



United Way of South Central Idaho

E Street Community Center

# After School Program 2023-2024

## Child's Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Grade child will be in during the 2023-2024 school year: \_\_\_\_\_

Do you give permission to ESCC Early Learning Manager to have access to your child's Idaho Power Sch. \_\_\_\_ yes \_\_\_\_ No

## Parent/Guardian 1 Information

FullName: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact:  Yes or  No

Authorized to Pick up:  Yes or  No

## Parent/Guardian 2 Information

FullName: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact:  Yes or  No

Authorized to Pick up:  Yes or  No

## Emergency Contacts and/or Authorized Pickups (other than parents)

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: Yes or No Authorized to Pick up: Yes or No

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact:  Yes or  No

Authorized to Pick up:  Yes or  No

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact:  Yes or  No

Authorized to Pick up:  Yes or  No



# After School Program 2023-2024

## Enrollment Dues

After School Program One-Time, Registration Fee: \$30.00

After School Program Monthly Fee: \$200.00/month (comes with facility membership) or \$10 a day.

Once enrolled in our After-School Program for the option above, your child will be enrolled and charged monthly for the entire 2023-2024 After School Program that starts August 16th, 2022.

Registration fee is due at time of registration. All monthly fees are due on the participant’s pre-selected draft date (either the 2<sup>nd</sup> or the 15<sup>th</sup> of each month), which can be chosen below.

**Cancellation Policy:** The office must receive a written cancellation by the last day of the current month. There are NO REFUNDS on registration fees.

### Payment Authorization—Monthly Payments ONLY

I authorize my financial institution to honor drafts drawn by ESCC on my account below. Drafts from my account will be taken out on the 15<sup>th</sup> or 2<sup>nd</sup> of the month. The amount drafted will be the amount due for enrollment each month. It is understood that my bank draft will continue for the above checked sessions unless written notification is received at the ESCC 7 days before the amount is due. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. ESCC has the right to redraft any account that had non-sufficient funds. ESCC reserves the right to charge a processing fee for non-sufficient bank drafts and/or credit card declines. ESCC will not be responsible for any charges resulting from above erroneous debit. I understand that there are no refunds given. It is my responsibility to check my monthly statements and report any corrections within 90 days to ESCC.

**Checking/Savings Account Information:**

From:             Checking     Savings

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Bank Draft Payment:**

Charge My:     Visa             Master Card             Discover             American Express

Name on Card: \_\_\_\_\_

Last 4 digits: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Billing Cycle:** Monthly billing will begin on the  2<sup>nd</sup> or  15<sup>th</sup> of the month.

**I have read and understand the above payment authorization, cancellation, and refund policy.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# After School Program 2023-2024

## After School Payment Policy

The following terms and conditions apply for all childcare accounts. Please initial each statement after reading:

### Registration Fee

Payment of the \$30 registration fee must be included with the registration packet.

Parent Initial \_\_\_\_\_

### Payment Dates

Payment cycles are monthly. All payments are due on the pre-selected draft date each month. If you anticipate having difficulty with paying your fees on time, please contact the Assistant Manager at 208-733-4384 or becky@estreetcc.org.

Parent Initial \_\_\_\_\_

### Additional Charges and Termination of Services

An NSF charge will be charged for returned items along with a late charge if applicable. Delinquent accounts will be placed on a termination list. ESCC reserves the right to terminate care until the account balance is paid in full. If there is a wait list, your child's place may be forfeited and given to the next child on the wait list.

Parent Initial \_\_\_\_\_

### Tuition Credits

Tuition is calculated as a monthly rate. There are no tuition credits given for holiday closures, child illness or closing due to weather or an emergency.

Parent Initial \_\_\_\_\_

### Collection of Fees

ESCC reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/ guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections, a \$20 processing fee will be added to the account balance.

Parent Initial \_\_\_\_\_

### After Hours Policy

After School program ends at 7:00 PM. If you pick up your child after the closing time, you will be charged \$1.00 for each minute after 7:15PM until 7:30 PM, at which time Child Protective Services (CPS) will be called. This charge will appear on your next invoice.

