

PNA ENROLLMENT POLICIES

Eligibility: Children in grades K-8 who either attend the school in which the program is located or live within a 1.25 mile radius of the school are eligible to register.

Enrollment:

1. A registration fee of \$60 is assessed each semester for the aftercare program. Before-school care is available for an additional fee of \$40 per semester. Registration fees are nonrefundable. Enrollment slots will be confirmed and held only upon receipt of the first semester's registration fee.
2. Children are accepted on a first-paid, first-served basis. If the program has reached its capacity, your child will be placed on a Waiting List in the order that enrollment forms are received. Registration fees must be paid in full before a child from the waiting list will be admitted into the program.
3. No child will be enrolled in the program unless all forms have been completed and submitted to the Site Director.

Program Policies:

1. The Aftercare program is open according to the official school calendar of Metro Nashville Public Schools, and is closed during breaks/holidays, inclement weather and half-days. If there is not a full day of school, there is no program. Before-school care is not provided on days in which school opens late.
2. Your child will be under the supervision of the PNA staff, from the time he or she arrives at the site, until your child leaves the site, according to your written instructions for departure. Program staff must be notified, in writing, of any changes in the program departure procedures. No child will be released to a person who is not listed on the registration form.
3. In order to secure their continuing enrollment, children are required to attend the program on a regular basis. It is requested that parents notify the program about long-term absences. Children who do not attend regularly will be at risk of removal from the program.
4. Any child who continuously exhibits disruptive behavior will be at risk of removal from the program.
5. Parents/guardians are responsible for the repair and/or replacement of program and school materials that are damaged or destroyed by their child.
6. All children must be picked up by the close of the program day. A child will be removed from the program if the parent or designee is consistently late to pick him or her up at the end of the day.

PERMISSIONS AND STATEMENTS OF UNDERSTANDING (Please read and initial)

____ 1. My child has permission to participate in all PNA activities, including field trips and transportation services. I will be notified of all field trips through PNA communication.

____ 2. I grant permission for my children to be used in media releases that benefit the program.

____ 3. I understand PNA provides liability insurance on all its programs. It is my responsibility to provide accident and medical insurance on my child/children enrolled and participating in the program.

____ 4. In the event of an emergency, I hereby give permission to PNA staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission to emergency personnel selected by PNA staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by PNA staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child.

____ 5. I understand that all children enrolled in the program are expected to follow the rules established by PNA for the purpose of safety and smooth operation of the program.

____ 6. I understand that registration fee payments are due at the start of each semester and that a child is not fully enrolled into the program until fees are paid.

____ 7. I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.

____ 8. The completion of the registration form enrolls my child in PNA. It is my responsibility to update the information contained in this form as needed. I agree to abide by the stated policies and procedures of the PNA program, and I have been given the opportunity to ask any question that I may have.

Signature of Parent/Guardian: _____ Date: _____

Child/ Children's Name(s): _____

PNA REGISTRATION FORM

FALL/SPRING 20____

(Revised 7/30/08)

Hours will be: ____ a.m. until ____ a.m. and ____ p.m. until ____ p.m. PLEASE NOTE: PNA before-care (where offered) operates on days school is in session (including half-days). PNA aftercare operates only on days in which school is in full session (excluding half-days).

REGISTRATION FEE MUST BE TURNED IN WITH THIS FORM!

(Fees are assessed per semester, per child – \$40 for before-care and \$60 for aftercare.)

DATE PAYMENT RECEIVED: _____ RECEIVED BY: _____

FEES PAID (Total) \$ _____ CHECK#: _____ MONEY ORDER: _____

CHILDREN TO BE ENROLLED:

LAST NAME, FIRST NAME	SOCIAL SECURITY NUMBER	GRADE	DATE OF BIRTH
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Have children been enrolled in PNA previously? If so, where? _____

Children are enrolled in: Before-care only _____ Aftercare only _____ Both before- and aftercare _____

Verified no outstanding balance? _____ (PNA initials) Registration is not complete until any outstanding balance is paid.)

PARENT/GUARDIAN INFORMATION:

NAMES OF PARENTS/GUARDIANS: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP CODE: _____

FOR CHILD'S SAFETY, LIST ALL PERSONS TO WHOM CHILD MAY BE RELEASED:

(DO NOT LEAVE BLANK)

NAME	PHONE#	NAME	PHONE#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the child authorized to sign him/herself out and walk home (do not leave blank)? Yes _____ No _____

EMERGENCY INFORMATION (DO NOT LEAVE BLANK)

Name of person, other than parent/guardian, authorized to act for the parent in an emergency:

NAME: _____ HOME: _____ CELL PHONE: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP CODE: _____

NAME OF CHILD'S PHYSICIAN: _____ PHONE NUMBER: _____

PHYSICIAN'S ADDRESS: _____ ZIP CODE: _____

Child's Health is: Excellent: _____ Good: _____ Fair: _____ Poor: _____

Please describe any medical conditions including allergies

MEDICATION

Please list all prescription medication that your child takes on a daily basis. No medication will be administered to your child unless this form has been completed. A copy of the prescription or doctor's note must be attached.

NAME OF MEDICATION

DAILY DOSAGE

REASON PRESCRIBED

In the event of an emergency, I hereby give permission to PNA staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission for emergency personnel selected by PNA staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by PNA staff to hospitalize, secure proper treatment for, and to order injection and/or surgery of my child. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured and authorized under this consent. (PNA states that every effort will be made to notify parents/guardians immediately in case of emergency.)

Signature of Parent/Legal Guardian

Date
