

# Rainbow School-Age Care



Annual Registration Fee: \$60/child

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date of

## CHILD INFORMATION

Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Last

First

Nickname

## FAMILY INFORMATION:

Child lives with: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ EMAIL: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ EMAIL: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes \_\_\_ No \_\_\_

List any allergies and the symptoms and type of response required for allergic reactions.

\_\_\_\_\_  
List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

\_\_\_\_\_  
List any particular fears or unique behavior characteristics the child

has: \_\_\_\_\_

\_\_\_\_\_  
List any types of medication taken for health care

needs \_\_\_\_\_

\_\_\_\_\_  
Share any other info that has a direct bearing on assuring safe medical treatment for your child.

## EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional \_\_\_\_\_ Office Phone: \_\_\_\_\_ Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Signature of Administer: \_\_\_\_\_ Date \_\_\_\_\_

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## Insurance/ Liability /Discipline Policy/Operational Policies and Procedures Signatures

I, the undersigned participant and parent, request voluntary participation for minor to participate in Dolphin After-School Enrichment Program all of which are hereinafter referred to as the “activity”.

\_\_\_\_\_ I consent to minor’s participation in the activity and acknowledge that the minor and I fully understand minor’s participation may involve risk of serious injury or death, including losses which may result not only from minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and staff, before I sign this document and before the activity begins.

### Release-Minor’s Rights:

\_\_\_\_\_ In consideration of allowing minor participant to participate in associated activities, I hereby release and hold harmless ***Cape Fear Child Development Center and program staff*** of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that minor participant may have of sustain with respect to any and all damage and/or injury, of any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ I have read & comprehend the Dolphin After-School Enrichment Program Operational Policies and Procedures.

\_\_\_\_\_ I comprehend the Dolphin After-School Enrichment Program Discipline Policy and agree to the methods describe in the operational policies and procedure.

\_\_\_\_\_ My child has permission to play outside the fenced area during after-school care. This may include the fields, nature trail or behind as long as DAEP provides supervision.

\_\_\_\_\_ I have received a copy of the NC Summary Child Care Laws.

\_\_\_\_\_ I grant DAEP permission to take pictures of my child to possibly be used for DAEP website, newspaper, advertising literature for DAEP and/or school yearbook.

Print name of minor

Date of Birth

Date

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Print name of Parent/Guardian

Signature of Parent/Guardian

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## Children's Medical Report

### Copy of Immunizations Required by NC Day Care Law.

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

#### Medical History

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_  
\_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason?  
\_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_  
\_\_\_\_\_

4. Any previous hospitalization or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what?  
\_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_  
Diabetes: No \_\_\_ Yes \_\_\_; Convulsions No \_\_\_ Yes \_\_\_; Heart Trouble No \_\_\_ Yes \_\_\_  
If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe?  
\_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ if yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

INSURANCE CARRIER AND INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

# Rainbow School-Age Care



## Policies and Procedures & Rates

**Days and Hours** – DAEP will operate from 2:30pm-6 pm Monday-Friday during calendar school year.  
11:15-6pm on Early Release Days (excluding holidays)  
7:00-6pm on Teacher Workdays  
7:00-6pm Summer Camp, Winter & Spring Break

**Registration:** \$60 Annual Registration Fee. Children grades K-5 are eligible.

[www.capefearchild.org](http://www.capefearchild.org)

### **2020-2021 CLOSURES**

- Labor Day Sept 7
- Veteran's Day November 11
- Thanksgiving Nov 25-27
- Winter Break Dec 23-25
- New Year's & January 1
- Martin Luther King Jan 18
- Memorial Day May 31
- July 2 & 5

### **Fees and Payment Plan**

- Monday-Friday Care on School Calendar 2pm-6pm (pro-rated school holidays)
- Payments can be made online or checks dropped off at parent pickup. \$20 late fee applied midnight of 2<sup>nd</sup> day of payment cycle.
- \$2/minute late pick up fee.

