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

Program Fees: $9/hour for Individual Students $7.65/hour for siblings
CCAP and Scholarships Available
(Please email lucas.ketzer@bvsd.org for scholarship requests)

Spaces are limited.
Minimum of 2 days per week required
Horizons K-8 School **K-4 AfterCare** Enrollment  

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Gender</th>
<th>Birthdate</th>
</tr>
</thead>
</table>

**Student Lives With (Please circle):**  
- Mother only  
- Father Only  
- Father & Stepparent  
- Mother & Stepparent  
- Both Parents in single household  
- Other ____________________________________________

<table>
<thead>
<tr>
<th>Parent Name <em>(Primary contact)</em></th>
<th>Home Number</th>
<th>Cell</th>
</tr>
</thead>
</table>

**Student’s Primary Home Address: Street/City/State/Zip Code**

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Employer Name</th>
</tr>
</thead>
</table>

| Employer address | Work Phone |

<table>
<thead>
<tr>
<th>Parent Name <em>(Secondary contact)</em></th>
<th>Home Number</th>
<th>Cell</th>
</tr>
</thead>
</table>

**Home Address (If different from PRIMARY address): Street/City/State/Zip Code**

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Employer Name</th>
</tr>
</thead>
</table>

| Employer address | Work Phone |

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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.

<table>
<thead>
<tr>
<th>1</th>
<th>Contact Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home phone</td>
<td>Work phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Contact Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home phone</td>
<td>Work phone</td>
</tr>
</tbody>
</table>

**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? ____________

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.

________________________________________
Parent Signature Date

SUNSCREEN

__(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):

________________________________________

________________________________________

Specific persons who MAY NOT pick up my child:

________________________________________

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.

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**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.

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

CCAP and Scholarships Available (Please email lucas.ketzer@bvsd.org for scholarship requests)

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.**

__________________________________________
Parent Signature

__________________________________________
Date