

Date Application Completed _____

Date of Enrollment _____

SCHOOL AGE PROGRAM 2021 - 2022
APPLICATION FOR ENROLLMENT

Afterschool Only ___ **Camp Days Only** ___ **Both Afterschool and Camp Days** ___

If attending Afterschool, Number of Days: _____ **Circle Days attending:** M T W R F

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur.

CHILD INFORMATION:

Full Name _____
Last First Middle Nickname

Child's Physical Address: _____
Street City Zip Code

Elementary School _____ Grade as of Fall _____ K 1 2 3 4 5 Birthdate _____
(circle one)

Siblings' Names and ages _____

FAMILY INFORMATION:

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____ Email _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____ Email _____

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	Address	Phone Number

REGISTRATION & PAYMENT

There is a yearly, non-refundable, registration fee of \$50. After paying the registration fee, you will receive notice of additional paperwork due. All paperwork is due by August 1st to hold your child's space.

Tuition is \$75 per week for 5 days a week. If less days a week are needed, the rate will be prorated based on the attached fee chart.

*Camp Days are those days which CMS or Union County Schools are closed, but COSKids is normally open. A sign-up will go out for all families to register for these days as they occur. The Camp Day fee is \$45 per day.

I understand that a space will be reserved for my child, when available, once my registration payment and paperwork have been turned into the Main Office. I understand that I am responsible for paying in full on the Friday before for the following week.

Parent/Guardian Signature _____ Date _____

CHILD'S NEEDS

COSKids desires to partner with families to create a successful and enriching afterschool experience. Please provide the following:

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 information that has a direct bearing on assuring safe medical treatment for your child. _____

List any learning differences, academic or behavior challenges for your child. _____

For any child with health care needs such as severe allergies, asthma, diabetes, seizures, 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

EMERGENCY MEDICAL CARE INFORMATION

Name of health care professional _____ Phone _____
Hospital Preference _____ Phone _____

I, as the parent/guardian, authorize COSKids to obtain medical attention for my child in an emergency.

Parent/Guardian Signature _____ Date _____

I, as the operator, do agree to seek emergency 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 medication without specific instructions from the physician or the child's parent, guardian, or fulltime custodian.

Administrator's Signature _____ Date _____

ADDITIONAL INFORMATION

Please provide any information concerning your child which will be helpful in his/her experience in group settings, such as any specific likes/dislikes, fears, habits or needs. _____

What does your child enjoy doing when inside? _____

What does your child enjoy doing outside? _____

Does your child have any special interests or talents? _____