

Panther Adventure Club Registration Packet

Child's Name_____

1. Registration Form _____
2. Medical & Emergency Information _____
3. Permission & Releases Form _____
4. Behavior Goals & Policies _____
5. Parent Handbook _____
6. Immunizations _____
7. Attendance Schedule (Separate Form) _____

Processing paperwork to onboard your child(ren) will be done as quickly as possible. Please note it can may take up to a 5 business days, so please return at least one week prior to when you would like start services. **If your account has a balance due it needs to be paid before enrolling your child.**

Date Received _____ Staff Initials _____

Registration Form

New Enrollment/Re-enrollment

Date _____

Child's Name _____ Birth date ____/____/____ Sex: F M
Last First

Home Address _____ City _____ Zip Code _____

Child lives with: ____ Both Parents ____ Mother ____ Father ____ Shared Custody
____ Other: specify _____

School Attending: ____ Lincoln ____ Lakeside ____ First Lutheran

Teacher _____ Grade _____

During the school year, children can be dropped off at our Lincoln Elementary site and ride the shuttle bus to the school they attend.

Mother's Name _____ Father's Name _____
First Last First Last

Employer _____ Employer _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Home Address _____ Home Address _____
(If different than child) (If different than child)

Electronic sign in/out 4-digit Pin # _____

Authorized Pick Up

In addition to parents/guardians, the people listed below have my authorization to pick up my child from the program:

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

*Children will only be released from Panther Adventure Club when signed out by a parent/guardian or an authorized person.

List persons **NOT** authorized to take child from the program. Copy of legal documents must be provided to staff.

1. _____ 2. _____

Parent/Guardian signature _____ Date _____

(Please continue on to next page)

Panther Adventure Club Medical and Emergency Information

Child's Name _____ Date _____

Friends or relatives to call in case of illness or emergency if you cannot be reached: (if names are the same as Authorized Pick Up, you may write "same")

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Physician to be called in an emergency: _____ Phone _____

Dentist to be called in an emergency: _____ Phone _____

I hereby grant permission for Panther Adventure Club 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) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics to have the child taken to an emergency hospital. 5) Any expenses under 4 above will be paid by the child's family.

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

Please "X" any of the following health concerns that apply:

<input type="checkbox"/> ADD	<input type="checkbox"/> Bloody Noses	<input type="checkbox"/> Other, please explain _____
<input type="checkbox"/> ADHD	<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Hearing or Vision Problems	<input type="checkbox"/> Seizures	_____
<input type="checkbox"/> Asthma or Breathing Problems	<input type="checkbox"/> Bladder/Bowel Problems	_____

List all known allergies (Food, Medicine, Animals, Etc.): _____

If your child has any allergies, please answer the following questions.

1. Description of the allergy: _____

2. Triggers to allergens: _____

3. Techniques to avoid exposure to allergens: _____

4. Symptoms if an allergic reaction were to occur (What to watch for): _____

5. How to respond to an allergic reaction (Include medication & dosage): _____

6. Doctor's contact information: _____
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Medications child takes on a regular basis: _____

If child receives student support in the classroom, has an identified special need, behavior concerns or an Individualized Education Program (IEP) developed, identify here: _____

Any other issues we should be aware of to help us better care for your child: _____

Bee Sting Treatment

The staff will observe any child that is stung. Staff will call the parent if there are any complications or call 911 if the situation is considered life-threatening.

Please check the appropriate space:

☐ Yes, my child has a bee sting allergy (Please fill out the allergy questions on page 2)

☐ No, my child does not have a bee sting allergy.

☐ I do not know if my child has an allergy to bee stings because he/she has never been stung.

Immunizations

A copy of a child's immunizations or an applicable exemption is required before a child's first attendance day.

Administration of Medication

We administer only personal prescriptions filled by a pharmacist, with a physician's label, bearing the child's name and directions for administration. Over the counter medications (Tylenol, Advil, Ibuprofen, etc.) must be in the original container labeled for that medication. The parent must give medication to staff along with completed "Authorization for Giving Medication in Schools" form (physician signature required for prescriptions) which can be picked up at Panther Adventure Club site. Over the counter medicine taken longer than two weeks require a physician's signature.

