

# Wellington Elementary Compass Zone

## 2021-2022 Registration Form

Office Use Only:
Date received: _____
Registration pd\$ _____
Grade: _____ Team: _____
Cash or Ck# _____
Start Date _____
KY immunization: _____
Automatic WD form: _____
Handbook checklist: _____

Please complete one form per child. Do not leave any lines blank.

This application is not complete without a completed packet, registration fee (\$30 per student/\$40 per household), a copy of your child's current Kentucky Immunization Certificate, and a voided check.

Student Name \_\_\_\_\_ Gender: M F  
 Full Time (4-5 Days per Week)     Part Time (3 Days or Less per Week)  
 2021/2022 Grade Level \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Place of work \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Place of work \_\_\_\_\_

### Emergency Contact & Release Authorization

Name	Relationship to Student	Phone Number

### Health Information

List any health, physical, or developmental limitations: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Does your child take prescription medicine on a daily basis? \_\_\_\_\_

List medications and dosage in the event of medical emergency \_\_\_\_\_

**Please complete:** Physician name: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

The information listed is accurate to the best of my knowledge, and the child herein described has my permission to engage in all activities. In the event that I cannot be reached in an emergency, I hereby give permission to the Wellington After-School Program Director(s) or designee to secure emergency medical services including transportation and a physician.

Student Name \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_

2021/22 Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

## WELLINGTON ELEMENTARY SCHOOL

### AUTOMATIC DEBIT AUTHORIZATION AGREEMENT

I hereby authorize Wellington Elementary School to initiate the automatic debit entries to the account listed below. I understand that automatic debits will only be posted to my account for the date and amount I have listed below.

This authorization will remain in effect until Wellington Elementary School has received written notification from me at least 30 days prior to the next scheduled debit date.

Signature(s) X

X

#### **Information for Automatic Debit Entries:**

Day of each month that funds will be debited from my account: **5th**

Amount of funds to be debited from my account monthly: **Varies according to fee schedule.**

#### **Information for bank account that will be debited:**

Financial Institution Name \_\_\_\_\_

Financial Institution ABA Number (Routing Number) \_\_\_\_ \_

Individual Account Number \_\_\_\_\_

This account is a \_\_\_\_ Checking Account \_\_\_\_ Savings Account (Please select one)

**A voided CHECK must be attached below if the account is a checking account.**

**To complete your registration, please sign the following and return:**

The state of Kentucky requires that we have a signature on file for each student stating that their parent or guardian has received a Wellington Elementary Compass Zone Handbook and understands the program guidelines.

Student name \_\_\_\_\_

I, \_\_\_\_\_, have read and understand the 2021/22 Wellington Elementary After-School Compass Zone Handbook guidelines.

- I have read and understand the behavior management system and expectations.
- I have read and understand the fee schedule and guidelines for participation in the program.
- I have read and understand that **two (2)** payment returns for any reason (insufficient funds, account closed, etc) will result in my child's removal from the program.
- I understand that late charges of \$2.00 per minute per child will occur if I am later than 6:00pm.
- I have read and agree to the Compass Zone sick child policy.
- I understand that my child's participation in Compass Zone is contingent upon following all of the guidelines set forth in this handbook.
  
- I have read the new procedures during the Covid-19 Pandemic.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Occasionally, the Compass Zone staff may photograph students when they are participating in our enrichment activities. These photographs are never posted on the Internet and are only used to enhance a craft project that would be sent home for parents or for a Compass Zone bulletin board.**

**Please sign below if you give permission for your Compass Zone student to be photographed:**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## Animal Consent Form

*Child Care regulatory policy will allow the following enclosed or caged classroom animals with parental consent: fish, hamsters, gerbils, guinea pigs, hermit crabs, turtles, birds, non-poisonous amphibians, bearded dragons, rabbits, chinchillas as well as caterpillars and butterflies.*

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to be in the presence of the animals listed above.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

### Attention Families:

## Please Read And Sign Below Acknowledging New Procedures To The Afterschool Program During The Covid-19 Pandemic

- Every child is required to wear a mask that covers their nose and mouth at all times. A face shield may only be worn with a mask. If your child doesn't have a mask, one will be provided for them.
- Children will remain in the same group of children all afternoon. We will go outside daily, weather permitting, so please dress your child accordingly.
- Staff and children will be screened daily for fever and contagious symptoms upon arrival. A fever is considered contagious at 100.4 F. A child with contagious symptoms will be removed from the classroom immediately and the family will be contacted. The child must be **picked up within 1 hour** of being contacted.
- Children or adults that test positive for Covid-19 must follow the recommendations of the local health department on when to return to Compass Zone. Please contact the school or director immediately if you or your child tests positive. All families will be notified if your child was in the group of one who tested positive for Covid-19.
- Frequent hand washing will be expected and encouraged. Hand sanitizer will be readily available in all classrooms. All children will wash hands before leaving the building to go home to help reduce the spread of germs.
- During Covid, parents will not be allowed to enter the building to pick up unless authorized by the Director. If approved you must wear a mask and your temperature will be taken. Please have your ID ready to show the front desk attendant through the window. There will be a designated area to show your ID. Please remember your child may only be picked up by an adult listed on your registration packet. All changes to this list must be done in writing.
- Thank you so much for entrusting us with your child. Health and safety is our number one priority. We are so excited to have your child back with us in Compass Zone. Thank you so much for your cooperation.

Parent/Guardian signature: \_\_\_\_\_