

**HILLSBOROUGH COUNTY PUBLIC SCHOOLS
4-YEAR-OLD EXTENDED TIME ENROLLMENT FORM**

Student:

Enrollment Term: 2018-2019 school year until the student turns 5 years old at that time the parent must register the child in the HOST program.

For a child to be eligible to enroll in the 4 -year-old extended time, he/she must be:

1. Registered as a Hillsborough County Public School student, waiting for a student number from the school's main office with all "New Student" paperwork on file. The main office of your child's school must verify that this information has been completed.
2. Able to be independent in daily self-care needs such as toileting, feeding, and dressing.
3. No danger to him/herself or others.
4. Able to participate in large group activities with an adult/student ratio of 1 adult to 25 students.
5. Able to remain within the program location and under adult supervision without running away.

By signing below, I acknowledge the above terms and agree that my child is able to participate in the extended time for 4-year-olds.

_____	_____	_____
Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date

STUDENT INFORMATION

Student Last Name	Student First Name	Date of Birth	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____
Current School (Enrolled)			

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EMERGENCY CONTACT & SIGN IN/SIGN OUT

Parents/Guardians, add yourself and at least two other people who are approved to sign your child in or out. All persons listed will be considered emergency contacts and allowed to sign your child in or out. We reserve the right to communicate any arising incidents (i.e. behavioral concerns, payment reminders, etc.) with whoever is signing the child out. It is expected the contact person will share related communication with the parent/guardian. Photo ID is required for sign outs.

First Name: _____	Phone: _____
Last Name: _____	Home: _____
Middle Initial: _____	Work: _____
Address: _____	Cell/Other: _____
City: _____	Email: _____
State: _____ Zip: _____	
Employer: _____	

First Name: _____	Phone: _____
Last Name: _____	Home: _____
Middle Initial: _____	Work: _____
Address: _____	Cell/Other: _____
City: _____	Email: _____
State: _____ Zip: _____	
Employer: _____	

First Name: _____	Phone: _____
Last Name: _____	Home: _____
Middle Initial: _____	Work: _____
Address: _____	Cell/Other: _____
City: _____	Email: _____
State: _____ Zip: _____	
Employer: _____	

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EMERGENCY INFORMATION & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The well-being of your child is very important. Should your child become seriously ill or injured, it's important that your child's PreK teacher is provided the most updated medical information. We request your cooperation in completing this section of the enrollment form.

IMPORTANT! The following information about your child will help us in the event of an emergency. If your child has one or more serious conditions, select all that apply and comment:

- | | |
|---|---|
| Asthma/breathing problems | Allergies (food, plants, medications, animal – please specify |
| Heart condition | Other allergies (list) |
| Seizures | Other diseases (list) |
| Diabetes | Other concerns |
| Dietary needs/concerns | My child has a diagnosed hearing impairment |
| My child wears glasses or contact lenses | My child wears a hearing aid. |
| Does your child need any special assistance or accommodations due to his/her health problems? | |
| If any of the above items are checked, is an emergency plan necessary? | |

Additional Comments:

My child requires a prescription drug to be administered during the time period while attending the extended time. If yes, a prescription authorization must be on file with the school site that is administering the prescription drug. The school must keep medication in a secure location and keep a log of when medication was dispensed (day, time, person giving out medication).

Prescription Description:

Physician's name: _____

Physician's phone number: _____

Preferred Hospital: _____

MEDICAL ALERT

If my child should become ill or injured, I understand the facility will (1) contact me immediately or (2) if I cannot be reached, contact the person(s) I have designated as emergency contacts. I understand depending on the situation, my child may be placed in isolation. A student who becomes ill, must be picked up by an authorized person.

Should the facility be unable to reach me and/or the designated emergency contacts, the facility is authorized to arrange for emergency treatment by calling 911.

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The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I understand that it will be my responsibility to pay for the necessary medical services rendered. Please click the link below to read the Influenza brochure.

<http://www.hillsboroughcounty.org/library/hillsborough/media-center/documents/health-care/influenza-brochure-english.pdf>

MEDIA RELEASE CONSENT

I give my permission for my child to be interviewed, photographed, or videotaped for use in school/district publications, school district productions, or for use on the Internet, or by the general news media for print, broadcast, or on websites; and for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.

TERMS/CONDITIONS AND PROGRAM GUIDELINES

Please carefully read and check each box to confirm you have read and understand each item. The terms and conditions section of the registration serves as guidelines to help ensure a positive experience for your family while attending the extended time.

CIVILITY: In order to provide a safe, caring and orderly environment, we expect civility from all who engage in school activities. Mutual respect, professionalism and common courtesy are essential qualities that all need to demonstrate in promoting an educational environment free from disruptions, harassments, bullying and aggressive actions.

