

HAWTHORNE SCHOOL AGE CHILDCARE INTAKE AGREEMENT

Parent Initials

- _____ 1. I have had explained to me the following policies, and I have received a copy of the Parent Handbook which contains these policies. I understand that for my child to be enrolled and attend Hawthorne Community Center, I agree to follow and abide by the policies. I understand that if I fail to follow and abide by the policies, childcare services can be terminated. I understand that Hawthorne Community Center sets all policies and procedures based on compliance with state licensing regulations. I understand that at times there may need to be an addendum made to the handbook and I must read and sign that I agree to follow any new policies.
- _____ 2. I understand the center is open from 6:30AM to 6:00PM Monday through Friday except for Closing dates in the Youth Programs Handbook and Posted on the parent board or in extreme circumstances.
- _____ 3. I understand my child will only be released to those persons I have named on the "Emergency & Participant Release Form".
- _____ 4. I understand the payment and tuition policies of Hawthorne Community Center.
- _____ 5. I understand the Discipline Policy and Behavior Management Procedures as presented in the Parent Handbook and understand the behaviors that will not be allowed by my child.
- _____ 6. I understand the following items as presented in the Parent Handbook:
- Youth Programs and Activities
 - Parental Involvement
 - Health, Nutrition and Safety
 - Center Hours and Routine
 - Registration and Fees
 - General Policies and Information
 - Discipline
 - Early Childhood Information
 - School Age Information
- _____ 7. I understand that childcare for my child may be terminated for failure to comply with any the policies and procedures listed in the Parent Handbook.
- _____ 8. I give my permission for Hawthorne to report the name and birthdate of my child to the Division of Family and Children Services pursuant to IC12-17.2-2-1.5
- _____ 9. I understand my child will have the opportunity to access technology and online activities through the internet. I understand that this is a privilege that may be taken away if my child does not adhere to the Acceptable Use of Technology Consent form included in the registration packet.
- _____ 10. I give Hawthorne permission to contact me via text message and email with important information like center closings. I understand that standard message and data rates may apply.

Parent/Guardian Signature

Date

Hawthorne Intake Signature

Date

HAWTHORNE COMMUNITY CENTER
2440 W. OHIO ST.
INDIANAPOLIS, IN 46222

PHONE (317)637-4312
FAX (317)637-8216

Tonya Ayris, Director of Youth Programs



United Way
of Central Indiana



HAWTHORNE SCHOOL AGE CHILDCARE REGISTRATION 2022/2023
(Please Print)

This registration represents a request for admission. It must be accompanied by a registration fee of \$40- and first-week payment, which will be returned only if the Center is unable to accept the registration. The registration is not binding. A place will be reserved for the participant when the contract, duly executed, is returned to the Center.

NAME OF PARTICIPANT: _____

NAME OF PARENTS/GUARDIANS

FATHER _____

MOTHER _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

CITY/STATE/ZIP CODE _____

BIRTH DATE _____

BIRTH DATE _____

EMPLOYER NAME _____

EMPLOYER NAME _____

EMPLOYER ADDRESS _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE _____

EMPLOYER PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

HAWTHORNE COMMUNITY CENTER APPLICATION AGREEMENT

I, _____, (print parent/guardian name) the parent of _____ (print child name) understand that the Hawthorne Community Center has offered my child a scholarship to attend the program.

My signature below indicates my understanding and acceptance of the following conditions that must be met in order for my family's account to remain in good standing and maintain eligibility for the scholarship.

- The market rate for my child's age group is \$61.00 a week during school hours
- The market rate for my child's age group is \$102.00 a week during school breaks
- Payment is due no later than Friday of the week preceding attendance, by close of business
- All payments must be made on time and in full
- Returned checks will result in a \$36 fee and personal checks will no longer be accepted
- Scholarship availability is dependent on space and demand
- Hawthorne Community Center reserves the right to increase tuition at any time. Hawthorne Community Center will provide as much advance notice as possible
- A signed scholarship agreement must be on file for my child
- Failure to comply with any of the conditions listed above may result in loss of Scholarship eligibility

I have reviewed and agree to the terms and conditions listed above.