Parent Initial \_\_\_\_\_

**I have read, initialed, and understand the terms and conditions** of the Payment Policy and agree to abide by all the above stated terms. I also understand that I, the undersigned, am the person solely responsible for payment of my account regardless of any other parties involved (i.e., co-payer, ICCP, etc.).

Parent/Guardian Name (PRINTED): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monthly tuition payments for After School can be paid in person at E Street Community Center, mailed to 1751 Elizabeth Blvd, Twin Falls ID 83301, or setup recurring payments (see page 2). For billing questions, please contact the Assistant Manager at 208-733-4384 or becky@estreetcc.org.



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E Street Community Center

# After School Program 2023-2024

## Authorization For Emergency Medical Care

Child's Name: \_\_\_\_\_

### Immunization

I will provide my child's immunization records within 30 days of program registration. All required immunizations and/or tuberculosis tests are current.

### Authorization

In case of sickness or accident, I hereby give my permission to the medical personnel selected by ESCC to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither ESCC nor its works can be held responsible in the event of accident or accidental death.

### Responsibility

I understand and acknowledge that the ESCC does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Currently do not have a doctor, use closest available (PLEASE INITIAL): \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Currently do not have a dentist, use closest available (PLEASE INITIAL): \_\_\_\_\_

Please list the following and if not applicable write NA

Current Medications: \_\_\_\_\_

Dietary Modifications/Food Allergies: \_\_\_\_\_

Operations/Serious Injuries: \_\_\_\_\_

Disability/Chronic/Recurring Illnesses/Allergies: \_\_\_\_\_

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# After School Program 2023-2024

## Parent and Participation Statement of Agreement

- I understand that I may not leave my child at ESCC unless there is a ESCC staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that ESCC is mandated by Idaho Law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick up my child on time.
- I understand that ESCC staff may not babysit, transport, or care for children other than during ESCC program hours.
- I understand that my child may be removed from ESCC for any of the following reasons:
  - Failure to pay program fees by designated deadlines
  - Inappropriate behavior of a child/parent that endangers anyone involved with ESCC
  - Repeated Behavioral Incidents leading to corrective action which may also include expulsion.
  - Failure to observe any of the conditions listed in the After-School Handbook.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Behavior Intervention Plan

A **Behavior Intervention** is the first formal step to help solve repeated rule violations. The plan involves parent, child, and staff. It requires participation of all parties. A suspension may be necessary at the Early Learning Manager's discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

## Participation and Sunscreen Authorization

- I authorize ESCC staff to administer sunscreen on my child when required.
- I authorize ESCC staff to administer insect repellent on my child when required.
- I authorize my child to participate in the following activities while enrolled in ESCC programs:
  - Swimming/water activities
  - View a PG rated film
  - Travel on arranged transportation
  - Participate in camp activities including field trips
  - Participate in photos or videos for ESCC publications.      \_\_\_\_\_ Needs to be excluded due to child protection

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Page 5**



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E Street  
Community  
Center

# After School Program

## 2023-2024

### Parent Registration Questionnaire

In our youth programs we want your children to have positive, fun, and interesting learning experiences. To help us know your child better, please answer the following four questions:

1. What is your child's primary learning style? Hands on, visual, auditory ? Write a short example.
2. What skills does your child have for learning in social groups?
3. What strategies help your child to self-regulate focus, attention, and behavior?
4. What else would you like us to know about your child?



# After School Program 2023-2024

## ESCC Scholarship Program Guidelines

The E Street Community Center is practical—it helps those who cannot pay full price.

It is part of the E Street mission to reach out and serve people in need. We want them to be involved in the programs and services of ESCC and nurture the spirit, mind, and body.

### How do people get a scholarship?

Stop by the ESCC and ask for a scholarship packet. Bring information on current income, preferably three current and consecutive pay stubs of all parties who contribute to the household income or the previous year's tax return so that the amount of assistance can be determined.

ESCC fees are based on the cost of providing each program. While participants are expected to pay their fair share, the ESCC will assist any individual or family that wants to participate but cannot afford the full fee.

**This organization is an equal opportunity provider.**

### Office Use Only

Notes:

Staff Initials: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Total Paid \$ \_\_\_\_\_ Payment ID: \_\_\_\_\_