



United Way of South Central Idaho



After School Program 2023-2024

Child's Information

Full Name: _____ DOB: ____/____/____ Gender: _____

School Name: _____ Teacher: _____

Grade child will be in during the 2023-2024 school year: _____

Do you give permission to ESCC Early Learning Manager to have access to your child's Idaho Power Sch. ____ yes ____ no

Parent/Guardian 1 Information

FullName: _____ DOB: ____/____/____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact: Yes or No

Authorized to Pick up: Yes or No

Parent/Guardian 2 Information

FullName: _____ DOB: ____/____/____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact: Yes or No

Authorized to Pick up: Yes or No

Emergency Contacts and/or Authorized Pickups (other than parents)

Full Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: Yes or No Authorized to Pick up: Yes or No

Full Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Driver's License #: _____

Emergency Contact: Yes or No

Authorized to Pick up: Yes or No

Full Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Driver's License #: _____

Emergency Contact: Yes or No

Authorized to Pick up: Yes or No



United Way of South Central Idaho

E Street Community Center

After School Program 2023-2024

Enrollment Dues

After School Program One-Time, Registration Fee: \$30.00

After School Program Monthly Fee: \$250.00/month (comes with facility membership) or \$12.50 a day. Our full-day fee is \$27.50 per child, per day. Children enrolled in the After School program on in-service days will need to pay an additional \$17.50 if the child will be supported for the full day, 7:45 to 6:30 p.m. until summer. We will have a sign up at the beginning of each month for parents to communicate their needs. Once enrolled in our After-School Program for the option above, your child will be enrolled and charged monthly for the entire 2023-2024 After School Program that starts August 16th, 2022. Registration fee is due at time of registration. All monthly fees are due on the participant's pre-selected draft date (either the 2nd or the 15th of each month), which can be chosen below.

Cancellation Policy: The office must receive a written cancellation by the last day of the current month. There are NO REFUNDS on registration fees.

Payment Authorization—Monthly Payments ONLY

I authorize my financial institution to honor drafts drawn by ESCC on my account below. Drafts from my account will be taken out on the 15th or 2nd of the month. The amount drafted will be the amount due for enrollment each month. It is understood that my bank draft will continue for the above checked sessions unless written notification is received at the ESCC 7 days before the amount is due. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. ESCC has the right to redraft any account that had non-sufficient funds. ESCC reserves the right to charge a processing fee for non-sufficient bank drafts and/or credit card declines. ESCC will not be responsible for any charges resulting from above erroneous debit. I understand that there are no refunds given. It is my responsibility to check my monthly statements and report any corrections within 90 days to ESCC.

Checking/Savings Account Information:

From: Checking Savings

Name on Account: _____ Bank Name: _____

Routing Number: _____ Account Number: _____

Bank Draft Payment:

Charge My: Visa Master Card Discover American Express

Name on Card: _____

Last 4 digits: _____ Exp. Date: _____

Billing Cycle: Monthly billing will begin on the 2nd or 15th of the month.

I have read and understand the above payment authorization, cancellation, and refund policy.

Parent/Guardian Signature: _____ Date: _____



After School Program 2023-2024

After School Payment Policy

The following terms and conditions apply for all childcare accounts. Please initial each statement after reading:

Registration Fee

Payment of the \$30 registration fee must be included with the registration packet.

Parent Initial _____

Payment Dates

Payment cycles are monthly. All payments are due on the pre-selected draft date each month. If you anticipate having difficulty with paying your fees on time, please contact 208-733-4384 or email info@estreetcc.org

Parent Initial _____

Additional Charges and Termination of Services

An NSF charge will be charged for returned items along with a late charge if applicable. Delinquent accounts will be placed on a termination list. ESCC reserves the right to terminate care until the account balance is paid in full. If there is a wait list, your child's place may be forfeited and given to the next child on the wait list.

Parent Initial _____

Tuition Credits

Tuition is calculated as a monthly rate. There are no tuition credits given for holiday closures, child illness or closing due to weather or an emergency.

Parent Initial _____

Collection of Fees

ESCC reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/ guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections, a \$20 processing fee will be added to the account balance.

Parent Initial _____

After Hours Policy

After School program ends at 6:30 PM. If you pick up your child after the closing time, you will be charged \$1.00 for each minute after 6:30PM until 7:30 PM, at which time Child Protective Services (CPS) will be called. This charge will appear on your next invoice.