Parent/Guardian Signature

Date

Hawthorne Intake Signature

Date

EMERGENCY AND PARTICIPANT RELEASE FORM

CHILD'S NAME: _____

PERSONS WITH LEGAL CUSTODY OF CHILDREN:

I understand that by listing the following names and phone numbers, I hereby give permission to Hawthorne Community Center to release the above-mentioned participant to these persons. I understand that the participant will not be released to anyone not listed on this form unless the parent/guardian has communicated via telephone with School Age Manager or Director of Youth Programs. You will have 24 hours to come in to complete a new Emergency and Participants form. I understand that whoever brings or picks up my child, must make sure that the appropriate staff member is aware of their arrival or departure, sign for the child's release and present ID upon request. Children will not be released to anyone, including parents, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home.

MOTHER OR GUARDIAN:

FATHER OR GUARDIAN:

Names: _____

Name: _____

OTHER EMERGENCY AND PICK UP CONTACTS OTHER THAN PARENTS/GUARDIANS:

- | | | | |
|----|---------------------|---------|-------|
| 1. | NAME / RELATIONSHIP | ADDRESS | PHONE |
| 2. | NAME / RELATIONSHIP | ADDRESS | PHONE |
| 3. | NAME / RELATIONSHIP | ADDRESS | PHONE |

*If needing to add more emergency and pick up contacts please ask staff member for additional sheet.

If there is anyone prohibited by court order, from having contact with your child, their names must be listed below, and we must have the order on file.

Name: _____

Name: _____

I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current, and that my child may be discharged if I fail to do so.

Parent/Guardian Signature

Date

Hawthorne Intake Signature

Date



MEDICAL EMERGENCIES INFORMATION

Permission is hereby granted to the Center and its staff to procure medical treatment for the participant in case of injury or accident or otherwise by a doctor, hospital or clinic chosen by the Center, at the expense of the undersigned. This agreement and the rights and duties hereunder may be assigned or delegated, in whole or in part, by either party hereto. I further grant the facility and its staff, to render lifesaving medical care such as CPR and First Aid to my child. I also agree to resume financial responsibility for any medical treatment my child needs.

Child's Name: _____

Known Allergies: _____

Medications: _____

Medical Conditions: _____

If the emergency is critical, we will send your child to **Riley Children's Hospital 705 Riley Hospital Drive, Indianapolis, IN 46202 Phone (317)944-5000.**

Preferred Hospital: _____
NAME Phone Number ADDRESS

Physician's Name: _____
NAME Phone Number ADDRESS

Dentist's Name: _____
NAME Phone Number ADDRESS

Name of Insurance: _____ Policy# _____

Child's MRN#: _____

Does your child receive mental health services? YES or NO

IF YES, WHO IS THE CHILD'S MENTAL HEALTH PROVIDER: _____

PLEASE LIST ANY INFORMATION REGARDING THE SOCIAL, EMOTIONAL AND PHYSICAL DEVELOPMENT OF YOUR CHILD: _____

I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current, and that my child may be discharged if I fail to do so.

Parent/Guardian Signature

Date

Hawthorne Intake Signature

Date



ACCEPTABLE USE OF TECHNOLOGY CONSENT FORM

We are pleased to offer our youth access to the Center’s computers, network, and technology for educational purposes. Parents and youth are advised that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. The Center cannot guarantee that filtering software will in all instances successfully block access to all inappropriate materials.

To gain access to the Internet, any online digital locker or network storage accounts, email, and any other Center electronic technologies, all participants must sign this form.

