

## **Parent Checklist for Completing Enrollment**

All forms must be completed and returned to the program staff.

Your student **MAY NOT** attend the program until forms are approved by the Program Director or Site Supervisor.

**You will receive a phone call to inform you of the start date for your child.**

- ✓ Check when each is completed.
- BLUE CARD (*Medical/Emergency Contact*)\*
- AGREEMENT/DAILY ATTENDANCE FORM
- REGISTRATION FORM
- SIGN OUT INFORMATION FORM
- EMERGENCY CLOSING FORM

\*Blue Card will be provided when you turn in this packet

# DCC School Age Day Program

## Program Agreement

(One per family)

### ***Parent Agreement:***

I have read and agree to the terms and conditions in this handbook. I have made my student aware of the guidelines for the DCC School Age Program and they have verbally agreed to these guidelines. I am aware of times and locations for picking up my student as well as rules, regulations, and policies concerning my student's participation in the DCC School Age Program.

---

(Parent/Guardian Signature)

---

(Date)

*Parent Copy*

# DCC School Age Day Program

## Program Agreement

(One per family)

### ***Parent Agreement:***

I have read and agree to the terms and conditions in this handbook. I have made my student aware of the guidelines for the DCC School Age Program and they have verbally agreed to these guidelines. I am aware of times and locations for picking up my student as well as rules, regulations, and policies concerning my student's participation in the DCC School Age Program.

---

(Parent/Guardian Signature)

---

(Date)

*Program Copy*

## Daily Attendance

*Child's or Children's*

*Name(s):* \_\_\_\_\_

Place a check mark after each day your student will be attending: *(minimum of 3 days recommended)*

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

Additional Considerations:

---

---

---

---

Parent Signature: \_\_\_\_\_

# DCC School Age Day Program

## Registration

### Family Information:

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Legal Guardian?** Yes/No

Mother's Phone:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Do you work during School Age Day Program hours? Yes/No

**Father's Name:** \_\_\_\_\_ **Legal Guardian?** Yes/No

Father's Phone:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Do you work during School Age Day Program hours? Yes/No

### Students in Program: (must have teacher's name)

1. **Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ **Teacher:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ **Teacher:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Other Guardians: (Includes step-parents and grandparents)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Do you work during School Age Day Program hours? Yes/No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Do you work during School Age Day Program hours? Yes/No

Please explain any family situations we need to know about (i.e. separation/divorce and any custody issues or proceedings). Court documentation may be required. This information will only be shared with staff members for student pick-up/release information.

---

---

---

---

---

---

---

---

---

---

## Sign-Out Information

Safety is a top priority in the DCC School Age Day Program. Therefore, no student enrolled in the program will be able to leave at the end of the day without a parent/guardian signature or that of one of the individuals listed below along with a photo identification. (Note: the names that appear below must be of someone **16 years or older**. Additional names may be listed on the back of page).

**STUDENT NAME:** \_\_\_\_\_

### Authorized Signatures

---

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

# Emergency Closing

This form will tell the DCC School Age Day Program staff and the DCS Main Office where your student will go on **Emergency Closings**.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*IF UNABLE TO REACH PARENT\***

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**On Emergency Closings my child will: (Please check one)**

**Be Picked Up**

Persons allowed to pick up your student:

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

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

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

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

**Walk to** \_\_\_\_\_

**Other: Describe:** \_\_\_\_\_

I have discussed this plan with my student and they know what to do and where to go in case of an emergency:

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_