Parent Initial _____

I have read, initialed, and understand the terms and conditions of the Payment Policy and agree to abide by all the above stated terms. I also understand that I, the undersigned, am the person solely responsible for payment of my account regardless of any other parties involved (i.e., co-payer, ICCP, etc.).

Parent/Guardian Name (PRINTED): _____

Parent/Guardian Signature: _____ Date: _____

Monthly tuition payments for After School can be paid in person at E Street Community Center, mailed to 1751 Elizabeth Blvd, Twin Falls ID 83301, or setup recurring payments (see page 2). For billing questions, please contact 208-733-4384 or info@estreetcc.org.



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E Street Community Center

After School Program 2023-2024

Authorization For Emergency Medical Care

Child's Name: _____

Immunization

I will provide my child's immunization records within 30 days of program registration. All required immunizations and/or tuberculosis tests are current.

Authorization

In case of sickness or accident, I hereby give my permission to the medical personnel selected by ESCC to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither ESCC nor its works can be held responsible in the event of accident or accidental death.

Responsibility

I understand and acknowledge that the ESCC does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Currently do not have a doctor, use closest available (PLEASE INITIAL): _____

Dentist: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Currently do not have a dentist, use closest available (PLEASE INITIAL): _____

Please list the following and if not applicable write NA

Current Medications: _____

Dietary Modifications/Food Allergies: _____

Operations/Serious Injuries: _____

Disability/Chronic/Recurring Illnesses/Allergies: _____



After School Program 2023-2024

Parent and Participation Statement of Agreement

- I understand that I may not leave my child at ESCC unless there is a ESCC staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that ESCC is mandated by Idaho Law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick up my child on time.
- I understand that ESCC staff may not babysit, transport, or care for children other than during ESCC program hours.
- I understand that my child may be removed from ESCC for any of the following reasons:
 - Failure to pay program fees by designated deadlines
 - Inappropriate behavior of a child/parent that endangers anyone involved with ESCC
 - Repeated Behavioral Incidents leading to corrective action which may also include expulsion.
 - Failure to observe any of the conditions listed in the After-School Handbook.

Parent/Guardian Signature: _____ Date: _____

Child Behavior Intervention Plan

A **Behavior Intervention** is the first formal step to help solve repeated rule violations. The plan involves parent, child, and staff. It requires participation of all parties. A suspension may be necessary at the Early Learning Manager's discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

Participation and Sunscreen Authorization

- I authorize ESCC staff to administer sunscreen on my child when required.
- I authorize ESCC staff to administer insect repellent on my child when required.
- I authorize my child to participate in the following activities while enrolled in ESCC programs:
 - Swimming/water activities
 - View a PG rated film
 - Travel on arranged transportation
 - Participate in camp activities including field trips
 - Participate in photos or videos for ESCC publications. _____ Needs to be excluded due to child protection

Parent/Guardian Signature: _____ Date: _____ **Page 5**



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E Street
Community
Center

After School Program

2023-2024

Parent Registration Questionnaire

In our youth programs we want your children to have positive, fun, and interesting learning experiences. To help us know your child better, please answer the following four questions:

1. What is your child's primary learning style? Hands on, visual, auditory ? Write a short example.
2. What skills does your child have for learning in social groups?
3. What strategies help your child to self-regulate focus, attention, and behavior?
4. What else would you like us to know about your child?



After School Program 2023-2024

ESCC Scholarship Program Guidelines

The E Street Community Center is practical—it helps those who cannot pay full price.

It is part of the E Street mission to reach out and serve people in need. We want them to be involved in the programs and services of ESCC and nurture the spirit, mind, and body.

How do people get a scholarship?

Stop by the ESCC and ask for a scholarship packet. Bring information on current income, preferably three current and consecutive pay stubs of all parties who contribute to the household income or the previous year's tax return so that the amount of assistance can be determined.

ESCC fees are based on the cost of providing each program. While participants are expected to pay their fair share, the ESCC will assist any individual or family that wants to participate but cannot afford the full fee.

This organization is an equal opportunity provider.

Office Use Only

Notes:

Staff Initials: _____ Date Entered: _____

Total Paid \$ _____ Payment ID: _____