#### **FULL-TIME STATUS** (4-5 days/week snack included)

- After-School \$75/week \$145/week Weekly Camp
- Early Release Care: \$25 (2 snacks included) for full-time enrollment and \$35 for part-time Teacher Workday: \$30 (2 snacks included. Parents provide lunch) for full-time
- Teacher Workday: \$40 ( drop in or part-time status)

#### **PART-TIME**

- After-School 4 days/week \$70, 3 days/week \$60, 2 days/week 50
- Weekly Camp-4 days/week \$120 3 days/week \$95, 2 days/week 75

### **Homework**

- The Dolphin After-school Program provides daily homework time with assistance.
- Parents need to print off applicable homework sheets to allow children to participate in homework. Please put in homework folders with a note “for after-school”.
- Parents are ultimately responsible for completion and accuracy of homework.

**School Closings** –We follow school closings for inclement weather. Tuition refunds are made when applicable.

**Nutrition Policies** – LIST ALLERGIES ON MEDICAL FORM! Students provided a USDA qualified snack and 100%. Children can pack an additional PEANUT FREE snack for late afternoon. NO JUNK FOOD

**Termination of Care:** 2-weeks’ notice is required for termination of care. 30-days’ notice is required for termination of care during camps (Winter, Spring, Summer).

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**Vacations:** 2-weeks' notice is required for a refund or a hold on your account for vacations up to 1 week. Any other vacations will require regular tuition payment to hold spot.

**Cleanliness-**DAEP sanitizes the tables before and after snacks according to the NC Licensing Standards. Children are required to wash hands upon arrival, after bathroom, before snack and after playing outside.

**Discipline Policy** – Compassionate communication ensures respect for all individuals using age appropriate conflict resolution skills. DAEP does not shame, humiliate, isolate, use or condone corporal punishment at any time. DAEP will not use food or drink as a loss of privilege. Acts of violence require immediate suspension for 1 day minimum. After 3 suspensions the child is expelled from the program.

## **Transportation Policy-**

Children are picked up daily at Topsail Elementary School, South Topsail Elementary School and North Topsail Elementary School and brought to the building. Each parent will need to sign a permission slip granting permission for daily pick up. Any additional field trips will be posted before the date and will require an additional permission slip. Each Dolphin school bus is equipped with seat belts for all children. A first-aid kit is located on each school bus. Parents are responsible for communication with Dolphin when children are sick or will not attend to prevent the whole group from waiting at the school while the child is located.

**Reporting Child Abuse / Neglect** – Any leader or supervisor that suspects child abuse or neglect is legally bound to report the suspected abuse to the Department of Social Services. No member of the DAEP will be subpoenaed to court for abuse / neglect cases or any custody cases. \*Please see attached NC Child Care Laws. Pender County Department of Social Services (DSS)-910-259-1240

**Sick Children** – When a child arrives ill or becomes ill, parents will be notified for immediate pick up. If a child is sick/cough/lethargic for multiple days, we reserve the right to have the parent keep the child home and not return until there is a doctor's note. Medication is not administered. Please notify program if child will not attend due to illness. Medical emergencies will be handled by 911 and parents. Children with lice need to be nit free before returning to the program (different from school policy).

**Outdoor Play** – The games and activities children play outside are age appropriate.

**Pick-up Procedures** – Registration form has listing for eligible adults to pick-up child. Adults may be added at any time. . Parent or Authorized pick-up person must show ID and sign child out of program.  
LATE PICK UP FEE: \$2/minute late fee due at pick-up.

**Parent Participation-** Parent participation is always welcomed.

## **Emergency Procedures**

All staff is trained in First Aid & CPR. 911 is called first in the event of an emergency then parents.

**Activities-** Daily activities include art projects (rotated weekly and/or daily), building center, puzzles, board games, recreation and sports. Free play time daily.

**Grievance Procedure** – All questions, complaints, and concerns need to be directed to Lindsay Thacker, Assistant Director 910-515-1100, or Steph Nestor 910-233-8594.