

ROCK ZONE AFTER SCHOOL PROGRAM

Rock Zone School Of Music

11902 Lebanon Rd. Mt. Juliet, TN 37122 615.562.0070 www.rockzoneafterschool.com

School: _____

Child's Name: _____

Child's Birthdate: _____

Home Address: _____

Best Email: _____

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____ Emergency

Contact: _____ Emergency Contact

Tel: _____

Start Date For After School Program Desired: ___/___/___

PICK-UP AUTHORIZATION

Other than those listed above, who may pick up your child:

(Must be 18 years of age or older.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I give permission for my child to participate in all activities planned and conducted by Rock Zone School Of Music's After School Program.

Parent/Guardian

Signature Date

For Office Use Only

Date: _____ Registration Fee: _____ Receipt Number: _____

Credit Card Auto-Debit Authorization

I _____ authorize Rock Zone School Of Music for the following:

Check whichever applies

___ Full monthly amount of \$ _____ on the 1st of every month

___ Weekly amount of \$ _____ on the weekly invoice due date of Friday.

___ Decline auto-debit

Full Name On Card: _____

Credit Card#: _____

Billing Address: _____

Zip Code: _____

Expiration Date: ___ / ___ / ___ Sec. Code: _____

E-Mail Address: _____

Signature: _____ Date: _____

PLEASE INITIAL IN DESIGNATED SPACES CHILD MEDICAL INFORMATION

When did your child last see a doctor (List month, date, year): _____

Immunization records are on file at (List full school name): _____

Physician's name: Phone: _____

Physician's address: _____

Hospital of choice: _____

Health insurance provider: _____

Phone: _____

Insurance ID: Group #: _____

HEALTH HISTORY

Does your child have any allergies or medical conditions that should be considered?

___ Yes ___ No If yes, please specify:

Are there any special instructions from you or the child's doctor as to treatment at the childcare site?

___ Yes ___ No If yes, please specify:

Does your child require one-on-one or additional assistance? (If your child has an IEP, please attach a copy for review.)

___ Yes ___ No If yes, please specify:

PLEASE INDICATE ANY OF THE FOLLOWING:

This is not applicable to my child (parent initial): _____ Medical condition/diagnosis:

___ Chronic illness:

___ History of serious injury/hospitalizations:

___ Special dietary needs: ___ Physical restrictions:

PLEASE INDICATE ANY MEDICATIONS TAKEN ROUTINELY:

This is not applicable to my child (parent initial): _____ Medication:

_____ Taken for: _____ Medication:

_____ Taken for: _____

PLEASE INDICATE ANY KNOWN ALLERGIES:

This is not applicable to my child (parent initial): _____

Allergies: _____

STATEMENT OF UNDERSTANDINGS AND PERMISSIONS

1. _____ My child has permission to participate in all RZ activities, including field trips and transportation services where applicable. I will be notified of all field trips in writing in advance.

2. _____ I grant permission for photographs/videos, which include my child to be used in media releases.

3. _____ In the event of an emergency, I hereby grant permission to the RZ staff to secure the proper medical treatment for my child. In the event that I cannot be reached, I hereby give permission to the physical selected by the RZ or order x-rays, routine tests and treatment for the health of my child. I give permission to the physician selected by the RZ to hospitalize, secure proper treatment for and to order injection and /or anesthesia and /or surgery for my child after all emergency contact attempts have been made.

4. _____ I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Program Director. The discipline procedures that will be followed are:

1) verbal warning

2) redirection

3) Site Directors notified / meeting with child and caregiver 4) parents notified.

Suspension from our program for one to five days can occur if the following inappropriate behavior is used:

- 1) harming another child or staff person
- 2) stealing
- 3) damaging or destroying property
- 4) using foul language
- 5) Being totally disruptive and/or uncontrollable in a group setting.

Rock Zone School Of Music reserves the right to willfully expel my child for recurring behavioral occurrences.

5. I understand that weekly fees must be paid on Friday in advance for the following week. A late fee of \$10 will be assessed if payment is made after Friday. Rock Zone has the right to discontinue after school services for families who chronically pay late.

6. I have completed a pre-placement visit to school/program location.

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.

The completion of this form officially enrolls my child in the RZ After School. It is my responsibility to update the information contained in this form as needed.

Parent signature: _____ Date: _____

