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|--|---------------|------------|--------------|
| Child's Name | Parent's Name | Start Date | Today's Date |
| Harris & Tucker School / After School Enrichment / Kids TV Academy | | | |

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| Elevating the Circle of Life |
|------------------------------|

Since 1970

412 Newhall Street

Hamden, CT. 06517

Office: 203.787.5087 / Fax: 203.752.1022

Email: HarrisandTucker@aol.com Website: www.HarrisandTuckerSchool.org

Please Check All That Apply

Harris & Tucker Preschool ___ Toddler ___ Infant ___

Harris and Tucker Preschool, 6:30am – 6:00 Monday – Thursday/ 6:30am – 4:00pm
Friday (Infant space) 7:30-5:00/4:pm on Fridays

Before School Morning Service ___

Morning service: 6:30 – Bus Pickup ___

After School Enrichment Program ___

Afternoon service: Bus drop off – 6:00pm ___

Kids TV Academy Enrichment Program (School Year Vacations) ___

Winter/Spring Vacation (circle all that apply)

Kids TV Academy Summer Enrichment Program: _____

Summer (Preschooler 3-6)

Kids TV Academy Summer Enrichment Program: _____

Summer (grades K-6)

Pre and Post service is available for School age during the summer _____

6:30am – 9:00am ___

3:00 pm – 6:00pm (5:00pm on Fridays) ___

Put your faith—and child—in Harris & Tucker’s hands. We do more than promise, we guarantee it...

Medication & Allergies Emergency Form

Please print

Child's Name: _____ Sex: male / female

Address: _____

Phone number: home _____ work _____ e-mail _____

Date of birth _____ Age _____

Grade _____

Social Security No. _____

Father's Name/ Address / Phone number _____

Mother's Name/ Address / Phone number _____

Does your child have any medical problems and or allergies: Yes or No _____?

If yes please explain: _____

Emergency contacts Name & Person(s) authorized to pick up child / Address / Phone numbers
(Please give 2 names)

Parent / Guardian Signature _____ Date _____

Emergency Medical Care Waiver

In the event that my child _____ becomes ill or sustains injury as to require emergency medical care. I, Hereby give my consent to those in charge to provide such treatment through a licensed clinic, hospital, or physician. I understand that I shall assume financial responsibility for all illness and injuries.

Parent / Guardian Signature

Date

Child's Physician _____

Address _____

City / State / Zip code _____

Phone Number _____

Dentist _____

Address _____

City / State / Zip code _____

Phone Number _____

Hospital preference _____

Field Trip Waiver

I hereby give consent to **Harris & Tucker Preschool / After School Enrichment / Kids TV Academy** to take my child

_____ on all program field trips. I understand that I shall be informed in advance of such scheduled events.

Parents / Guardian Signature

Date

Please note:

- * Some trips may require a fee.
- * Some trips will require a snack and a sack lunch.
- * No glass bottles, please!

Rules & Regulations Agreement Form

Because this is a specialty program behavior problems will not be tolerated. If your child continues to demonstrate that he or she cannot follow the rules the student will be warned with a call to parents. Then the student will be asked to leave the program.

- * Listening is a must
- * Fighting will not be tolerated.
- * Respect for others is a must; making fun of other student will not be tolerated.
 - * Rude comments to any peers or staff members will not be tolerated.
- * Possession of Guns, Drugs or Illicit conduct will result in immediate expulsion and a call to the police.
 - * All other basic common sense rules apply within parent handbook.

Student Signature

Date

Parent / Guardian Signature

Permission Agreement

A. I/we grant permission for my child to use all of the play equipment and participate in all of the activities of Kids TV, unless exceptions are noted here.

B. I/we grant permission for my child to leave the programs premises under the supervision of a staff member for neighborhood walks or for field trips. Please note: Some trips may require a fee, snack and a sack lunch. Please, no glass bottles.

C. I/we grant permission for my child to be included in evaluations and pictures connected with Kids TV.

D. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid.
2. Attempt to contact a parent or guardian.
3. Attempt to contact the child's physician.
4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the Center. (Note: it is the parent's responsibility to keep this card up to date.)
5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - a. Call another physician.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency hospital in the company of a staff member; staff vehicle; program vehicle.
6. Any expenses incurred under 5 above, will be paid by the child's family.

E. Kids TV will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

F. Kids TV will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed _____ Date _____

(Parent or legal guardian)

Release Form

This form gives Harris & Tucker Preschool / After School Enrichment / Kids TV

Academy permission to Videotape, photograph, webcast and or any form of media

of your Child, _____ (name or child), while participating at

Harris & Tucker Preschool / After School Enrichment / Kids TV Academy. Photos,

Videotape, CD'S, DVD'S, Webcast and any other form of media, will be used for

Class, Airing on Public TV, Educational use,

and Promotional and Advertising for said programs.

Parents will be responsible for cost of any Costumes, Photo's, Videotapes, CD'S,

DVD'S, and reproduction cost.

No compensation will be paid for Photo's, Videotapes, CD'S, DVD'S alike. If said

Programs should receive compensation for your child's Photo, Videotape, CD'S,

DVD'S, Webcast etc., and or work, your child will be paid accordingly, minus any

fees or charges, and a management fee of 25%.

Parents Signature _____

Date _____

Swimming Pool / Sprinklers Form

My child _____ (name of child) has my permission to

Please check one line

1) Get wet with sprinklers _____

2) Swim in the big pool 4feet and up _____

_____ Parent name (please print)

_____ Parent signature

_____ Date

Today's Date: _____

Student Name: _____ Parent Name _____

Harris & Tucker School / After School Enrichment / Kids TV Academy

Schedule of Contracted Hours

Monday From: _____ To _____

Tuesday From: _____ To _____

Wednesday From: _____ To _____

Thursday From: _____ To _____

Friday From: _____ To 4:00pm

Start Date of Program _____ Withdrawal Date _____

Reason for withdrawal _____

My Weekly Fee is due on each Monday of the current week or the first Monday of the Month.

Please note that if your child is left 30 mins. Past Closing DCF and the police will be notified.

I agree to comply with the policies and financial arrangements described in the orientation. My obligations and the center expectations have been personally reviewed with me. I acknowledge that I am responsible for payments on behalf of:

(Child's full name)

Parent or guardian

Signature: _____ Date: _____

Harris and Tucker Representative

Signature: _____ Date: _____