



Brownell Community Learning Center

STUDENT ENROLLMENT / INFORMATION FORM



Brownell Elementary School 2018-2019

STUDENT ENROLLMENT / INFORMATION

CHILD'S FIRST AND LAST NAME: _____ **STUDENT ID#:** _____

Male Female Age: _____ Grade: _____ Date of Birth: _____

ETHNICITY:

- Native American
- Asian American
- African American
- Hispanic/Latino American
- Other: _____
- Euro American
- Hawaiian/Pacific Islander American
- Middle Eastern American
- Multi/Bi Ethnicity American

OTHER QUESTIONS:

- My child qualifies for free or reduced lunch
- My child is an English Language Learner
Native Language _____
- My child receives special education
services during school hours
- My child is new to this school

PROGRAM: AM (7:00-8:45) **\$144/month** PM (3:38-6:00) **\$144/month** BOTH AM & PM **\$268/month**

Break Program (winter and spring if offered) **\$30/day** Summer Program **\$149/week**

**Checks should be made payable to: Northeast Family Center.*

*** FOR CLUB ONLY PARTICIPANTS AT COMMUNITY LEARNING CENTERS:**

At the end of the club my youth will: be picked up by authorized escort _____
 go to the after school program walk home

FAMILY INFORMATION

PARENTAL STATUS: Single Married Widowed Divorced Separated Re-married

CUSTODIAL & LEGAL GUARDIAN IS: Both Mother & Father Mother Father Mother & Mother
 Father & Father Other: _____

MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ Okay to Text

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ E-MAIL ADDRESS: _____

FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ Okay to Text

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ EMAIL ADDRESS: _____

Over for more required information

EMERGENCY CONTACTS AND INFORMATION

EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:

NAME: _____ NAME: _____
RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO CHILD: _____
HOME/CELL PHONE: _____ HOME/CELL PHONE: _____
WORK PHONE: _____ WORK PHONE: _____

AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS: (N/A IF NOT APPLICABLE)

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED): List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child’s health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

CHILD’S PHYSICIAN: _____ **PHONE:** _____

PERMISSION FORM

- YES NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.
- YES NO I give staff permission to transport my child for the purpose of program activities.
- YES NO I have received and signed the program handbook.
- YES NO I give my permission for CLC staff to share and receive necessary information from all CLC partners to assist with providing the best program experience for my child.
- YES NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.
- YES NO I have read and signed the DHHS Parent Information Brochure for Licensed Child Care.
- YES NO I understand sunscreen and/or insect repellent will not be provided during the school year. I will provide sunscreen/bug spray for my child if needed.

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

SIGNATURE OF PARENT AND/OR GUARDIAN

DATE

PARENT/GUARDIAN PARTICIPATION QUESTIONS

YOUR PARTICIPATION IS VALUED!

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- I would volunteer to assist with the daily program activities.
- I would like to share my hobbies, interests and talents by leading a club.
- I would like to give a financial donation to support the CLC to assist low-income families' program fees.
- My employer and/or company may be able to help financially or with donations.
- I would like to participate on the School Neighborhood Advisory Committee.

Brownell CLC Medication Form

I hereby give the Norwood Park CLC staff permission to administer the following products according to the manufacturer's instructions or otherwise specified. To give permission to administer prescription drugs and other over the counter medications, please fill out the back of this form.

| Product | No | Yes | Special Requirements |
|-------------------|--------------------------|------------|-----------------------------|
| Adhesive Tape | <input type="checkbox"/> | <i>n</i> | <i>y</i> _____ |
| Antiseptic Wipes | <i>n</i> | <i>y</i> | _____ |
| Band Aids | <i>n</i> | <i>y</i> | _____ |
| Bar Soap | <i>n</i> | <i>y</i> | _____ |
| Chapstick | <i>n</i> | <i>y</i> | _____ |
| Hand Sanitizer | <i>n</i> | <i>y</i> | _____ |
| Insect Repellents | <i>n</i> | <i>y</i> | _____ |
| Liquid Soap | <i>n</i> | <i>y</i> | _____ |
| Lotion | <i>n</i> | <i>y</i> | _____ |
| Nail Polish | <i>n</i> | <i>y</i> | _____ |
| Rash Ointment | <i>n</i> | <i>y</i> | _____ |
| Shampoo | <i>n</i> | <i>y</i> | _____ |
| Sunscreen | <i>n</i> | <i>y</i> | _____ |
| Toothpaste | <i>n</i> | <i>y</i> | _____ |
| Vaseline | <i>n</i> | <i>y</i> | _____ |
| Other _____ | <i>n</i> | <i>y</i> | _____ |

I trust that Brownell CLC staff will use their best judgment as situations arise and if in doubt they will call for verification. I have determined that the Brownell CLC staff is competent to give or apply medication to my child. I understand that the Brownell CLC program director has the responsibility to assess the ability of the staff to give or apply medication safely.

