

Current Elementary School: _____ Transport: Yes No

Start Date: _____ (Please Print Legibly)

MARY'S S.K.Y CLUB APPLICATION
Serving Kool Youths Out of School Care Program

Child's Full Name _____ Sex: Male Female
Date of Birth _____ Age: _____ Entering/Current Grade: _____
Home/Cell Phone # (Best Contact Number) _____
My child is **allergic** to _____
My child takes medication for _____ Name of medication _____
Special Needs _____

Parent/Guardian Information:

Mother's Name _____
Address: _____ Cell # _____
_____ Phone Carrier (e.g. AT&T) _____
Email: _____ Employer _____
Work Schedule/Hours: _____ Work # _____

Father's Name _____
Address: _____ Cell # _____
_____ Phone Carrier (e.g. AT&T) _____
Email: _____ Employer _____
Work Schedule/Hours: _____ Work # _____

Marital Status _____

Custody Information _____

**Names of those who are authorized to pick up your child and EMERGENCY Contacts:
(Other than the parent must have total of at least 3)**

1. Name _____ Home # _____ Work # _____
Relation to child _____
2. Name _____ Home # _____ Work # _____
Relation to child _____

3. Name _____ Home # _____ Work # _____

Relation to child _____

4. Name _____ Home # _____ Work # _____

Relation to child _____

We will ask to see a photo ID for any individual we do not recognize. A person must be at least 18 years of age to be allowed to pick up your child. Children must be escorted to and from center and must be signed in and out with the responsible party's full name.

Non-Authorized Pick-up (Court Documents Required) _____

Mary's SKY Club program cannot withhold a child from his/her parent without a court order. If you have custody and do not wish for your child's other parent to be allowed to pick him/her up, we must have a copy of the court order stating no contact.

Family Doctor _____ Phone # _____

Location and Address: _____

Family Dentist _____ Phone # _____

Address: _____

Insurance Company _____ Policy # _____

Authorization and permission given for:

(Please Initial)

- A. Emergency medical and/or dental care and transportation
of the child for emergency treatment..... _____
- B. Administer first aid or CPR in event of emergency..... _____
- C. Parent responsible for medical costs for injuries occurred on
Mary's Little Lambs Preschool & SKY Club premises..... _____
- D. Your child to participate in water activities..... _____
- E. Transportation from public school site location to Mary's SKY Club
location at 506 SE Moberly Lane..... _____
- F. Apply topical medication or sunscreen when needed..... _____

CONSENT FOR EMERGENCY MEDICAL CARE

I/We, _____, parent/guardian, of _____, do hereby request and give consent to the Director/Caregiver of Mary's Little Lambs Preschool & SKY Club program, or his/her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director/Caregiver or his/her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached. Parents will be responsible for all medical costs.

Parent/ Guardian Signature _____ **Date** _____

RELEASE OF PUBLICATION

Video or still pictures are at times part of our program to be used in association with our web pages or advertisements.

I/We give permission for Mary's SKY Club to photograph me and/or my child and use for publicizing activities.

Parent/ Guardian Signature _____ **Date** _____

NOTE: Pictures are used for your child's portfolios or Procure app communication. If this is the only consent for classroom activity use only, please make a notation in the provided space.

I acknowledge that I have received a Parent Handbook and understand that it is my responsibility to read the Parent Handbook. By signing this form, I agree to abide by all policies and procedures and the enrollment conditions of Mary's SKY Club. I understand that I may ask for a conference with caregiver(s) as needed.

Parent/Guardian Signature _____ **Date** _____

MARY'S SKY CLUB FEE AGREEMENT

(please initial)

_____ A **\$100.00 non-refundable annual registration fee** must be paid at the time your child is enrolled and reenrolled into the program.

_____ I understand there is a **\$50.00 annual supply fee** upon enrollment.

_____ I understand that the **summer camp fee is \$190.00** per week. There are no refunds or credits for absences, illness, or holidays.

_____ I understand that payment is due on Friday *before* the week of service by end of business day. There will be a **\$10.00 late fee** charge for payments made thereafter. **Additional \$10.00 late fee** will be assessed after each week for open balances.

_____ There is a **\$15.00 fee** for any returned checks or insufficient funds.

_____ I understand that there will be a **\$5.00 charge** per every five-minute increment for late pick-up after 6:00 p.m. or early drop off before 7:00a.m. on full days as according to the facility clock.

_____ I understand that there will be a charge of **\$10.00** for not contacting the center should your child be absent from the elementary school site or not needed to be picked up. **We must be notified no later than 1:00 p.m. the day of pick up.**

_____ I understand I may be charged for no two weeks' notice of withdrawal from the center.

Fee Agreement Continued.

Bentonville Schools that SKY Club currently service: R.E. Baker, Apple Glen, Sugar Creek, Thomas Jefferson

_____ I understand that my child is enrolled for full time care and the base rate is **\$100.00 per week without transport or \$125.00 per week with transport**. If my child does not attend, I agree to pay my current base rate to hold the spot during breaks (\$100.00 or \$125.00).

