

**FAIRBANKS ELEMENTARY SCHOOL
KINDER PAWS/PANTHER PAWS REGISTRATION FORM
2011-2012**

Please circle below all enrollment choices that apply:

1st Date of Attendance: _____

| Kinder Paws | Panther Paws | | | | | | | | | | | | | | | |
|---|--|--|---------------------------------------|--|------------------------|---|---------------------|-------------------------|--------------------------|---------------------------------|---------------------------|-----------------------------|---------------|--|---------------------------|--|
| <p>Enrichment Program:</p> <p>Full Time Part Time</p> <p>(circle days attending)</p> <p>T TH F (1/2 day)</p> <p>Bus Line Car Line</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">After School Program:</th> <th style="width: 33%; text-align: center;">Scheduled Late Starts Program:</th> <th style="width: 33%; text-align: center;">Non Scheduled Delay Starts Program:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Full Time Part Time</td> <td style="text-align: center;">Full Time (prepay) Part Time (monthly)</td> <td style="text-align: center;">Full Time(required)</td> </tr> <tr> <td style="text-align: center;">(circle days attending)</td> <td style="text-align: center;">(circle dates attending)</td> <td style="text-align: center;">(circle to indicate enrollment)</td> </tr> <tr> <td style="text-align: center;">M T W TH F</td> <td style="text-align: center;">9/21 10/19 11/16</td> <td style="text-align: center;">Enroll</td> </tr> <tr> <td></td> <td style="text-align: center;">2/15 3/07 4/18</td> <td></td> </tr> </tbody> </table> | After School Program: | Scheduled Late Starts Program: | Non Scheduled Delay Starts Program: | Full Time Part Time | Full Time (prepay) Part Time (monthly) | Full Time(required) | (circle days attending) | (circle dates attending) | (circle to indicate enrollment) | M T W TH F | 9/21 10/19 11/16 | Enroll | | 2/15 3/07 4/18 | |
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| | 2/15 3/07 4/18 | | | | | | | | | | | | | | | |

STUDENT INFORMATION:

Student: _____ Date of Birth: ____/____/____ Age: _____ Gender: _____

Home Address: _____ City: _____ Zip: _____

Grade: _____ Classroom: _____ Bus #: _____ Home Phone: _____

PARENT INFORMATION:

Mother/Legal Guardian: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ City: _____ Zip: _____

Where you can be reached while your child is in this program? _____

Father/Legal Guardian: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ City: _____ Zip: _____

Where you can be reached while your child is in this program? _____

EMERGENCY CONTACTS:

Parents cannot be listed as emergency contacts. Please list three individuals who can be contacted in the event of an emergency or illness if you cannot be reached. The following individuals are also authorized to pick up your child.

1. Name: _____ Phone: _____ Relationship to Child: _____

2. Name: _____ Phone: _____ Relationship to Child: _____

3. Name: _____ Phone: _____ Relationship to Child: _____

MEDICAL INFORMATION:

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

MEDICAL HISTORY:

Please check all that apply.

- Vision Problems Hay Fever Asthma (last attack _____)
- Speech Problems Motion Sickness Other(Describe) _____
- Hearing Problems

Please answer the following questions accurately and completely; explaining all "yes" answers fully so we can better serve your child.

Does your child have a special health or medical condition? (Please Circle One) YES NO

If yes, please explain: _____

Does your child have any dislikes or fears that staff should know about? (Please Circle One) YES NO

If yes, please explain: _____

Does your child have any food, medication or environmental allergies? (Please Circle One) YES NO

If yes, please list & explain: _____

Does your child have any dietary restrictions that require a modified diet? (Please Circle One) YES NO

If yes, please list: _____

Does your child take any daily medications including over the counter medication? (Please Circle One) YES NO

If yes, please list the name(s) of the medication(s) & reason: _____

MEDICATION:

The procedure for administration of medication during Paws hours will follow the policy as outlined in the elementary handbook. **IF YOUR CHILD IS CURRENTLY REQUIRED TO TAKE MEDICATION DURING PAWS HOURS, PLEASE CHECK THE APPROPRIATE SPACE.**

- Yes, authorization is filed with my child's school records, and I have completed the appropriate form for the Fairbanks Paws Program.
- No, Medication is not necessary at this time.

