



(770) 739-1462 Office
(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 your 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 the 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



Please FIRST DOWNLOAD THE FORM, and once completed submit to PreferredSchoolCare@gmail.com

Application for Enrollment

How were you referred to Preferred School Care?

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

Child(ren)'s Information

Name	Address	City	State	Sex	Grade	DOB	Program you are enrolling into: APS or Summer Program
1.				M F			
2.				M F			
3.				M F			

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

Parent's/Guardian 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, addresses, phone numbers, etc.

	Mother	Father	Guardian
Name			
Address			
Name of Subdivision			
Home Phone#			
Cell#			
Employer			
Employer Complete Address			
Work#			
Email Address			

Child(ren) lives with:	Both Parents	Mother	Father	Other
Legal Guardian	Both Parents	Mother	Father	Other

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 the following;

Person 1

Person 2

Person 3

Name			
Relationship	Paternal Maternal	Paternal Maternal	Paternal Maternal
Address			
Phone#			

Emergency Contact Information

List 3 emergency contact names, addresses and phone numbers in the event the parent cannot be reached. I agree to keep the program informed as to the changes in address, 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 covenants to hold harmless Preferred School Care and its staff members to any claims that may arise during your child(ren)'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 newsletter, flyers, website and Facebook page, etc. Please indicate your preference:

YES, my child **MAY** be photographed/video

NO, my child **MAY NOT** be photographed/video

Additional Comments

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

Signed

Date



Parent/Guardian Handbook Acknowledgement

I, the parent/guardian of
at was provided information about how to obtain the Parent Handbook
associated with Preferred School Care after school program. Please reference this handbook to review our policies and
procedures that govern our programs.

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

1. Preferred School Care (PSC) Parent Handbook (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 DEST/SITE DIRECTOR WITH ALL THE ENROLLMENT
PAPERWORK AS SOON AS POSSIBLE. THANK YOU.**



Parental Agreement with Child Care Facility

1. The **Preferred School Care** at agrees to provide day care for on , a.m./p.m. to a.m./p.m. from to . My child will participate in the 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 records current to reflect any significant changes as they occur. e.g. telephone numbers, work locations, emergency contacts, child's physician, child's health issues, infant feeding plans and immunization records etc.
5. The facility agrees to keep me informed of any incidents, including illness, injury, 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**.

Parent/Guardian Signature

Date

Facility Admin. Signature

Date



Emergency Medical Authorization

Should born on suffer an injury or 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 (we) 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 coverage is:

Coverage provider phone number

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

Parent/Guardian Signature

Date

Telephone Number

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