

Shalimar United Methodist After School Care Permission Form

P.O. BOX 795
SHALIMAR, FL
651-0721 EXT. 116

MONDAY – FRIDAY
2PM – 5:30PM
ELEMENTARY AGE ONLY



Child's name _____
Name child is called _____
Address _____
City _____ Zip _____
Birthdate ____/____/____ M ____ F ____
Mo Day Yr
Father's name _____
Place of business _____
Cell # _____ Work # _____
Mother's name _____
Place of business _____
Cell # _____ Work # _____
Does child have medical problems,
allergies, birth defects? No ____ Yes ____
If yes, explain _____
Food allergies? _____
Grade: _____ School: _____

Please check desired program:

- ____ **5 day** Monday through Friday
____ **3 day (please circle) M, T, W, R, F**
____ **Drop In (No transport needed)**

Payment is due end of each week (Friday)

Registration Fee: \$35 non-refundable
registration fee per child.

Tuition: 4 days or more : \$50

3 Days or less: \$30

Drop In: \$20 per day -24 hour notice

**There is a \$1.00 per minute fee for students
picked up after 5:30 pm**

Disciplinary action for After School Care:

1. Be respectful & Obedient
2. Use good manners: please and thank you
3. No foul language or physical abuse of any
kind will be tolerated
-1st offense: verbal warning
-2nd offense: remove child from activity
-3rd offense: child goes directly to ASC
Director: Dawn Rozofsky
4. Clean up your mess

After School Care Policies

Dates: Our program operates on school
days listed in the Okaloosa County school
calendar, with the following extra days
offered: **Exceptions below.

****Thanksgiving Break:** Monday-

Wednesday, Nov. 20-22 from 7:30 am - 5:30
pm -Cost: \$90/3 days. Field trips included
each day.

****Winter Break:** Wednesday-Friday, Dec. 20-
22 from 7:30 am - 5:30 pm -Cost: \$90/3 days.
Field trips included each day. This price
does not include the first 2 days of ASC for
Monday-Tuesday (additional \$30).

****On these special dates, kids need to be
walked in to Sign In at the Family Life
Center (FLC) by parent/guardian.**

The SUMC After School Care contract
will remain in effect for the entire school
year.

I am enrolling my child in Shalimar
United Methodist After School Care
Program for the school term 2017-18. I
understand the policies and agree to them.

**I was given the brochures, "Know Your
Child's Day Care Center", "Influenza Virus,
The Flu" and ASC Policy and Procedures.**

Parent's Signature & Date:

Name & Number of Child's Doctor

Name & # of person other than parents to
call if you can not be reached

Please contact us via email or text if child is absent or sick or change in transportation.



Parental Permission and Emergency Medical Authorization

August 2017 – August 2018

Child's Name _____ Parent's Name _____
Address _____ Emergency Phone _____
City/Zip _____ Home Phone _____

Parental Permission:

I, _____, hereby grant permission for _____
to participate in Shalimar UMC activities during the year 2017-2018 and hereby release and agree to hold harmless
the Shalimar United Methodist Church, its officers, agents, and employees from all liability arising out of injuries
sustained by _____, while participating in church sponsored activities. I
understand it is my responsibility to secure adequate medical insurance; the name of our medical insurance
company is _____, Group # _____,
Policy # _____ which will cover this child in the event of injury. I assume full responsibility and
liability for any and all expenses connected with an injury and/or illness that are not paid by our insurance company
or through military benefits if this child is entitled to military privileges.

Further, I hereby consent to allow _____ to be transported by private
automobile or church vehicles in connection with Shalimar UMC activities.

Emergency Medical Authorization:

In the event reasonable attempts to contact me at _____ (phone number) have been
unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by
_____ (preferred physician) or in the event the designated preferred practitioner is not
available, by another physician and (2) transfer and admission 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 who can concur the necessity for such surgery,
are obtained prior to the performance of such surgery.
Facts concerning the child's medical history including allergies, medication being taken, and any physical
impairments to which a physician should be alerted: _____

STOP HERE. PLEASE SIGN IN THE PRESENCE OF A NOTARY PUBLIC ONLY

Date: _____ Printed Name of Parent/Guardian _____ Signature of Parent or Guardian _____

STATE OF FLORIDA - COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this _____ day of _____ 20____,

by _____
(printed name of person acknowledging) _____ Signature of Notary Public _____

Personally known: ☐ OR Produced Identification: ☐

Notary Seal

Type of Identification Produced: _____

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Child's name: _____

Father's name and phone #: _____

Is this child's father permitted to pick up the child? _____

Mother's name and phone #: _____

Is this child's mother permitted to pick up the child? _____

Please list the name, phone # and relation of anyone else who is allowed to pick up this child or who we can call in an emergency if you can not be reached.

