

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Additional information may be attached.



Triumphant Child Care After School Care Program

This program is offered as a community service by Triumphant Child Care Center, Inc. We are self-supporting and do not receive any state or local funding for this program and fees cover operation expenses. The after school care is in operation during the regular school year. We will operate on the same calendar as that of the Jefferson County Board of Education. Any JefCoEd early dismissals or cancellations will be observed by the Triumphant Child Care Center, Inc.

After School Care: Dismissal – 5:30 pm (Monday through Friday)

Registration: \$35.00 per child before child can attend (non-refundable)

Tuition: \$11.00 per day 1 or 2 days
\$55.00 per week 3, 4, 5 days (any combination of 3 days or more)

Payment: All child care fees MUST be paid on Thursday, no later than Monday of the Next week. Fees must be paid with cash, check or money order and you must HAVE a valid phone number on the check.

Return Checks: \$30.00 Return Check fee and then only cash or money orders will be accepted going Forward.

Late Pickup: A late fee is charged for children picked up after 5:30 pm (\$5.00 for first 15 minutes and \$1.00 each minute thereafter). Special circumstances, you must talk with Director.

Tax Statements: We do not give statements for tax purposes. Please keep up with all your receipts.

Grievance Procedures: Any problems with after school care will be discussed with the staff Supervisor on duty or director.

Health Information: Prescription and non-prescription medicine can be given only when a Written dosage form is completed, dated and signed by the physician And the parent. We reserve the right to refuse administering medications.

Enrollment Requirement:

All children in program must have a registration card on file. All must have Proof of full insurance coverage. All must have a preadmission form and Medical Report form on file.

Triumphant Child Care After School Care Registration Card

Student Information:

Grade _____ School Child Attend _____

Student's name: _____ Male: _____ Female: _____

Student's age: _____ Date of Birth: _____

Social Security Number: _____ Home Phone: _____

Home Address: _____

Please identify any/all physical, mental or emotional needs of this student: _____

Parent/Guardian Information:

Mother's Name: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Business or Profession: _____ Drivers License No. _____

Social Security Number: _____ If separated or divorced, with whom does the
child reside? _____

Educational Information:

List the schools the school child will be picked up from.

Name of School	City/School	Current Grade
_____	_____	_____
_____	_____	_____

After School Care Consent for Medical Treatment:

In the event that my child(ren) become(s) ill or is injured while under school supervision, I approve Triumphant Child Care to take the following steps:

1. Contact a parent/guardian of the student and follow his or her instructions.
2. In the event of an emergency when a parent or guardian cannot be reached immediately by the Director or designated authority are hereby authorized to use their judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting is to be done either by the Child Care Center provided transportation, or if center officials deem it wise by ambulance with the understanding that the parent will be responsible for the ambulance bill.

Student's Physician: _____ Phone Number: _____

Physician's Address: _____

Insurance Carrier _____ Policy Number: _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and cannot be reached, I hereby authorize, appoint, and empower the Director or designed representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal or designated representative, and Triumphant Child Care from any liability which might arise as a result of medical service and treatment provided by an hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical services or treatment of my child or children as the result of the above authorization and agree to indemnify and hold harmless Triumphant Child Care, the director or authorized representatives, from any expenses incurred for said treatment or services.

Parent/Guardian Signature

Date: _____

Parent/Guardian's Signature

Date: _____