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Brownell CLC Tuition Agreement
2018-2019

Student Name: _____ Date: _____
Parent/Guardian: _____

Enrollment Fee: \$30 per family (Enrollment and Activity Fee)

Tuition Option:

- Before School ONLY: 7:00-8:45 - \$144/month
- After School ONLY: 3:38-6:00 - \$144/month
- Both Before AND After: \$268/month
- My family qualifies for Title XX

Additional Programs (if break programs are offered, there will be a separate registration sheet sent home that must also be turned in)

Break Program (Winter and Spring-if offered) -\$42/day (price subject to change)

Summer Program -\$149/week (price subject to change)

Expected Days of Attendance: M T W Th F Start Date: _____

Drop Off Time: _____ Pick Up Time: _____

Tuition Acknowledgement

Please initial next to each statement to indicate understanding of this tuition agreement.

_____ I understand that payment is due prior to my child receiving care at the Northeast Family Center Brownell Community Learning Center.

_____ I understand I will incur a late fee of \$15 for payments received after the 5th of every month.

_____ I understand returned checks and declined credit or debit cards will incur a fee of \$25 and will not be run twice.

- _____ I understand that if my child is not picked up by 6:00pm, there will be a \$1 charge per child for every minute after 6:00.
- _____ I understand by completing the automatic bill pay option (see reverse) I authorize the Northeast Family Center to charge my account as directed on the form.
- _____ I understand payment and/or payment arrangements must be made BEFORE my child can attend Norwood Park CLC.
- _____ I understand that **methods of payment accepted will only be: Payment through the secure NFC website; money order, check or cash.**

Parent/Guardian Signature

Date

CLC Staff Signature indicating form is complete and correct

Date

Northeast Family Center
Payment Policies and Procedures

CHILD'S NAME: _____

PROGRAM: Brownell CLC Buffalo Pride

- ⤴ Payment for programs at the Northeast Family Center is due prior to services rendered.
- ⤴ If an account becomes more than 5 days delinquent, a late fee of \$15 will be charged to your account and the participant will not be allowed to attend the program until the account is made current.
- ⤴ Returned checks and/or declined credit/debit cards will incur a \$25 fee, and payment will be due within 5 days in cash or cashier's check. If an account reaches two returned checks in one calendar year, NFC will no longer accept checks as form of payment.
- ⤴ You may choose to pay with cash, check, money order, or debit/credit card. Payments can be made at your program location, or online at www.NFCLincoln.org. You may also set up automatic bill pay through your financial institute.

Please select which payment option you choose:

_____ Cash/Check/Money Order

_____ Debit/Credit Card (online at www.nfclincoln.org)

_____ Automatic Bill Pay (you set up through your financial institute)

_____ Title XX

*If you default on your payment method chosen above (fail to pay the correct amount by required deadline), your account will be enrolled in Automatic Bill Pay and the NFC will begin charging the card on file for the amount and frequency of your program.

- ⤴ **A credit/debit card is required to be on file for all families enrolling in any NFC program.**

Automatic Bill Pay Set-up/Required Card on File

| | |
|-----------------------|--|
| Name on Card | |
| Card Type | |
| Credit Card Number | |
| Expiration Date | |
| 3-digit Security Code | |
| Monthly Rate | |
| Day/Date of Charge | |

Signature on card :

Northeast Family Center
Payment Policies and Procedures (continued)

Title XX Client:

- ⤴ Written authorization must be received prior to the child's first day in attendance. It is the parent/guardian's responsibility to keep the authorization current during all the dates of care. Any date that a child attends which is not authorized will be billed directly to the parent. Family must provide us a current authorization form from DHHS prior to the start of care.
- ⤴ Enrollment is based on daily attendance, Monday-Friday.
- ⤴ Program Coordinator will be notified 48 hrs. in advance of absence, if not notified, you will be billed the regular program fee. These fees must be paid in order to continue with attendance.
- ⤴ For families with a Title XX monthly co-pay, the co-pay is due the first school day of each month. If payment is not received, children will be unable to attend the program until the account is current.
- ⤴ The payment policies stated above applies.
- ⤴ Northeast Family Center Title XX Provider Number: 29403925

BILLING QUESTIONS? Contact Sheri Quirie, 402-613-7432, sheri.quirie@lps.org or Andrea Choquette, 402-613-7432, andrea.choquette@lps.org.

I understand and agree to the above stated policies.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

CLC Family Questionnaire
2018-2019

Please complete the following questions to ensure that CLC staff are able to meet the individual needs of your child.

1. Yes No My child qualifies for Free/Reduced Lunch.
2. Yes No My child is an English Language Learner. Native Language _____
3. Yes No My child receives Special Education Supports or has an IEP during school hours. Please explain supports received or IEP verification, or other special needs your child may need:

4. Yes No My child/family receives community services and supports. If yes, what?

5. Yes No Are there any needs your child/family has that are not currently being met that we can help you with? _____
6. Yes No Any significant changes in your child's life in the last 6 months?