PARENT/GUARDIAN CONSENT:

Recognizing that the Fairbanks Paws Program will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the Fairbanks Paws Program from any and all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

BY SIGNING BELOW, I AGREE THAT:

1. I have reviewed and received a copy of the Parent Handbook that includes all the policies, procedures and guidelines pertaining to the Paws Program.
2. The named child has my permission to participate in programs and field trips, understanding that additional fees may be charged.
3. I give my permission for any pictures taken of my child to be used for publicity purposes.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

**FAIRBANKS ELEMENTARY SCHOOL
KINDER PAWS/PANTHER PAWS
ENROLLMENT FORM**

Student Name:

Grade/Classroom:

Please select all boxes that apply for your child's enrollment:

ANNUAL REGISTRATION FEE

A \$25.00 non-refundable registration fee is required each year a family enrolls in the Fairbanks Paws Program. Pre-registration is required for all programs.

School Year - \$25.00/family

KINDER PAWS PROGRAM

Operates from 8:00 a.m. – 3:00 p.m. on all regularly scheduled B days on the kindergarten calendar and from 11:05 a.m. – 3:00 p.m. on all regularly scheduled half days for group B. (Full days: Tuesday/Thursday Alternating Half Days: Friday)

Full Time Enrollment
\$60.00/student/week

Full Time Enrollment (+Panther Paws)
\$100.00/student/week

Part Time Enrollment
\$24.00/student/day or
\$16.00/student/ ½ day

Due to the *NEW alternating* kindergarten schedule, the tuition payment for full time enrollment is a fixed rate based on a 36 week payment schedule. NO payment will be due for the following weeks: Wk 17(the week of 12/19) or Wk 38(the week of 05/28).

PANTHER PAWS

Afterschool Program

Operates from 2:50 p.m. – 6:00 p.m. on all regularly scheduled school days.

Full Time Enrollment
4 - 5 days per week
\$50.00/student/week
\$45.00/sibling/week

Part Time Enrollment
1-3 days per week
\$12.00/student/day
\$ 8.00/sibling/day

Scheduled Late Starts Program

Operates from 7:00 a.m. – 10:00 a.m. on the six scheduled delay starts. No registration fee required.

The six scheduled delay start dates are: 9/21 10/19 11/16 02/15 03/07 04/18

Full Time Enrollment
\$60.00/student/year*
\$54.00/sibling/year*

Part Time Enrollment
\$12.00/student/day
\$ 8.00/sibling/day

*To receive discounted rate, tuition must be prepaid by 9/12.

Non Scheduled Delay Starts Program

Operates from 7:00 a.m. – 10 a.m. on days when school is running on a two hour delay. No registration fee required.

BILLING NOTE: Upon enrollment, your account will be billed for each two hour delay, regardless of attendance.

Full Time Enrollment
\$12.00/student/delay

**To operate, minimum enrollment requirements must be met. Enrollment deadline is 09/01.*

Rates subject to board approval

FAIRBANKS PAWS PROGRAM TUITION AGREEMENT FORM

Student Name: _____

Person responsible for tuition payment: _____

My child is registered with the Fairbanks Paws Program for the 20____/20____ school year. I agree to the following policies regarding tuition payment:

