



## **K-4 AfterCare Enrollment Packet**

**3:30 - 5:30 Tuesday, Wednesday, Thursday, Friday**

**IMPORTANT NOTE:** Your child is NOT officially registered until you have submitted all forms to the K-4 AfterCare program AND you have received confirmation from the director of the program that your spot has been confirmed.

Please also note: Due to COVID-19 restrictions,  
K-4 AfterCare is not a drop-in program.

***Pre-registration is required.***

Please submit your completed packet to [jeanne.kipke@bvsd.org](mailto:jeanne.kipke@bvsd.org)

**Program Fees: \$9/hour** for Individual Students **\$7.65/hour** for siblings

CCAP and Scholarships Available

(Please email [lucas.ketzer@bvsd.org](mailto:lucas.ketzer@bvsd.org) for scholarship requests)

Spaces are limited.

Minimum of 2 days per week required

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Student Last Name	First Name	M.I.	Gender	Birthdate
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**Student Lives With (Please circle):**

Mother only	Father & Stepparent	Both Parents in single household
Father Only	Mother & Stepparent	Other _____

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Parent Name ( <b>Primary contact</b> ):	Home Number	Cell
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Student's **Primary** Home Address: **Street/City/State/Zip Code**

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Email Address	Employer Name
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Employer address	Work Phone
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Parent Name ( <b>Secondary contact</b> )	Home Number	Cell
Home Address (If different from PRIMARY address): <b>Street/City/State/Zip Code</b>		
Email Address	Employer Name	
Employer address	Work Phone	

**Medical & Emergency Contact Information**

Emergency contact names should be someone to whom we may release your child in the event of an accident or a sudden illness, and neither parent can be reached.

**1** \_\_\_\_\_  
Contact Name Address

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Home phone Work phone Cell

**2** \_\_\_\_\_  
Contact Name Address

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Home phone Work phone Cell

**Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Hospital Choice:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Insurance:** \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

**Does your child have any health-related reasons, physical restrictions, allergies or limitations we should know about? Any dietary restrictions? Please specify:**

Does the student take any medications? \_\_\_\_\_

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Medication and When Taken

**If your child needs to take medicine while at AfterCare, a special form must be filled out and signed by a parent/guardian and the child's doctor. This form may be picked up in the Horizons Office.**

I/We hereby give permission to the staff of Horizons K8 AfterCare program to call on my/our child's behalf for any doctor or emergency medical services. I/We give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my/our child. It is understood that Horizons staff will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the registration document before any action will be taken, time allowing. If Horizons staff is unable to reach any of the contacts listed, treatment will not be delayed. I/we will accept the possibility and expense of emergency transportation, medical or surgical treatment.

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Parent Signature Date

**SUNCREEN**

\_\_\_\_( Initial) I will provide sunscreen with my child's first & last name. (Please no spray products.)

**Authorized Pick-Up/Release**

Persons who have permission to pick-up my child (Be sure emergency person(s) and siblings are included):

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Specific persons who MAY NOT pick up my child:

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\_\_\_\_**Initial** Staff will not allow your child to be released to anyone not listed. Your written permission must be received if you wish to add an additional person(s). Staff may ask for photo identification from any person with whom staff is unfamiliar.

**FIELD TRIPS/CLASS ACTIVITIES**

Written authorization for all field trips is required and will be sent to parents as individual documents if field trips occur.

**Media Plan**

**Computer Use:** AfterCare will not have individual computer time through to the end of the 2020-21 school year with the exception of homework. We may however offer GoNoodle (movement & music) as a group activity in the cafeteria and occasional movies, which will be announced through email.

**Cell Phones:** Cell phones may be used to contact parents with staff supervision, otherwise must be put away. Students have asked to play games or listen to music with cell phones, however because cell phone use in this way cannot be adequately supervised, we cannot allow this as an option. Please inform your child/children of AfterCare expectations with phones if they will be bringing a cell phone to AfterCare.

**Other Electronics:** Electronic toys/games are not permitted during AfterCare.

\_\_\_\_\_(Initial) I have read & understood AfterCare’s Media Plan.

**Immunization/Exemption**

\_\_\_\_\_(Initial) Immunization records or exemption forms are up to date and on file with Horizons K8. (Immunization or exemption paperwork must be current before child attends AfterCare.)

**COVID SCREENING FORM**

\_\_\_\_\_(Initial) I understand my child must be cleared with BVSD COVID SCREENING each day for in- person school/AfterCare

**Please note:** Children must be able to follow COVID guidelines for AfterCare in order to participate in this program . Guidelines are listed below.

- Spacing as determined by Covid guidelines (Maintain personal “Bubble”)
- Follow mask wearing guidelines
- Apply own sunscreen independently as needed

\_\_\_\_\_(Initial) Horizons AfterCare reserves the right to suspend any child that does not comply with Covid-19 guidelines.

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Spaces are limited. **Minimum of 2 days per week required**

*I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POLICIES AND PROCEDURES OF THE HORIZONS K-8 SCHOOL AFTER SCHOOL CARE PROGRAM.*

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Parent Signature

Date