

THE ACADEMY
DROP IN CHILD CARE

303-289-8088

Main Campus - Ext 166 Pat.johnson@theacademyk12.org
North Campus Ext 525 Jan.neagle-ritner@theacademyk12.org

2019 - 2020 SCHOOL YEAR OR SUMMER CAMP

Please read all information carefully!

- School Year “Drop In Care”** allows only 3 Emergency Drop In days per school year.
You also receive access to all “Non-School Days” for full days of care.
For any non-school days or after school days of care needed a space is not guaranteed. There must be a space available in order for your child to drop-in.
Summer Camp – “Drop in care” is only granted provided we have space available..

All **Drop In** care must be cleared through the After School Care Supervisor or Site Leader.
(PLEASE NOTE: Drop in care is not valid if you go through other school staff or teachers).

Your I.D. is required to pick -up your child. If someone is picking them up that is not on your child’s pick-up list, you need to call and inform us who will be picking up.
Child Pick- Up is located in the Cafeteria areas at the Main Campus & North Campus.

If you reserve a Drop-In space for your child you must pay for the day you need when you reserve the space. This fee is non- refundable regardless of cancellation or non-attendance.

Hours Of Operation:

Main Campus: After School - 3:15 – 6:15pm 3rd -6th (11800 Lowell Blvd, Westminster 80031)

North Campus: After School - 2:55 – 6:00pm K-2nd (12161 Park Centre Dr. Westminster 80031)

Non-School Days: 7:00 am – 6:00pm

*** (Everyone comes to the Main Campus cafeteria for non-school days)**

Academy “Staff” Drop-in - School Staff that sign up for Drop- in care follows the same rates listed.
There is no staff discount for drop –in care.

COST: School Year Registration Fee : \$60 per child additional sibling \$30

After School Care: Minimum \$12.00 per hr. After 1 hr. of Care, A flat rate charge of \$22

Non-School Days - Full day of care: \$40.00 + any field trip or activity fees.

***Summer Camp Drop In:** \$47 per day- Activity fee included in cost. (Contact us regarding space).

I understand that Drop-In care during the school year can only be used for Emergency situations. (Ex. 1-3 days per yr.).
Non-School days & Holiday breaks are also available for me to drop in, provided a space is available.

I understand that **Drop-In childcare during the summer camp** is not a guarantee and that a space must be available.

I understand that I need to call the after school program directly to make sure a space is available when I need care.
As the registering parent, I agree that my child and I will uphold the programs rules, policies and procedures that will help ensure my child’s safety. I also agree to be responsible for all payments for any Drop-In care I signed up for, regardless of my child’s attendance or cancellation.

(Parent policies and Procedures Handbook is on our web page for viewing)

I understand that failure to pay the drop- in fees, or to follow the program policies, will result in my child being withdrawn from using the drop-in childcare option.

I _____
Parent printed name

Parent signature: _____

Date: _____

THE ACADEMY AFTER SCHOOL/ SUMMER CAMP

CHILD EMERGENCY FORM

Licensing Requirement - All Areas Must Be Filled In, If Not Applicable To You Please - Write N/A

Child's Name: _____ Gender: _____ Age: _____ Birth date: _____
 Address: _____ City: _____ Zip: _____
 Parent (Mother) _____ Parent (Father) _____
 Cell Phone: _____ Cell Phone: _____
 Wk Phone _____ Wk Phone _____
 Employer: _____ Employer: _____
 Wk Address: _____ Wk Address: _____
 City: _____ Zip: _____ City: _____ Zip: _____
 Email: _____ Email: _____

Second Parent Home address if other than child's:

Mother or Father / Address: _____ City: _____ Zip: _____

EMERGENCY CONTACT (Must be persons who are local and other than parents)

Name: _____ Phone #'s _____, _____

Address: _____ City: _____ Zip: _____

Name: _____ Phone #'s _____, _____

Address: _____ City: _____ Zip: _____

List any Illnesses / Chronic Health Problems/Allergies: _____

Please list any medication(s) prescribed: _____

Physicians Name: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Preferred Dentist Name: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Hospital Preferred for Emergency Treatment: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

CONSENT FOR EMERGENCY MEDICAL CARE AND SHARING OF INFORMATION

I, the undersigned, a parent or guardian of the above named child herein authorizes all adult sponsors, or any responsible adult person bearing this written authorization into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care. Such care is to be rendered to said minor under the general or special supervision and upon the advice of a physician, dentist, and/or surgeon licensed to practice in the State Of Colorado and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care. In addition, I authorize all Academy Child Care staff / school staff to exchange relevant information about my child. It is understood that this authorization is given The Academy childcare program and for all program-sponsored activities. Every effort will be taken to locate a parent/guardian before any action is taken. All medical expenses will be accepted by the parent/guardian.

AUTHORIZED SIGNATURE: _____ **Date:** _____



THE ACADEMY AFTER SCHOOL AND SUMMER CAMP PROGRAMS

CHILD PICK-UP AUTHORIZATION

*** ONE FORM PER FAMILY**

If parents are separated, please complete one form to accommodate both parents.

Please fill out this form if you wish to have other people pick your child up from the after school or summer camp program. These people may pick-up your child without us contacting you to authorize their release. People including but not limited to step-parent(s), grandparent(s) neighbor(s), aunt & uncle(s), friend(s), etc.

Please Note : we do not have access to the elementary schools pick-up list. You may allow other people not listed here, to pick up your child provided you inform us. For after school, we need to know prior to 2:30pm An I.D. is required for ALL pick-up persons.

Child's Name: _____ 2nd Child's Name: _____

3rd Child's Name: _____

Person(s) Authorized to Pick-up (Pleaes Print Names Clearly)

Mother: _____ Father: _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

*** PLEASE NOTE:** People you have listed on this child pick-up form, and those you have listed as an "Emergency" contact person(s) will be allowed to pick your child up at anytime. (If you wish this to be different, please let us know)

Parent Signature

Parent "Printed" Name

Date: _____

Parent Signature

Parent "Printed" Name

Date: _____