



AFTER SCHOOL PROGRAM ENROLLMENT FORM

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CHILD'S FULL NAME	BIRTH DATE	GENDER
CHILD'S HOME ADDRESS (STREET, CITY, STATE, ZIP)		
SCHOOL CHILD ATTENDS		GRADE

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP)				CELL PHONE
EMPLOYER		EMAIL ADDRESS		
EMPLOYER'S ADDRESS (STREET, CITY, STATE, ZIP)				WORK PHONE
PARENT/GUARDIAN NAME	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP)				CELL PHONE
EMPLOYER		EMAIL ADDRESS		
EMPLOYER'S ADDRESS (STREET, CITY, STATE, ZIP)				WORK PHONE

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD FROM FACILITY (OTHER THAN PARENT)

NAME	RELATIONSHIP TO CHILD	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP)		CELL PHONE
NAME	RELATIONSHIP TO CHILD	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP)		CELL PHONE
NAME	RELATIONSHIP TO CHILD	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP)		CELL PHONE

PHYSICIAN INFORMATION

CHILD'S PHYSICIAN	OFFICE PHONE	
ADDRESS (STREET, CITY, STATE, ZIP)		
PHYSICIAN SPECIALIST (IF APPLICABLE)	REASON CHILD IS UNDER SPECIALIST CARE	OFFICE PHONE
ADDRESS (STREET, CITY, STATE, ZIP)		
PREFERRED HOSPITAL	HOSPITAL LOCATION (CITY, STATE)	
NAME OF PERSON FINANCIALLY RESPONSIBLE FOR CHILD'S MEDICAL CARE	HEALTH CARE PLAN	POLICY/GROUP NUMBER



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CHILD'S FULL NAME: _____

CHILD'S DOB: _____

HEALTH STATEMENT (CHECK ONE)

- My child is in good health and has no special health or medical requirements.
- My child has special health or medical requirements as specified below.

CHILD'S SPECIAL HEALTH, BEHAVIORAL, MEDICAL, OR DIETARY REQUIREMENTS

Please list any allergies, special medical conditions (including chronic health problems such as asthma), behavioral disorders, special needs, etc.

Does your child require an EpiPen?

YES

NO

Please list any foods your child does not eat for medical, religious, or personal reasons.

Please list any activities that your child should not participate in for medical, religious, or personal reasons.

AUTHORIZATION FOR TREATMENT

I grant permission to the medical personnel selected by The Daisy House staff to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I give permission to the physician selected by The Daisy House staff to secure and administer treatment, including hospitalization, for my child. I acknowledge that any medical treatment is my financial responsibility and not that of The Daisy House, or any of its agents, volunteers, or employees.

PARENT/GUARDIAN INITIALS: _____

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

PARENT/GUARDIAN INITIALS: _____

PARENT / GUARDIAN AUTHORIZATION

I certify that, in advance of participation in The Daisy House After School Program, I have received all information which I deem necessary or important in making an informed choice regarding my child's participation in such activity or program. In consideration for The Daisy House allowing my child to participate, I voluntarily agree to assume all risks of her participation in such activity or program.

IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN THE DAISY HOUSE AFTER SCHOOL PROGRAM, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS THE DAISY HOUSE, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my child's participation in The Daisy House After School Program, including claims arising out of negligence of The Daisy House and its employees and volunteers. This agreement shall be governed by the laws of the State of Georgia. The health information about my child that I have provided to The Daisy House is complete and correct so far as I know. My child has permission to engage in all activities except as noted in her registration materials.

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____



an Edmunds Program for Human Services, Inc. DBA
1159 S. Elm Street • Commerce, GA 30529 • 888-444-0133

We are so excited that you have chosen *The Daisy House After School Program* for your child. At The Daisy House we commit to you an environment where your child will not only be actively stimulated and safe, but also a place where we will build leadership, character and self-esteem. Should you have questions or concerns along the way, please do not hesitate to share those with us as we strive to continuously make our program the absolute best it can be. Please read this entire package carefully to ensure you understand the services we are providing and how the rules, procedures, and forms affect you and your child.

REGISTRATION:

Registration is available year round. Registration forms will be accepted at The Daisy House (1159 S. Elm Street, Commerce GA 30529). Enrollment forms may be mailed, delivered in person, or sent via email to thedaisyhouse1159@gmail.com. Any registrations received after we have reached our program capacity will be placed onto a waiting list and notified as soon as a space becomes available.

TRANSPORTATION:

Transportation to and from The Daisy House is the responsibility of the parent or guardian. Parents may pick up their child at any time during the program hours, but no later than 6:00 p.m. each school day. Any persons picking up a participant may be asked to provide a photo identification.