1. **REGISTRATION FEE:** A registration fee of \$25.00 is required each year a child is enrolled in the Fairbanks Paws Program. This fee is non-refundable and will be required to re-enroll a child, within the same calendar year, following an early withdrawal or early termination of services.
2. **TUITION RATES:** All rates are subject to Board approval. Tuition will not be pro-rated for illnesses, vacations, snow days or other unanticipated closings.
3. **PAYMENT DATES:** Payment is always expected in advance of services, unless otherwise indicated. Tuition is payable weekly, bi-weekly or monthly.
4. **SCHEDULED LATE STARTS:** Payment is due on the date of the scheduled late start or with your next scheduled tuition payment. *Tuition must be prepaid in full by 09/12, to receive the listed discounted rate.*
5. **NON SCHEDULED DELAY STARTS:** Payment is due on the date of service or with your next scheduled tuition payment. *As a reminder, once enrolled in this program, your account will be billed for each non scheduled delay start regardless of attendance.*
6. **LATE CHARGE:** Parents are required to pick up their child by 6:00PM from our Panther Paws Program. A late fee will be assessed at \$5.00 per 15 minutes starting at 6:05 PM. Persistent late pick-ups may result in a dismissal from the program.
7. **LATE PAYMENTS:** A \$5.00 late charge will be assessed per week to any account carrying a balance of \$50.00 or more. This fee will be applied to accounts whether the enrollment status is part or full time.
8. **PAST DUE ACCOUNTS:** Accounts 30 days past due will result in your child(ren)'s enrollment being suspended until your account is brought current or an agreement regarding payment has been established.

PAYMENT SCHEDULE:

MY PAYMENT WILL BE MADE IN ADVANCE (Check One)

- Weekly: My weekly tuition payment amount is _____.
Payments are due on or before the Friday for the following week.
- Bi-Weekly: My bi-weekly tuition payment is _____.
Payments are due on or before the Friday for the following two weeks.
- Monthly: My monthly tuition payment is _____.
Payments are due on or before the Friday for the following month.
- Annually: My annual tuition payment is _____.
Payment is due on or before 09/12 for the Scheduled Late Starts Program.

I have read and fully understand the policies stated in the Fairbanks Paws Tuition Agreement and agree to comply with the procedures and policies as outlined in the Fairbanks Paws Parent Handbook. I will notify the Program Coordinator two weeks in advance of withdrawing my child, or whenever my childcare needs require a change in this agreement.

Signature of Parent/Guardian _____ Date: _____

**FAIRBANKS PAWS PROGRAM
EMERGENCY MEDICAL RELEASE FORM**

Student Name: _____

DOB: _____

PART 1: GRANT TO CONSENT

In the event reasonable attempts to contact me at (phone #) _____ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (Physician) Dr. _____ at (phone #) _____ or (Dentist) Dr. _____ at (phone #) _____, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

MEDICAL HISTORY:

Allergies: _____

Medications being taken: _____

Physical Impairments: _____

Health Concerns: _____

Parent/Guardian Signature

Date

PART 2: REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical care, I wish the Fairbanks Paws staff to take no action but to do the following:

Parent/Guardian Signature

Date

**FAIRBANKS PAWS PROGRAM
POLICIES AND PROCEDURES AGREEMENT**

1. A child may not attend the program without the necessary forms on file.
2. An annual, nonrefundable \$25.00 registration fee will be assessed for each family registered in the Fairbanks Paws Program.
3. Any changes in information given on your child's enrollment forms are to be submitted, in writing, to a Fairbanks Paws Staff member immediately. This would include, but not limited to, change of employment, change in address, change of phone number or change to individuals authorized to pick up your child.
4. Notification of any absences is required by contacting the Paws Coordinator either by phone or email.
5. Tuition will not be pro-rated for illnesses, vacations, snow days or other unanticipated school closings.
6. The program will follow the school calendar for students, and it will begin on the first day of school. If the school day is closed, both of our programs will be closed.
7. A child must be signed out each evening by a parent or person authorized, on the enrollment form to pick up the child. Children will not be released to anyone whose name is not listed on the enrollment form.
8. The Fairbanks Paws Program is not responsible for lost, stolen or damaged personal belongings.
9. A child who poses a threat to themselves or to others will be dismissed from the program with no refund.
10. Continued inappropriate behavior, such as threatening, swearing, not following directions, teasing, bullying, or fighting, may result in immediate dismissal from the program with no refund.
11. Willful destruction of property will be the responsibility of the child's parent/guardian.
12. Tuition payments must be paid in advance to avoid late charges and to insure continued enrollment.

Please sign, date, and return:

I am in receipt of, have reviewed and understand the Fairbanks Paws written policies and procedures.

Signature of Parent/Guardian

Date: