program participant.

Parent Signature

Date

Return completed form with registration forms



**After School Program
MEDICATION DISPENSARY FORM**

Child's Name _____

Child's Weight _____ Child's Age _____

Name of Medications _____

Prescribing Doctors Name _____

Prescribing Doctors Phone Number _____

Dosage/s Per day _____

Time/s of Dosage/s _____

Amount of Dosage/s _____

All medication should have your child's name on the container. All medication should be placed in a bag with your child's name written on the outside of the bag and how it should be kept. **Children will not be allowed to keep medications in their possession.**

I authorize PGEC to administer the above medication to my child. I also, will not hold PGEC responsible for any allergic reactions from the aforementioned medication.

I also, acknowledge that PGEC will call authorized parent/guardian if the medication is causing any kind of side effects that will interfere with my child's participation in camp activities.

_____/_____/_____
Parent's Signature & Date



POLICIES FOR PARENTS

To clarify our policies and avoid confusion, please read the following information and acknowledge that you have read by signing and returning the signature page. We will be happy to answer any questions you might have after reading these policies.

HOURS

PGEC is open Monday thru Friday, 2:30 p.m. to 6:00 p.m. Any parent whose child is picked up after 6:00 p.m. will be charged a late fee of **\$1.00 per minute, payable to the employee who stayed with your child.**

REGISTRATION & TUITION

The registration fee is \$15/per child. The weekly tuition fee is \$25.00 for 5 days per week. Transportation fee is \$25.00. You must pay for the number of days that your child is registered, whether or not your child attends. Tuition is due on the 1st day of your week. You are required to give two weeks notice if you will be withdrawing your child from the after school program early. All forms **MUST** be returned completely filled out before your child can attend the after school program. Please keep us informed of any address or phone changes—home or work.

DEPARTURE

Please be sure to sign your child out on the sign-out sheet upon departure. Children will be released to authorized persons only. Proof of ID is required for those people we do not know.

PGEC

Will provide a daily snack. However, if your child wants to bring some additional snacks or drinks, please make sure they are not in glass containers and clearly marked with your child's name.

PERSONAL ITEMS

CHILDREN ARE RESPONSIBLE FOR ANY ITEMS THEY CHOOSE TO BRING. We do not keep track of personal items. Children are expected to follow our rules regarding the use of personal property, i.e., no sharing of headphones; no playing with someone else's game, etc. If a child is not acting responsibly regarding his property, personal items may be taken away.

MEDICATION

If you wish to have us administer medication to your child, you must fill out an authorization form for each medication dispensed. Your child's full name and dosage must be clearly marked on the bottle. PGEC does not provide medicine and children should never be allowed to carry medicine to the center. Prescription medicine can only be dispensed to the child whose name is on the prescription. If a child is found to have head lice they will not be able to come back to the center until they have been treated and all nits have been removed. Non-prescription medication is not dispensed.



POSITIVE GROWTH EDUCATION CENTER

WHERE KIDS GROW S.M.A.R.T. (SCIENCE, MATH, ART, TECHNOLOGY)

SPECIAL NEEDS

Those children with special medical needs (asthma, ADD, ADHD, etc.) must provide written information from their doctor regarding treatment and required medication.

HOLIDAYS & VACATIONS

For your convenience we are open when your child's school is closed, except on **Labor Day, Thanksgiving, Christmas and New Years Day.**

ACCIDENTS

If your child is injured while at camp an accident report will be filled out and filed. Parents receive a copy. If the injury is minor we will administer first aid. If it is more serious you will be called to instruct us.

DISCIPLINE & GUIDANCE

Discipline and guidance are consistent, based on an understanding of individual needs and development, which promote self-discipline and acceptable behavior. Children are never punished. They may be asked to talk with the Director, take "time out", fix the problem or give up a privilege. If a situation requiring discipline persists, the parent will be notified.

OPEN DOOR POLICY

Parents & visitors are always welcome. For the protection of our children we do not allow unescorted adults in the center. We welcome constructive criticism and suggestions which will improve our service. We hope you feel comfortable enough to talk freely about anything concerning your child and our after school program. We are excited about our after school program and having your child with us.

PGEC/CEO
Mr. Joseph Arnold

Education Director
Mr. Brendon Barclay

Education Coordinator
Vicki L. Collins