COMMUNICATION: We may communicate to parents verbally, written, email and SMS(text) messaging.

DISCIPLINE: All children are expected to adhere to the school's rules. Parents will be notified of recurring discipline problems. If the problems cannot be resolved, the child will be withdrawn from the extended time indefinitely. The principal or school administrative staff reserves the right to exclude any student indefinitely and without warning for major discipline problems and/or failure to meet our criteria agreed upon by the parent at time of registration.

DISCIPLINE GUIDELINES

1. An age appropriate, consistent program will be provided to keep the children engaged and safe.
2. Classrooms and program space will be appropriately furnished and arranged to facilitate learning and to avoid potential problems.
3. A daily schedule will be followed; routines may be changed due to rainy day/school events.
4. A trained staff member will use developmentally appropriate activities while working with the children.
5. Staff members will pay attention to positive behavior and praise children accordingly.
6. Staff members will actively listen to children to help them solve problems.
7. Children will be redirected from inappropriate to appropriate activities.
8. When children are not following the school rules, they may be removed from the activity.
9. If a child is uncontrollable, parents may be called to help calm the child or take the child home.

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10. Staff members will not use corporal punishment to control behavior, nor will they allow parents to use corporal punishment or encourage the use of corporal punishment at home.
11. Any evidence of child abuse noted by staff members will be reported to the proper authority.

The following Discipline Policy will be implemented for all children.

1. First Incident – Written warning letter
2. Second Incident – Written warning letter and child excluded for 1 day
3. Third Incident – Written warning letter and child excluded for 1 week
4. Fourth Incident – Written notification and child is withdrawn from program

HOURS OF OPERATION: (varies based on school need – not to exceed 6 PM)

LATE PICKUP POLICY: The extended time closes at 6:00 p.m.

Important Note: Law enforcement and/or child abuse authorities may be contacted to initiate child abandonment procedures if the parent/guardian does not contact the after school program prior to 6:30 p.m.

The following Late Pickup Policy will be implemented for all children.

1. First Incident – Written warning letter
2. Second Incident – Written warning letter and child excluded for 1 day.
3. Third Incident – Written warning letter and child excluded for 1 week.
4. Fourth Incident – Written notification and child is withdrawn from program.

MEDICAL ALERT: I have read and reviewed the Medical Alert section.

PERSONAL PROPERTY: The school is not responsible for items brought from home such as: I-pods, cell phones, smart watches, tablets and other personal items.

SIGN OUT AGREEMENT: By registering for the extended time it is our policy to have someone sign your child out every day at pickup. We reserve the right to communicate any arising incidents (i.e. behavioral concerns, payment reminders, etc.) with whoever is picking the child up in the absence of the parent/guardian.

CONTINUOUS NOTIFICATION OF NONDISCRIMINATION

The School District of Hillsborough County does not discriminate nor tolerate harassment on the basis of race, color, ethnicity, national origin, religion, gender, gender identity, sexual orientation, age, disability, marital status, genetic information or pregnancy in its educational programs, services or activities, or in its hiring or employment practices; and it will take immediate action to eliminate such harassment, prevent its recurrence, and address its effects. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act.

The following person has been designated to handle inquiries regarding nondiscrimination policies:

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Dr. Pansy Houghton, Executive Officer, Compliance
901 East Kennedy Boulevard Tampa, FL 33602
(813) 272-4000
pansy.houghton@sdhc.k12.fl.us

The following person has been designated to handle inquiries regarding Section 504 policies:

Suzette Samples or Debra Mitchell
1202 E. Palm Avenue Tampa, FL 33605
(813) 272-7095

WEBSITE ACCESSIBILITY STATEMENT

The School District of Hillsborough County is committed to providing websites that are accessible to all of our stakeholders. If you use assistive technology (such as a screen reader, eye-tracking device, voice recognition software, etc.) and are experiencing difficulty accessing information on this site, the following person has been designated to handle inquiries or complaints related to the functionality or inaccessibility of online content: Dr. Pansy Houghton, Executive Officer, Compliance. 813-272-4000; pansy.houghton@sdhc.k12.fl.us; 901 E. Kennedy Blvd., Tampa, Florida 33602.

ATHORIZATION AGREEMENT

I have completed and understand the contents of the extended time registration to include our criteria and terms and conditions (Registration Agreement). I agree that I am the Parent/Guardian of the student and grant permission for my child to participate in all activities provided by the after school program.

By completing the enrollment form, you are consenting for the school to access all of your child's school records and information.

ATTENTION: When the enrollment form is successfully completed and submitted, the enrollment form cannot be edited; to make changes contact your child's PreK teacher.

Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
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FOR OFFICE USE ONLY:	
I have reviewed the packet and it was completed by the parent /guardian listed above	
Extended Time Administrator signature _____	Date _____