



770-739-1462 / 770-739-9180 fax
www.PSCafterschool.com

Welcome to Preferred School Care (PSC) After School Program:

We are thrilled that you have chosen our program for your afterschool care needs. The goals of our program are to provide an educational, socially enriched out-of school experience. We provide homework assistance, and age- appropriate enrichment activities for our students.

PSC also has strong ties to its community and connects with each school's achievement plan. Your parental involvement and continued support are welcomed. Please visit our program to become acquainted with the staff and become familiar with program routines.

On our website please download our Parent Handbook to familiarize yourself with our policies and procedures.

If you have any questions, please feel free to contact your child's Site Director or call our main office at (770) 739-1462. We look forward to serving you and your child throughout the school year.

Thank you for joining the Preferred School Care family. Making a Difference Everyday!

Sincerely,

Bill Selmon

CEO



(770)739-1462 office / (770)739-9180 fax
www.PSCafterschool.com

Afterschool LOCATION you are enrolling: _____

Application for Enrollment

(Revised 5/2016)

How were you referred to Preferred School Care? _____

Enrollment Date _____
Approx. Pick-up time _____ p.m.

Child(ren)'s Information									
Name	Address	City	St	Zip	Sex M/F	Age	Grade	DOB	Program you are enrolling into: ASP or Summer Program
1.								/ /	
2.								/ /	
3.								/ /	

If enrolling in the Summer Program, you must complete *Transportation Agreement* for scheduled field trips.

Parent's / Guardian's Information		(Special Note: Child(ren) may be released to names listed here AND to names listed under 'Person(s) to whom child may be Released') I agree to keep the ASP program informed as to the changes in names, address and phone numbers, etc.	
Relationship: Name:	Mother	Father	Guardian
Address:			
Name of Subdivision:			
Home Phone#:			
Cell#:			
Employer:			
Employer Complete Address:			
Work Phone#:			
Email address:			

Child(ren) lives with: Child(ren) Legal Guardian: _____
Both Parents _____
Mother _____
Father _____
Other _____
Other _____
(Continued on reverse side)

Parental Agreement with Preferred School Care, Inc.

Additional Person(s) to whom child(ren) may be Released

My child may be released to the person(s) listed on the front of this agreement and to the following:

Person#1	Person#2	Person#3
Name:		
Relationship:	<input type="radio"/> Paternal <input type="radio"/> Maternal	<input type="radio"/> Paternal <input type="radio"/> Maternal
Address:		
Phone#:		

Emergency Contact Information

List 3 emergency contact names, address and phone numbers in the event the parent cannot be reached. I agree to keep the program informed as to the changes in address and phone numbers, etc. where I may be reached.

Contact#1	Contact #2	Contact #3
Name:		
Relationship:		
Address:		
Phone#:		

Medical Information

Should my child become ill during the time he or she is in the care of Preferred School Care or suffer an accident of any nature, the center should undertake to contact me immediately. They will be authorized to secure such medical attention and care for the child as may be necessary. By signing below, the parent acknowledges that Preferred School Care does not provide medical insurance to the children in our program and the parent shall assume responsibility for medical expenses. Furthermore, the undersigned hereby forever releases, discharges, and covenant to hold harmless Preferred School Care and its staff members to any claims that may arise during your child's enrollment in our program.

Medical Insurance/Medicaid/Peach Care	Physician/Doctor and/or Health Department	Dentist and/or Practice Name
Provider's Name:	Name:	
Insurance ID#:	Address:	
	Phone#:	

Long term prescribed medication: _____ None _____

Special needs, physical, mental limitations: _____ None _____

Immunization Certificate Available (Form 3231): _____

Photograph Permission Agreement

As part of our afterschool and summer programs, your child may be photographed/video capturing the various activities that they may participate in during the program. These pictures could be placed on our newsletters, flyers, website and facebook page, etc. Please indicate your preference: ☐ YES, my child MAY be photograph/video. ☐ NO, my child MAYNOT be photograph/video.

Additional Comments, _____

I have read and understand the policies & procedures and have documented all information regarding my child(ren).

Signed: _____ Date: _____



Preferred School Care, Inc.

**PARENT/GUARDIAN
HANDBOOK ACKNOWLEDGEMENT**

I, _____ the parent/guardian of
Parent/Guardian first & last name

_____ @ _____
Child's first & last name School Name

was provided information about how to obtain the Parent Handbook associated with Preferred School Care after school care program. Please reference this handbook to review our policies and procedures that govern our programs.

To obtain handbook, please print from the following website listed below:

1. **Preferred School Care (PSC) Parent Handbook from: (Click on Download)**
www.PSCAfterschool.com

This signed acknowledgement will be placed in the student's file for review by the licensing agencies of this program.

Thank You.
Management

Parent Signature:

Date:

PLEASE RETURN THIS SIGNED SHEET TO THE FRONT DESK/SITE DIRECTOR WITH ALL THE ENROLLMENT PAPERWORK AS SOON AS POSSIBLE. THANK YOU.



Parental Agreements with Child Care Facility

1. The **Preferred School Care** @ _____ agrees to provide day care
Name of School
for _____ on _____, _____ a.m./p.m.
Name of Child Days of the week
to _____ p.m. from _____ to _____. My child will participate in the
Month Month
following meal plan afternoon snack.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. The **Preferred School Care** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for **Preferred School Care**.

Signature (Parent/Guardian) _____ Date _____

Signature (Facilitator Administrator) _____ Date _____



Emergency Medical Authorization

Should _____, _____ suffer an injury or
Child's Name Date of Birth

illness while in the care of **Preferred School Care** and the facility is unable to contact me (us) immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I (We) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my (our) child.

Child's primary source of health care is:

Physician/Clinic Name

Telephone Number

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:

Signed _____
Parent/Legal Guardian

Date _____

Telephone _____