Access to Center technology is a privilege, not a right. The Center’s electronic network is part of the curriculum and is not a public forum for general use. Please carefully read the Acceptable Use of Technology policy. Violations may result in disciplinary action. Violations can include but are not limited to:

- **Sending or displaying offensive pictures or graphics.**
- **Using obscene language.**
- **Harassing, insulting, threatening or abusing other network users.**
- **Violating copyright laws.**
- **Using another user’s account and password.**
- **Damaging computers, personal or network files.**
- **Trespassing in another user’s private files.**
- **Attempting to circumvent network security.**

Unless otherwise instructed by Center personnel, youth shall not disclose, use, or disseminate personal identification information about themselves or others when using email, chat rooms, or other forms of direct electronic communication. Youth are also cautioned not to disclose such information by other means to individuals contacted through the Internet without the permission of their parents/guardians. Personal information includes the youth’s name, address, telephone number, Social Security number, or other individually identifiable information

By signing this agreement, I/we are signifying that I/we agree to abide by the terms of the Acceptable Use Policy. I/we understand that the computer network/computers are to be used solely for educational purposes and that there is no expectation of privacy with respect to the use of the same.

Youth & Parent Review

I understand that my child’s computer use, the use of other technologies while at the Center or connected to its servers, and any electronic communication and storage systems (including email and student folders, digital lockers, and class/student websites) are not private and that the Center has the right to monitor my activity.

I have read and reviewed with my child the Acceptable Use of Technology policy and agree to abide by these rules. I understand that violation of the policy may result in disciplinary action, including loss of technology privileges, suspension or expulsion, or legal action.

Parent/Guardian Signature _____ Date _____

Parental Consent

I have read the Center’s Acceptable Use of Technology policy. In consideration for the privilege of my child using the District’s electronic communications system, and in consideration for having access to the public networks, I hereby release Hawthorne Community Center its operators, employees, or agents and any institutions with which they are affiliated from any and all claims and damages arising from my child’s use of, or inability to use, the system, including, without limitation, the types of damage identified in the Center’s Acceptable Use of Technology policy and administrative regulation.

Parent/Guardian Signature _____ Date _____

Hawthorne Intake Signature _____ Date _____



DROP-OFF/PICK-UP FORM

Drop-off:

- Hawthorne Community Center doors open at 6:30AM.
- Parents/guardians must come inside the building and sign-in children when they arrive. There will be **no exceptions** to this policy. When a parent/guardian signs a child in, this acknowledges that the child is now under the care and supervision of Hawthorne Community Center and remains Hawthorne Community Center's responsibility until pick-up at the end of the day.
- All children must be signed in the system before 9:00AM during the school year and school breaks. Failure to do so may result in your child not being able to attend Hawthorne's before and aftercare program unless prior arrangements have been made with School Age Manager or Director of Youth Programs (ex. Doctor's statement.)

Pick-up:

- Hawthorne Community Center's doors close promptly at 6:00PM.
- All students must be picked-up no later than 6:00PM. If a parent/guardian is late, the parent's account will be charged \$1 per minute, per child after 6:00PM.
- Parents/guardians must come inside to sign-out their child out. There will be **no exceptions** to this policy. When a parent/guardian signs a child out, this acknowledges that the child is now under their care and supervision and is no longer Hawthorne Community Center's responsibility.
- If a parent/guardian is unable to pick up their child, the student will **ONLY** be released to individuals listed on the "emergency and participant release form" list on that child's program application form unless the parent/guardian has communicated via telephone with School Age Manager or Director of Youth Programs. You will have 24 hours to come in to complete an update/change information form. Staff will ask to see I.D. and verify their name to the child's application, if someone they do not know arrives to pick up a child.
- Students will not be released to anyone, including parents, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home.

By signing below, I certify that I have read and agree to abide by the Hawthorne Community Center Drop-off/Pick-up Policy as listed above.

Parent/Guardian Signature

Date

Hawthorne Intake Signature

Date



Authorization to Use and/or Disclose Protected Health & Educational Information

Student's Name: _____ D.O.B. _____ Grade: _____
Home address: _____ City: _____ State: _____
Zip: _____ Phone: _____
School Attending: _____
Printed Parent/Guardian Name: _____ Email: _____

- I hereby request & authorize my child's school district to furnish any and all information related to attendance, discipline reports, grade reports, and testing results, including written and electronic information for the student listed above to the Hawthorne Community Center
- I also hereby request & authorize the Hawthorne Community Center to furnish to _____ (school name), any and all information school data, including verbal Communication for the student listed above for each of the following reports:

Attendance reports Medical Files Case conference reports/IEP's
Grade Reports/Testing Reports Immunization Reports

- I hereby request & authorize _____ (school name), to verbally communicate with and/or furnish any and all of the above files to the Hawthorne Community Center.

