



## **AfterCare Enrollment Packet**

**3:30 - 6:00 pm Monday, Tuesday, Wednesday, Thursday**  
**12:45 - 6:00 pm Friday**

**IMPORTANT NOTE:** Your child is NOT officially registered until you have submitted registration to the AfterCare program AND you have received confirmation from the director of the program that your spot has been confirmed (limited spaces available).

AfterCare is not a drop-in program, however with registration, kids may attend additional days, space permitting, with approval from Director.

### ***Registration is required.***

Please either drop off your completed registration at the front office or scan & email to [jeanne.kipke@bvsd.org](mailto:jeanne.kipke@bvsd.org)

Student Last Name                      First Name    M.I.                                      Gender                                      Birthdate

**Student Lives With (Please circle):**

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

Parent/Guardian Name (**Primary contact**): Home Number Cell

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

Email Address Employer Name

Employer address

Work Phone

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

Special instructions for how parents/guardians may be reached during AfterCare hours:

\_\_\_\_\_  
\_\_\_\_\_

**Medical & Emergency Contact Information**

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

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

Home phone Cell Phone Work phone

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

Home phone Cell Phone Work phone

**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 K8 AC staff will make a conscientious effort to communicate with any parents, guardians or 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

**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 does not offer computer time with the exception of homework (students must provide own computer device). We may however offer supervised GoNoodle (movement & music), "How to" videos (how to draw an animal, how to fold origami...) and/or similar supervised programming on occasion. Students will be reminded of safe internet use as needed.

**Cell Phones:** Cell phones may be used to contact parents with staff supervision, otherwise must be put away. 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.

## **PERMISSION to Participate**

\_\_\_ (Please initial) I give permission for my child to participate in all AfterCare activities

### ***For example:***

Cafeteria may include games, building toys, Kinetic Sand, drawing, painting, Friday movies...

Gym may include basketball, soccer, scooters, soccer, wall ball...

Outside may include 4-Square, basketball, soccer, play structures (climbing, slides, web...), building with rocks, sand, swings...

Please list any exceptions below.

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## **SUNSCREEN**

Please choose ONE of the following options:

\_\_\_ I will put sunscreen on my child at home in the morning.

\_\_\_ I will provide sunscreen for my child to self-apply before going outside with AfterCare. (Please label clearly and have available for child's easy access each day). NOTE: Staff cannot apply sunscreen onto children.

\_\_\_ I want my child to self-apply sunscreen provided by AfterCare. (This will be a shared tube of sunscreen: Banana Boat Kids Sport Sting-Free, Tear-Free, Reef Friendly, Broad Spectrum Sunscreen Spray, SPF 50)

## **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.)

### **Note: AfterCare follows BVSD Covid mandates**

If mandates are put into place, students must follow COVID guidelines in order to participate in this program .

\_\_\_ **(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 Accepted/Scholarship support Available

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

**Note:** AC invoices are calculated by rounding to the nearest quarter hour. Invoices are sent monthly through email by the end of the first week of the new month.

Parents may pick up anytime before or at 6:00 pm.

**Please read the AfterCare Parent Handbook for more information.**

**Please check days for AfterCare**

(Monday-Thursday 3:30 - 6:00pm)

**Mondays**    **Tuesdays**    **Wednesdays**    **Thursdays**

(Fridays 12:45 - 6:00pm)    **Fridays**

\_\_\_\_ **(Initial) YES** My child may watch the G/PG movie (offered as an optional choice) on Fridays

\_\_\_\_ **(Initial) NO** My child may NOT watch the G/PG movie (offered as an optional choice) on Fridays

*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