After School Child Care Program
Information Sheet

Child(ren)'s Name(s) _____
Mother's Name _____
Mother's Work Number_____ Mother's Cell Number _____
Father's Name _____
Father's Work Number _____ Father's Cell Number _____

Emergency Contact Information (other than parents):
Name _____
Relationship _____
Home Number _____ Work Number _____
Cell Number _____

Medical Information:
Hospital Preference _____
Insurance Company _____
Policy Number _____

Please mark the days that your student will be attending the ASCC program

_____ Monday _____ Tuesday _____ Wednesday _____Thursday _____ Friday

Persons Authorized For Pickup (other than those listed above):

- _____
- _____
- _____
- _____
- _____

<u>**Please complete both sides**</u>

After-School Care Program
Parent Acknowledgment and Permission Form

Student Name(s): _____

Parent Acknowledgment

I acknowledge that I have received and read the **After-School Care Program Policies and Procedures**. I understand the expectations, rules, and guidelines outlined in the document, including payment expectations, attendance procedures, behavioral expectations, discipline procedures and emergency protocols.

☐ **I have read and understand the policies and procedures.**

PG Movie Permission

I understand that during the After-School Care Program, my child may be shown **movies rated PG** as part of occasional group activities. These movies will be selected to be age-appropriate and will always be supervised by staff.

☐ **I give permission for my child to watch PG-rated movies.**
☐ **I do NOT give permission for my child to watch PG-rated movies.**

Homework Preference

Please indicate your preference regarding your child's participation in homework time while attending after-school care **(when staff support is available)**:

☐ **Yes, I would like my child to complete homework at after-school care**
☐ **No, I prefer my child to complete homework at home.**

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

If you have any questions or concerns about the policies, please contact the Program Coordinator, Ginger Grellner at ggrellner@coler1indians.org.

Thank you for your cooperation!