_____ I understand there will be an additional fee of **\$15.00 per day** for early dismissals (including inclement weather days)

_____ I understand there will be an additional fee of **\$20.00 per day** for full day dismissals (including inclement weather days)

_____ Full weeks with full days are **\$190.00 per week** (for example, Spring Break week)

I agree to accept full responsibility for fees and tuition for my child(ren) to attend Mary's SKY Club. In the event that I default on the above agreement and do not make a payment within two weeks, my child's enrollment will be terminated, and I will be responsible for the costs of collection.

Parent/ Guardian Signature _____ **Date** _____

MARY'S LITTLE LAMBS PRESCHOOL & SKY CLUB DISCIPLINE & BULLYING POLICY

Behavior Policy: Discipline will be individualized and consistent for each student and appropriate to each child's level of understanding. Staff will use positive redirection and teach acceptable behavior and self-control. Discipline shall not be physical punishment or be associated with food, rest, or illness.

Our expectations for SKY Club children:

- All children must be restrained in safety seat belts & sit on a booster seat if under weight of 60lbs
- Respect yourself
- Respect your teachers & other classmates
- Use inside voice
- Keep hands, feet, and other objects to yourself
- Never interfere with learning by following rules & directions

Consequences for abusing the rules may apply:

- Verbal warning
- Time out (stop & think time about the behavior up to the age of individual child)
- Remove from group
- Missing a field trip (if applicable)
- Speaking to parent
- Suspension (for continuous inappropriate behavior)
- Dismissal from program (in cases of severe & inappropriate behavior after several interventions)

Bullying: Respect for the dignity of others is a cornerstone of civil society. Bullying creates an atmosphere of fear and intimidation, robs a person of their dignity, detracts from the safe environment necessary to promote student psychological and emotional safety, and will not be tolerated. Students who bully another person shall be held accountable for their actions whether it occurs on the center grounds; off center grounds at a center-sponsored or approved function, activity, or event; or going to or from center or a center activity.

Definition: Bullying is any pattern of behavior by a student, or a group of students, that is intended to harass, intimidate, ridicule, humiliate, or instill fear in another child or group of children. Bullying behavior can be a threat of, or actual, physical harm or it can be verbal abuse of the child. Bullying is a series of recurring actions committed over a period of time directed toward one student, or successive, separate actions directed against multiple students.

Examples of "Bullying" may include but are not limited to a pattern of behavior involving one or more of the following:

1. Sarcastic "compliments" about another student's personal appearance,
2. Pointed questions intended to embarrass or humiliate,
3. Mocking, taunting or belittling,
4. Non-verbal threats and/or intimidation such as "fronting" or "chesting" a person,
5. Demeaning humor relating to a student's race, gender, ethnicity or personal characteristics,
6. Blackmail, extortion, demands for protection money or other involuntary donations or loans,
7. Blocking access to center property or facilities,
8. Deliberate physical contact or injury to person or property,
9. Stealing or hiding books or belongings, and/or
10. Threats of harm to student(s), possessions, or others.

See Parent Handbook for more details on our Bullying Policy.

I have read and understand the Discipline policy Bullying Policy of the child care facility. I give my permission for the use of all methods set out in the handbook.

Parent/ Guardian Signature _____ **Date** _____

HIPPA Release For Allergy and Medical Postings

I authorize Mary’s Little Lambs Preschool to post my child’s allergy/medical alert/diet restrictions in their assigned classroom, in the kitchen and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child’s allergy/medical needs.

Parent/Guardian Signature _____ **Date** _____

Mary’s Little Lambs Preschool & SKY Club program is required by Arkansas State licensing to inform parents that your child(ren) is subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. **Child interviews do not require parental notice or consent.**

I/We have read and understand the above statement and will comply with the requirements necessary with Mary’s Little Lambs Preschool & SKY Club program.

Parent/ Guardian Signature _____ **Date** _____

<this page left blank>



**AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENTS (ACH BANK DEBITS)**

I, _____, hereby authorize **MARY’S LITTLE LAMBS PRESCHOOL**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION to credit and/or debit the same to such account. *There is a \$15.00 fee for all returned debits/checks.*

(Financial Institution Name)

(Branch)

(Financial Institution Address)

(City/State/Zip)

(Routing Number)

(Account Number)

Type of Account: Checking Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Signature)

(Date)

(PRINT Individual Name)

Print your *child’s* name here

HOW WOULD YOU PREFER YOUR ACCOUNT TO BE DEBITED?

WEEKLY BI-WEEKLY

****PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM****



AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS BY CREDIT/DEBIT CARD

I, _____, hereby authorize **MARY’S LITTLE LAMBS PRESCHOOL**, herein after called COMPANY, to initiate charged/debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below. *There is a \$15.00 charge for all chargebacks/retrieval fee.*

Please check one and print legibly:

VISA _____ MasterCard _____ Discover _____ Amex _____

Credit Card Number Expiration Date CSC (3 digit on back) Billing Zip Code

****NOTE: There is an added surcharge fee rate of 0.95% up to 3.50% per every swipe depending on your credit card company.**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Signature)

(Date)

(PRINT Card Holder Name)

Print your *child’s* name here

HOW WOULD YOU PREFER YOUR ACCOUNT TO BE CHARGED?

_____ WEEKLY _____ BI-WEEKLY