

**Open Hearth at Waitsfield Elementary School**  
**After-School Kids (ASK)**  
**Registration Form 2009-10**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

List others living in the home - names and ages of siblings, etc.

\_\_\_\_\_  
\_\_\_\_\_

List two additional people who may be called in an emergency if the parents are unavailable

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Does your child have allergies, dietary requirements, current medications, special needs or a medical history or a condition that we should know about? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Date of your child's most recent well-child checkup \_\_\_\_\_

Has your child ever been stung by a bee?  Yes  No

**Medical Release**

I hereby authorize teachers of Open Hearth at Waitsfield to contact directly the persons named on this form, and authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians or other persons named on this form cannot be reached, the Open Hearth at Waitsfield teachers are hereby authorized to take whatever action is deemed necessary in the judgment for the health of aforesaid child. I agree to this statement as it is written.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

(continued on next page...)

Child's Name \_\_\_\_\_

**Immunization Records**

- OH@WES may access the immunization records for this child held by the school nurse OR
- I am responsible for submitting the immunization records for this child to the Director OR
- I hereby state that this child is not receiving immunizations due to religious, moral or medical reasons

**Immunization records should either be faxed to 802-496-3226, hand-delivered to the Director, or mailed to the program.**

I give permission for my child to be transported from school by the following people, in addition to the parents listed:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Is there anyone who is NOT allowed to pick up this child? \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Field Trips**

I give permission for my child to participate in walking field trips during the normal hours of the program.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Multi-Media Release**

I give permission for my child to be photographed and/or videoed for publicity purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Information Sharing with WES Personnel**

I hereby give permission for Open Hearth at Waitsfield Elementary School staff to share information regarding my child with authorized representatives of Waitsfield Elementary School, and vice versa.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**Parent Handbook**

I have read the parent handbook and understand the written material. I will support and follow all of the policies and procedures in the handbook.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**Enrollment or Drop-In**

Please complete one of the following sections:

- My child will be a drop in from time to time OR
- Please enroll my child for the following weekdays (please note, a two-week notice is required to decrease the number of days, and enrollment is granted on a first-come, first-served policy)
  - Mondays       Tuesdays       Wednesdays       Thursdays       Fridays
  - Early Release Wednesdays

I understand that fees are due in advance of attendance, and that a registration fee of \$15 per family is due at the time of registration.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Invoices** will be sent monthly at around the 20<sup>th</sup> of each month. Payment is due before the 1<sup>st</sup> of the month.

**Please make checks payable to** Open Hearth at Waitsfield, OHAW, or OHAWES.

**Fees and Scheduling:** Full-time enrollment is five days per week, and part time enrollment is a regular schedule for fewer than 5 days per week. The fee schedule is as follows:

Grade 1-6, Full time enrollment \$10/day	Kindergartners, full time \$12/day
Grade 1-6, Part time enrollment \$12/day	Kindergartners, part time \$14/day
Grade 1-6, Drop-in, if available \$15/day	Kindergartners, drop-in \$15/day
Early Release Days: Additional charge of \$10	

**Drop-ins:** 24-hour notice to the Director (496-3643 x118) is required. A completed registration form must be on file. Payment is due on the day of attendance. 10-session punch cards are available for \$150.

**A sibling discount** of 10% is given off the total regular program invoice.

**Failure to make payment:** If your account should fall into arrears, you will be notified by the Director. Accounts in arrears will incur a finance charge of \$5 per week until paid in full. An account more than two weeks in arrears will require a warning of program dismissal by the Director. If the account is in arrears by three weeks, the child will be removed from the program. It is our sincere wish that none of the above steps will need to be taken. We appreciate you keeping your account up to date.

**Tuition Assistance:** Please refer to page 3 of the Parent Handbook for more information. If you would like help with the application, please let us know and we will be happy to assist.

Office use only:

Date admitted \_\_\_\_\_

Immunization or release received?  Yes  No

Date of Withdrawal \_\_\_\_\_