PERSONAL PROPERTY:

Please do not send your child to The Daisy House with items of value. Children may be distracted during activities and The Daisy House does not have facilities for locked storage of personal items. Therefore, The Daisy House will not be responsible for any lost or stolen items.

UNPLANNED ABSENCE:

Please notify The Daisy House staff in advance if your child will be absent due to a scheduled appointment, illness, vacation or other planned absence. If a child does not arrive at the house as expected then the Daisy House staff will: (1) Contact the parent using the numbers listed on the enrollment form; (2) Contact the emergency numbers listed on the enrollment form; (3) Contact the local police department if none of the prior attempts resolve the issue. ***Any child that accumulates three (3) non-notice absences during the program duration will be subject to removal from the After School Program.***

CHILD ABUSE & NEGLECT:

The Daisy House staff members are mandated reporters, and as such shall at all times comply with applicable laws regarding child abuse. In the event that any staff member becomes aware of, suspects, or has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect (whether within or outside the school), such staff member shall immediately report such observations to the Program Director. The staff member who witnessed such actions will contact the Division of Family and Children Services, 855-GACHILD / 855-422-4453. It is our desire that parents are notified of our intentions to make such a call unless unsafe to do so.

MEDICATION POLICY:

It is against The Daisy House policy to give a child any medication without written parental consent and approval. This includes aspirin, Tylenol, cough syrup, any over-the-counter medicine, and prescription drugs. ***Please indicate any medication or food allergies on the enrollment form.***

EMERGENCY PROCEDURES:

The Daisy House may randomly conduct disaster drills (fire, tornado, earthquake, and intruder) during the program hours. In the event of an actual emergency, The Daisy House will follow the guidance of the first responders and contact parents as soon as possible.

ZERO TOLERANCE:

The Daisy House abides by a Zero Tolerance Policy in regards to weapons, drugs, alcohol, and bullying on The Daisy House property. If any such instances should occur, it will result in immediate and serious action. Suspension or termination of program participation should be expected. The Daisy House strives to help people within the community and teach our participants the value of doing the same. Therefore, in order to stay in our free After School Program, all participants are required to perform a minimum of eighteen (18) hours of community service over the course of a six (6) month period.

AUTHORIZATION FOR EMERGENCY CARE:

If at any time, due to such circumstances as injury, sudden illness, or other unforeseen emergency that medical treatment is necessary, I authorize The Daisy House to take whatever emergency measures they deem necessary for the protection and well-being of my child while in their care. I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety. I also understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

MEDIA RELEASE:

I understand that The Daisy House staff and volunteers may at times take photos or videos of program activities and field trips. I hereby give my permission for resulting images, which may include my child, to be used for promotional purposes on The Daisy House website or Facebook page, local newspapers, or other media deemed appropriate by The Daisy House. If you do not wish for your child to be photographed, we request that you notify all staff and volunteers in advance, and that your child is aware of why they will not be included in group photos.



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AFTER SCHOOL PROGRAM FREQUENTLY ASKED QUESTIONS

Where is The Daisy House After School Program located?

The Daisy House After School Program is located at 1159 S. Elm Street, Commerce, GA 30529

Who do I call if I have a question?

Please call our main number at 888-444-0133 and speak to Dr. Blanche McCreary.

How will my child get to and from The Daisy House?

Parents or guardians must arrange transportation. The Daisy House does not currently offer transportation services.

What does a typical afternoon at The Daisy House entail?

After your child arrives at The Daisy House, her first priority will be homework. Our staff will provide tutoring to those in need. Professional counseling will also be available. Children will also participate in arts and crafts, games, and other social activities, as well as seminars and self-improvement courses when their homework is complete. An afternoon snack will be served.

What is the cost of The Daisy House After School Program?

The program is free to all enrolled participants. However, donations are graciously accepted and can be made through our website at www.thedaisyhouse.net/ways-to-help.html

Who can attend The Daisy House After School Program?

The program is open to girls in grades 6-12, attending a school within Jackson County, Georgia. However, space is limited and based on a first come, first served enrollment process.

What is the duration of The Daisy House After School Program?

The program runs from 3:00-6:00 pm every school day, Monday thru Friday. There is no program on Saturday or Sunday. Please see below for information about school holidays. The Daisy House After School Program is only open during the school year, August thru May. Participants will be notified as summer programs become available.

Will The Daisy House be open during school holidays?

The Daisy House may hold holiday camps during spring break, Christmas break, Thanksgiving break and on teacher in-service days. If a holiday camp is offered during any of those times, parents will be notified, and it will be posted on our website at www.thedaisyhouse.net.