

# Shalimar United Methodist After School Care Permission Form 2019-2020

P.O. BOX 795  
SHALIMAR, FL  
651-0721 EXT. 132

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 program enrolling in:**  
\_\_\_\_ **5 day** Monday through Friday  
\_\_\_\_ **3 day ( please circle) M, T, W, TH, F**  
**(notification in writing by text or email the Fri.**  
**before if you are switching days)**  
\_\_\_\_ **Drop In ( No transport needed)**

**Payment/Tuition**  
Payment is due on or before the first day of attendance each week, bi-weekly or monthly.  
**Registration Fee:** \$40 non-refundable registration fee per child/ \$30 for children that attended Summer Camp 2018.  
**Tuition:** 4 days or more : \$55  
3 Days or less: \$35  
Drop In: \$25 per day -24 hour notice  
**Late Fee: 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  
-1<sup>st</sup> offense: verbal warning  
-2<sup>nd</sup> offense: remove child from activity  
-3<sup>rd</sup> offense: child goes directly to ASC  
Director: Dawn Rozofsky

Serving the following schools: Shalimar, Kenwood, Longwood & Elliot Point

**After School Care Policies**  
**Attendance: Each child will have "10 Days of Grace"**, meaning your child is allotted 10 days of absences for the school year to use for illness, vacations, etc. After the 10 Days, you will be charged for your enrolled program rate each week whether in attendance or not.

**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. 25-27 from 7:30 am - 5:30 pm -Cost: \$40 per day/3 days \$120. Field trips included each day.

**\*\*Winter Break:** Friday, Dec. 20, 2019 & Thursday-Friday, Jan. 2-3, 2020 from 7:30 am - 5:30 pm-Cost: \$40 per day. Field trips included each day. This price does not include the first 4 days of ASC for Monday-Thursday, Dec. 16-19.

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

**Communication:** All transportation changes, absences, or pick-up changes need to be communicated to us by email, text or remind by 1:00pm each day. Email: asc@shalimar-umc.org

**The SUMC After School Care contract will remain in effect for the entire school year, unless notified 15 days prior to change.**

I am enrolling my child in Shalimar United Methodist After School Care Program for the school term 2019-20. 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.**

# Shalimar UMC After School Camp Permission Form 2019-2020



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

- |    |    |
|----|----|
| 1) | 4) |
| 2) | 5) |
| 3) | 6) |

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

\_\_\_\_\_ I understand that all Counselors have access to my child's records and there may be a child in the program that is not vaccinated.

\_\_\_\_\_ 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



## \*WITHDRAWAL REQUEST FORM\*

Please state reason you are withdrawing your child from the SUMC After School Care Program:

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Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

# 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 2:20pm 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. Call or Text if running late.**

**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. 25-27 from 7:30 am - 5:30 pm -Cost: \$40 per day. Field trips included each day.

**\*\*Winter Break:** Friday, Dec. 20, 2019 & Thursday-Friday Jan. 2-3, 2020 from 7:30 am - 5:30 pm-Cost: \$40 per day. Field trips included each day. This price does not include the first 4 days of ASC for Monday, Dec. 16-Thursday, Dec. 19, 2019.

**\*\*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.

## **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
  - 1<sup>st</sup> offense: verbal warning and offer a peaceful solution
  - 2<sup>nd</sup> offense: remove child from activity for a cool down time period – TBD depending on offense
  - 3<sup>rd</sup> offense: child goes directly to ASC Director: Dawn Rozofsky for discipline review/punishment
5. If a child is hurt, see the ASC Director: Dawn Rozofsky

\* NO: Corporal punishment. Discipline will not be related to: food, rest, toilet or active play.

## **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 or online giving on our Church website [shalimar-umc.org](http://shalimar-umc.org) If paying via Kiosk, Please provide us with a copy for our records.

All payments are due on the first day of attendance each week, first and last name of child written on payment and placed in the black mailbox in the Camp office.

**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 Office: (850) 651-0721 ext. 105 EMAIL: [afterschoolcare@shalimar-umc.org](mailto:afterschoolcare@shalimar-umc.org)

Cell: (850) 294-2384





# Parental Permission and Emergency Medical Authorization

August 2019 – August 2020

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 2019-2020 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: \_\_\_\_\_