

MASH APPLICATION

* Return to Mrs.Thompson*

Intent to Attend
Tri-County Schools
MASH (My After School Headquarters) 2018-19

Children's Names

To Be Filled in by Mrs. Thompson

_____ \$20.00 Non-Refundable Registration Fee/ Child
_____ \$60.00 Non-Refundable Registration Fee/Family

_____ Registration Form, Emergency form, Contract

_____ Medication Permission Form (as needed)

_____ Parent Received Parent Handbook

2017-18 REGISTRATION FORM **Return to Mrs. Thompson by 1st day of MASH**

Children's Names and Birthdates

Address _____

Children reside with: _____ both parents _____ mother _____ father
_____ guardian _____ stepmother _____ stepfather

Fill out all that are applicable:

Mother's Name _____

Address _____

Home Phone _____

Cell _____

Work phone _____

Father's Name _____

Address _____

Home Phone _____

Cell _____

Work phone _____

Stepmother's Name _____

Address _____

Home Phone _____

Cell _____

Work phone _____

Stepfather's Name _____

Address _____

Home Phone _____

Cell _____

Work phone _____

Persons authorized to pick your children up from Tri-County MASH. Photo identification may be requested by staff prior to releasing your child.

Name Address Phone

EMERGENCY FORM

children's names _____

Physician's name(s), clinic, and Phone _____

Dentist's name and phone _____

Medical conditions/allergies for each child:

Regular medications and times taken

Insurance Co. and Policy # _____

Emergency contact with phone numbers

_____ I understand that in the event my child becomes ill or injured, every effort will be taken to contact me or the emergency contact listed. I give my consent to act on my behalf to attain emergency care and/or treatment if believed necessary.

Signature and date _____

CONTRACT

children's names _____

Days of the week needing MASH _____

Approximate pick up time (latest time is 5:30 pm) _____

_____ I understand I will pay \$3/hr/child and my minimum daily charge will be \$3/child

_____ I understand that I will receive a bill on the 1st day of month for the previous month. I understand that my bill must be paid in full on or before 5:30 on the 10th of that month. If my bill is not paid in full my children will not be able to participate in MASH.

_____ I understand that if a check is returned for non-sufficient funds, there will be a \$30 fee incurred as a result of the returned check. Childcare services will be halted until full payment of tuition and NSF charges has been made.

_____ I understand that I must contact MASH personnel by noon in order to not be charged my regular fee.

_____ I understand that I will get three excused absences per month free of charge. After that, excused or unexcused absences will be charged \$3/day. A pre-approved extended absence due to extensive medical reasons will be charged at the rate of \$5/week/child to hold the spot.

_____ I understand that I will be charged \$1/minute/child past the closing time of 5:30 pm. I understand that I must pay the late fee when I pick up my children. I understand that my children will not be allowed to return to the program the next day if I do not pay this fee.

_____ I understand that my child will never be left alone without the supervision of an adult. At 5:35 MASH staff will begin making calls in order to locate me or an authorized person to and pick up my children. If the staff is unable to reach me or an authorized person by 5:50 they will call the police so that my children can be taken care of until I am able to pick them up.

_____ I understand that my child and I need to follow the rules in the MASH handbook. If behavior problems are persistent my child will not be able to participate in MASH.

_____ I understand that MASH is not in session when there is an early out and I must contact the school to give instructions about what my child/children should do.

Parent signature and date _____