This information will be used to develop an educational program for the student(s) listed above. This authorization may be revoked at any time by the undersigned by giving written notice to the center. Revocation of the authorization will not affect any action taken in reliance on this authorization before your school's receipt of the notice of revocation. By authorizing disclosure of the student's health information in accordance with this authorization, the student's health information may be further disclosed and may no longer be protect by Federal health information privacy laws.

This authorization will expire at the conclusion of the student's tenure at the Hawthorne Community Center.

Parent/Guardian Signature

Date



**HAWTHORNE COMMUNITY CENTER
CLIENT STATISTICAL INFORMATION**

PROGRAM CODE: _____

Application Date: _____

YEAR: 2022/2023

PARTICIPANT'S NAME: _____			AGE AS OF 8/1/2022 _____
Last	First	MI	
ADDRESS: _____			ZIP CODE: _____
HOME PHONE: _____	CELL PHONE: _____	SEX: _____	
EMAIL: _____		BIRTHDATE: _____	
RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other			
ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> No Hispanic/No Latino		FREE OR REDUCED LUNCH: YES OR NO	
RESIDE W/ BOTH PARENTS: YES OR NO	SINGLE PARENT: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		
DISABILITY: _____	21 ST CENTURY SCHOLARS: YES OR NO		
EMERGENCY CONTACT: _____		PHONE: _____	

FAMILY MEMBERS

LAST	FIRST	MI	REL	AGE	Birthdate MO DA YR	SEX	College Graduate YES/NO

Total Number In Household: _____

▲ RELATIONSHIP

1. Spouse
2. Child
3. Other Relation
4. Not Related
5. Parent
6. Grandchild
7. Grandparent

Monthly Family Income	Income
<i>SOURCE</i>	<i>AMOUNT</i>
Wages	
TANF	
SSI Disability	
Social Security	
Pension	
Unemp. Comp.	
Food Stamps	
Child Support	
TOTAL YEARLY INCOME \$	

DISCLOSURE PRIVACY STATEMENT

SERVICES WILL BE PROVIDED WITHOUT DISCRIMINATION BECAUSE OF RACE, AGE, COLOR, RELIGION, SEX, HANDICAP, NATIONAL ORIGIN OR ANCESTRY. THIS AGENCY IS REQUESTING INFORMATION NECESSARY TO COMPLY WITH THE REQUIREMENTS OF FUNDERS OF THIS PROGRAM. I UNDERSTAND THE INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL BUT MAY BE SHARED WITH OTHER AGENCIES TO WHICH I MAY BE REFERRED FOR SERVICES. I UNDERSTAND I MAY BE REQUESTED TO VERIFY THESE STATEMENTS, AND GIVE MY CONSENT TO THIS AGENCY TO MAKE ANY NECESSARY CONTACTS TO VERIFY ANY STATEMENT. DISCLOSURE OF INFORMATION RELATING TO RACIAL/ETHNIC BACKGROUND, SEX, MARITAL STATUS, OR HANDICAP IS STRICTLY VOLUNTARY. STATISTICAL INFORMATION WILL BE PROVIDED TO THE FUNDERS OF THIS PROGRAM. FOR THE PURPOSE OF BETTER PLANNING AND DELIVERY OF SERVICES TO THE COMMUNITY. I UNDERSTAND THAT MY REFUSAL TO ALLOW THIS WILL NOT PREVENT MY RECEIVING ANY SERVICES FOR WHICH I AM ELIGIBLE AND THAT I HAVE THE RIGHT TO CORRECT OR DELETE ANY PORTION OF IT AT ANY TIME. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY RIGHTS AND OBLIGATIONS AND HAVE RECEIVED A COPY OF THEM.

Client Signature

Intake Signature

