

**Franklin Special School District MAC Program
2017-2018 MAC Registration Form**

REGISTRATION FEE ATTACHED
DATE PAYMENT RECEIVED:

RECEIVED BY:

\$30.00 Non-refundable registration fee charge per child. Please do not include payments with the registration fee.

CHILDREN TO BE ENROLLED:

<u>LAST NAME, FIRST NAME</u>	<u>MALE/FEMALE</u>	<u>SCHOOL</u>	<u>GRADE</u>	<u>DATE OF BIRTH</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Have children been enrolled in MAC previously? If so, where? _____

Ethnicity (choose one) Hispanic Not Hispanic, Latino or Spanish origin

Race (Choose all that apply) American Indian/Alaskan Native Asian White

Pacific Islander/Native Hawaiian Black/African American

PARENT INFORMATION:

NAME OF MOTHER: _____ HOME: _____ CELL PHONE: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP CODE: _____

MOTHER'S EMAIL ADDRESS: _____

NAME OF FATHER: _____ HOME: _____ CELL PHONE: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP CODE: _____

FATHER'S EMAIL ADDRESS: _____

FOR CHILD'S SAFETY,

**LIST ALL PERSONS INCLUDING PARENTS TO WHOM CHILD MAY BE RELEASED:
(DO NOT LEAVE BLANK)**

<u>NAME</u>	<u>PHONE</u>	<u>NAME</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIST ALL PERSONS TO WHOM CHILD MAY NOT BE RELEASED:
(Parent must provide legal documentation to
support this request if person listed is a parent of the child.)**

EMERGENCY INFORMATION

Name of person, other than parent, authorized to act for the parent in an emergency: **DO NOT LEAVE BLANK**

NAME: _____ HOME: _____ CELL PHONE: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP CODE: _____

NAME OF CHILD'S PHYSICIAN: _____ PHONE NUMBER: _____

PHYSICIAN'S ADDRESS: _____ ZIP CODE: _____

Child's Health is: Excellent: _____ Good: _____ Fair: _____ Poor: _____

Please describe any medical conditions including allergies

MEDICATION

Please list all prescription medication that your child takes on a daily basis. We would like to be aware of any medicines your child takes to provide this information to medical personnel in case of an emergency. Please refer to the Parent Manual for details on dispensing of medication while in MAC.

NAME OF MEDICATION DAILY DOSAGE REASON PRESCRIBED

In the event of an emergency, I hereby give permission to MAC staff to secure proper medical treatment for my child if I cannot be reached, I hereby give permission for emergency personnel selected by MAC staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by MAC staff to hospitalize, secure proper treatment for, and to order injection and/or surgery of my child.

Signature of Parent/Legal Guardian

Date

**Franklin Special School District
Morning and After School Care Program (MAC)
Parent Agreement Form**

Please **READ** and **INITIAL** beside each item: please **do not check or place an X**.

____1. My child has permission to participate in all MAC activities, including enrichment classes. I will be notified of all field trips through MAC communications, and sign a permission slip for my child to attend.

____2. I give permission to the Franklin Special School District and MAC for any photos or video footage of my child(ren) taken during the course of MAC to be used for educational, promotional or any other purpose benefitting Franklin Special School District and/or the MAC Program.

____3. It is my responsibility to provide health and/or medical care insurance on my child(ren) enrolled and participating in the program.

____4. In the event of an emergency and if I cannot be contacted on any phone number which I have provided in my child's registration, then I give permission to MAC personnel to obtain whatever medical treatment they deem necessary for my child. I waive, release and hold harmless the Franklin Special School District, MAC, their employees, volunteers and agents from all legal and financial responsibility and from all costs, injuries and/or other damages which might occur from the decision to provide medical treatment for my child(ren) and from the choice of the provider of the medical treatment by the MAC personnel.

____5. I understand that all children enrolled in the program are expected to follow the rules established by MAC for the purpose of safety and smooth operation of the program. If a discipline problem occurs, the Site Manager will contact me. The discipline procedures that will be followed are:

1. Verbal warning by child's staff person
2. Removal from group (time out) that is developmentally age appropriate
3. Written documentation of incident along with a meeting between child and Site Manager
4. Parental notification

Suspension from the program for one to five days or termination from the program can occur if inappropriate behavior is used. Refer to Rules of Conduct on page 7-8 of parent manual.

____6. I understand that **all tuition payments must be made on Friday by 6:00 pm. If payment has not been made by Friday at 6:00 pm, a \$10.00 late charge will be applied to your account. Late fees will continue to accrue each week a balance is due.**

____7. I will keep MAC updated of any changes in work, cell, home and emergency contact phone numbers and email addresses.

____8. I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records and standardized test scores for evaluation purposes when needed.

____9. I received a copy of the Tennessee Department of Education Summary of Child Care Approval Requirements and information regarding recognizing child abuse in my parent manual.

____10. My child will be picked up by 6:00pm. I understand that a late fee of \$15.00 will be charged until 6:15 pm, and \$1.00 per minute thereafter.

____11. I understand that if MAC suspects any parent, guardian, or other authorized caretaker to be incapacitated, either mentally, physically, or emotionally; behaving in an irrational manner due to the influence of alcohol, drugs, or other substance, MAC reserves the right to call another authorized person to pick up the child.

The completion of the child information form enrolls my child in MAC. It is my responsibility to update the information contained in this form as needed. **I have received and read the MAC Parent Manual and agree to abide by all requirements. All fee options have been explained to me and I have been given the opportunity to ask any questions that I may have regarding the MAC Program.**

Signature of Parent/Guardian: _____

Child's Name: _____ Date: _____