Example: Sue Baker 123-4567 grandma

	NAME	PHONE #	RELATION to CHILD
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Please place your initials beside the items if you agree you and or your child may participate.

_____ Supper Club: I give permission for my child to be signed out from ASC and attend Supper Club and Church related activities on Wednesday evenings

_____ Photos: Permission for pictures to be taken of your child (named above) for use on bulletin boards, in albums, year-end slide show and church publications.

_____ Food: Permission for your child (named above) to participate in classroom cooking activities and to eat food brought in for special events.

_____ On Campus Field Trips: Permission for your child (named above) to go on "field trips" to other rooms on the SUMC campus.

_____ Off Campus Field Trips: Permission for your child (named above) to go on Field Trips around town of Shalimar, Ft. Walton Beach and Niceville.

_____ Yes, I would like to participate in Remind Group Text/Email.

Please add my cell phone number and area code. _____ or

Please add my email: _____.

Signature of responsible party

Date



PARENT COPY/INFO

Our Mission:

To implement genuine care, respect and love for children, parents and each other.

To be the premier provider of child care, while meeting the needs of the children, parents, schools and communities we serve.

To enhance and enrich the lives of children spiritually, physically and educationally as they become young adults, while working as a team toward common goals.



Enrollment options: Our program begins at 2pm and dismisses at 5:30 pm.

Full Time enrollment, **Part Time** enrollment and **Drop-In**. A Full Time student is here at least 4 days a week. Our Part Time student is here 2-3 days a week and a student is considered Drop-In when he/she is here on a "need only" basis.

There is a \$1.00 per minute fee for students picked up after 5:30 pm.

School Closing: When school is closed for teacher workdays or holidays, childcare is not covered under the Shalimar UMC After School Care program contract. **Exceptions below.

Dates: Our program operates on school days listed in the Okaloosa County school calendar, with the following extra days offered:

****Thanksgiving Break:** Monday-Wednesday, Nov. 20-22 from 7:30 am - 5:30 pm -Cost: \$90/3 days. Field trips included each day.

****Winter Break:** Wednesday-Friday, Dec. 20-22 from 7:30 am - 5:30 pm-Cost: \$90/3 days. Field trips included each day. This price does not include the first 2 days of ASC for Monday-Tuesday (additional \$30).

****On these special dates, kids need to be walked in to Sign In at the Family Life Center (FLC) by parent/guardian.**

Health:

If a child should become ill during After School Care, a parent will be contacted to come as soon as possible to pick up child. Children who are sick or sent home must be symptom free and have a temperature under 100 degrees for 24 hours before returning to After School Care. We will not dispense any medications during care. If a medical issue needs to be addressed please contact Dawn Rozofsky or Jen Leibold.

After School Care Rules:

1. Stay with a staff member at all times
2. Be respectful, obedient and nice at all times
3. Use good manners: please and thank you
4. No foul language or physical abuse of any kind will be tolerated
 - 1st offense: verbal warning and offer a peaceful solution
 - 2nd offense: remove child from activity for a cool down time period – TBD depending on offense
 - 3rd offense: child goes directly to ASC Director: Dawn Rozofsky for discipline review/punishment
5. Help clean up your mess
6. If a child is hurt, see the ASC Director: Dawn Rozofsky

Payment:

Fees can be paid by cash, check or debit/credit card at our kiosk in front of the Family Life Center at Shalimar UMC. If paying via Kiosk, Please provide us with a copy for our records.

All payments are due by Friday each week.

Please contact us via email or text if child is absent or sick or change in transportation.

NEED MORE INFO OR CONTACT:

ASC DIRECTORS: Dawn Rozofsky 850-294-2384 Jen Leibold 850-582-4985 (after 4 pm office ext. 202)

CHILDREN'S CO-DIRECTORS: Dawn Rozofsky and Jen Leibold

EMAIL: afterschoolcare@shalimar-umc.org OR children@shalimar-umc.org

