

Unicoi Elementary Afterschool Enrichment Program

SY 2024-25

Child Information						
First Name				Last Name		
Home Address (including town)					Student ID #	
Date of Birth			Grade			Homeroom Teacher
Ethnicity (circle)	Caucasian	African American	Asian/Pacific Islander		Gender (circle)	Male
	Hispanic	Other _____				Female
Anticipated Start Date/End Date				Days of Care	M T W TH F	
Specific comments related to dates of care:						
Parent/ Guardian Information						
Name				Relationship to Child (Parent, Grandparent, etc.)		
Date of Birth				Home Phone		
Home Address						
Cell Phone				Work Phone		
Employer Name						
I consent to receive email communication	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, email address _____			
Other Parent/ Guardian Information						
Name				Relationship to Child (Parent, Grandparent, etc.)		
Date of Birth				Home Phone		
Home Address						
Cell Phone				Work Phone		
Employer Name						
I consent to receive email communication	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, email address _____			
Emergency Contacts – Authorized to Pick Up My Child						
Name				Home Address		
Cell Number				Work Number	Relationship to Child	

Name		Home Address	
Cell Number		Work Number	Relationship to Child

Additional Contacts – Authorized to Pick Up My Child

Name		Cell Number		W / H Number	
Name		Cell Number		W / H Number	
Name		Cell Number		W / H Number	

Remarks or Concerns:

Under no circumstances will my child be released to anyone other than the individuals named above without prior written authorization.

Signature of Parent/Guardian

Date

Student Health History Information

Health Conditions (check all that apply) - Please do not leave any sections blank; respond “no” or “NA”.

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|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> ADHD Diagnosis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Insect Allergy | <input type="checkbox"/> Poison Ivy Allergy | <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Food Allergy (list below) | <input type="checkbox"/> Skin Rashes | <input type="checkbox"/> Other _____ |

Please describe in detail any SPECIAL HEALTH CONSIDERATIONS relevant to your child not listed above, such as previous illnesses, injuries in past 12 months, activity restrictions, developmental or intellectual delays or considerations, chronic health concerns, hearing or vision issues, etc.

Allergies (please list all that apply)	Describe what the allergic reactions are like:	EpiPen Prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Medications being taken & dosage	
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Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize Staff to administer first aid or transport to the nearest hospital or emergency care facility.

Name of Student's Doctor / Hospital		Phone Number	
Address			

I certify that the above medical information is correct as far as I know. If any changes to my child's health are to occur, I will update the Afterschool staff with the appropriate information and accommodations.

Signature of Parent/Guardian		Date	
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Suspected Child Abuse Form

If any child comes to the Afterschool Program with "mysterious" bruises or says anything to indicate any type of abuse, the Department of Children's Services will be notified immediately.

Every person, private citizen or professional, in Tennessee who has reason to believe that a child under 18 has been abused is mandated by law to report the suspected abuse. Failure to do so is a crime.

No person, regardless of his or her relationship with the child or family, is immune from reporting suspected abuse. A person making a report in good faith is immune from both civil and criminal liability.

I, _____, verify that I have read the above information about laws regarding child abuse detection and reporting. I understand that if the Afterschool Program staff suspects any signs of child abuse that they are responsible for reporting it to the Department of Children's Services.

Parent/Guardian Signature _____ **Date** _____

Photo and Video Release Form

Photos and video clips taken during the Unicoi Elementary Afterschool Enrichment Program may be used in marketing, advertising, and educational materials for Unicoi Elementary Afterschool Enrichment Program, Unicoi County UT Extension, the University of Tennessee, and Yale University.

By signing below, I give permission to record my child's name, image, voice, biographical material, statements, and/or writing in whole or in part to the above-named entities without any restrictions.

Parent/Guardian Name (Printed) _____ Date _____

Parent/Guardian Signature _____

Admission Agreements

Initial	Transportation: I give permission for my child to be transported in an authorized Afterschool vehicle for afterschool events or field trips. Parent/Guardian will be informed of all planned field trips.
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Initial	Policies and Procedures: I have received and have read a copy of the Afterschool Program Parent Handbook and understand all policies and procedures therein.
Initial	Immunization Hearing & Vision Screening: I certify that my child’s current immunization records and TB test (if applicable) can be located at the school.
Initial	Custody: Afterschool staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information listed on page 1 of this document. NO PERSON UNDER THE AGE 18 MAY PICK UP A CHILD WITHOUT PRIOR NOTICE TO DIRECTOR AND MUST BE ADDED TO THE AUTHORIZED PICK UP LIST.
Initial	Medication Authorization: I understand that if my child requires medication be administered during the hours afterschool that I must complete a separate “Medication Authorization” form.
Initial	Social and Digital Media: I understand that this afterschool program has a Facebook account and website associated with the program in which photos, videos, and posts about the program are regularly updated.
Initial	Behavior Policy: I have read and understand the Afterschool Behavior Policy.
Initial	Program Closures: I understand that the afterschool program will be closed on select holidays, during school closures (inclement weather, early dismissals, etc.), and in-service workdays and care will not be available.
Initial	Contact: If I have any questions or concerns about the program, I may contact the site director at usafterschool@utk.edu or the Unicoi County Extension Agent.

Parent Agreement Form

I have reviewed the information contained in this handbook with the child’s parent/guardian.

Site Director Signature _____ Date _____

I have read the Parent Handbook and agree to support the policies of the Afterschool Program.

Parent/Guardian Signature _____ Date _____



Date of Admission: _____
 Interview: _____

Student ID# _____
 Immunizations Verified:
 Date _____ By _____