Panther Adventure Club Permission and Releases

Child's Name _____ Date _____

RECORDS RELEASE

I hereby authorize GSL Schools to release a copy of the above named child's most recent school records, including but not limited to: immunization and physical exam records, special needs assessments, and IEP's in order to enable the Panther Adventure Club program to better meet the needs of my child.

☐ YES ☐ NO

PHOTO POLICY

Parents/guardians not wanting their child's picture published, featured on the World Wide Web and/or social media sites and/or news media should notify, in writing, Panther Adventure Club staff.

POLICY AGREEMENT

I have received a copy of the Parent Handbook and understand that I am responsible for the information contained in it. I recognize my responsibility to respect the rules of the Panther Adventure Club program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I agree to pay for any damages my child might cause while participating in the program.

☐ YES ☐ NO

Parent/Guardian signature _____ Date _____

Panther Adventure Club Behavior Goals and Policies**BEHAVIOR GOALS AND POLICIES**

We expect children to respect each other, the staff, and the faculty, just as staff respects each child and parent. We believe in a positive method of guidance that emphasizes the rights and needs of others, related to acceptable standards of behavior. This behavior policy is intended to maintain a positive environment where children and staff can feel safe, respected, and accepted. To promote success for your child in PAC, please review policies with your child before he/she joins the program. Thanks!!

DESIRED BEHAVIOR - GENERAL RULES OF BEHAVIOR

1. Children shall respect each other, staff and facility.
2. Walk in the room and hallways.
3. Keep feet and bodies off the tables and counters.
4. Use positive remarks-no put downs or name-calling.
5. Keep hands, feet and toys to yourself.

CHILD GUIDANCE PROCEDURES PROCESS FOR PROMOTING SUCCESS IN ALL CHILDREN

Panther Adventure Club views discipline as an opportunity to teach children social skills needed to function successfully in daily life. Panther Adventure Club staff encourages appropriate behavior through clear guidelines, consistent consequences, and positive staff interaction. When working with children, PAC staff remains proactive, guiding children in making appropriate choices and redirecting them as needed.

PARENTS AS PARTNERS

To be more effective in working with children, Panther Adventure Club staff team up with parents to work on issues together. Ongoing communication between home, school and Panther Adventure Club promotes success for children. When staff understands children's needs, they can respond appropriately to those needs.

DISCIPLINE NOTICES AND PLANS FOR SUCCESS AT PAC

When a child demonstrates consistent inappropriate behavior or needs that go beyond program expectations, staff will make every effort to remedy the problem. If their efforts do not bring success, a behavior notice will be issued and signed by the staff and parent/guardian. An "Incident Notice" is issued when behavior is:

1. Unwanted/offensive – intended to hurt others physically, emotionally, or intended to damage property.
2. Repeated – intervention does not work, or
3. Disrupts the site – impacting the well-being of other children and/or staff.

First Notice – Notification to alert parents about behavior issues at Panther Adventure Club.

Second Notice – A meeting with parent, child, and the Panther Adventure Club staff will be scheduled to discuss the behavior issues. An action plan will be developed at the meeting to promote the child's success in Panther Adventure Club.

Third Notice-Five day suspension from Panther Adventure Club. The child may not return for five scheduled days. The child may return as long as he/she follows appropriate guidelines. Fourth Notice -Child care services are discontinued.

Immediate Suspension-

For the safety and benefit of all children in the program, Panther Adventure Club reserves the right to immediately suspend any child who:

- Cause or attempts to cause physical injury to self, others or staff.
- Causes or attempts to cause destruction of property, or
- Leaves the designated Panther Adventure Club area with the intent to run away or hide from staff.

Unable to Continue Services

Panther Adventure Club strives to meet the needs of all children enrolled; however, occasionally our program is not in the best interest of the child. Children are required to function in an active environment with several options. We are not able to care for a child who is unable or unwilling to follow Panther Adventure Club guidelines. (wandering/running) I have read, discussed with my child, and agree to abide by the above behavior guidance plan.

Parent/Guardian signature_____ Date_____