

Hawthorne the of the Community

HAWTHORNE SCHOOL AGE YOUTH 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 abide by the policies of the Center. I understand that if I fail to follow the policies, child care services can be terminated. I understand that Hawthorne Community Center sets all policies and procedures based on compliance with state licensing regulations.
- _____ 2. I understand the center is open from 6:30AM to 5:45PM Monday through Friday "Except for major holidays".
- _____ 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,
- Late Pick-up Policy and Fees
 - Dress Code
 - Safety Policy
 - Health Requirements
 - Meal Services
 - Termination Policies/Withdrawal Policies
 - Client Complaint Procedures
 - Lice Policy
 - Transportation
 - Unscheduled Visits
- _____ 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 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

WANDA DIANE ARNOLD, DIRECTOR



United Way
of Central Indiana

HAWTHORNE CHILDCARE REGISTRATION 2017/18

(Please Print)

This registration represents a request for admission. It must be accompanied by a registration fee of \$30 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 only when the contract, duly executed, is returned to the Center.

NAME OF PARTICIPANTS	BIRTHDAY	SCHOOL	GRADE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

ADDRESS _____
ZIP CODE _____ HOME TELEPHONE _____ CELL PHONE _____

NAME OF PARENTS/GUARDIANS

FATHER _____

MOTHER _____

ADDRESS _____

ADDRESS _____

BIRTH DATE _____

BIRTH DATE _____

EMPLOYMENT/SCHOOL NAME _____

EMPLOYMENT/SCHOOL NAME _____

EMPLOYMENT PHONE _____

EMPLOYMENT PHONE _____

CELL PHONE CARRIER _____

CELL PHONE CARRIER _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

MONTHLY GROSS INCOME \$ _____

MONTHLY GROSS INCOME \$ _____

CHILD'S PHYSICIAN: _____ PHONE: _____

CHILD'S DENTIST: _____ PHONE: _____

MEDICAL PROBLEMS (Allergies, Physical Limitations, etc.) _____

MEDICAL INSURANCE (check one): MEDICAID: _____ HOOSIER HEALTHWISE: _____ PRIVATE INSURANCE NO. _____

DOES YOUR CHILD RECEIVE MENTAL HEALTH SERVICES? YES or NO

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

DOES YOUR CHILD SEE THE MENTAL HEALTH PROFESSIONAL IN HIS/HER SCHOOL: YES or NO

I WAS REFERRED TO HAWTHORNE BY: _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

EMERGENCY AND PARTICIPANT RELEASE FORM

CHILDREN NAMES:

1. _____ 2. _____
3. _____ 4. _____

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 participants to these persons. I understand that the participants will not be released to anyone not listed on this form for any reasons. 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.

MOTHER OR GUARDIAN:

FATHER OR GUARDIAN:

Names: _____ Name: _____

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

- | | | |
|----------|-------|--------------|
| 1. _____ | _____ | _____ |
| NAME | PHONE | RELATIONSHIP |
| 2. _____ | _____ | _____ |
| NAME | PHONE | RELATIONSHIP |
| 3. _____ | _____ | _____ |
| NAME | PHONE | RELATIONSHIP |

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.

If the emergency is critical, we will send you child to Eskenazi Hospital.

Preferred Hospital: _____
NAME ADDRESS

Physician's Name: _____
NAME ADDRESS

Dentist's Name: _____
NAME ADDRESS

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

FAMILY DEMOGRAPHIC INFORMATION

All information on this form will be confidential. Hawthorne Community Center is required to collect this information to meet requirements for funding sources that help to ensure that the fees that you pay for programs are as low as possible. *We need to have a different form for each child in your family.*

Last Name of Child: _____

First Name of Child: _____

1. Is your child of Hispanic or Latino origin?

YES _____ NO _____

2. Please choose your child's ethnicity from the list below:

_____ African American

_____ Asian

_____ Caucasian

_____ American Indian/Alaskan Native

_____ Native Hawaiian/Pacific Islander

_____ Bi-Racial

_____ Other

3. Is the "Head of Household" for your family a female?

YES _____ NO _____

4. Does your child have a disability of any kind?

YES _____ NO _____

5. Does your child qualify for free or reduced price lunches at school?

YES _____ NO _____

6. How many people live in your household (including you and your children)? _____

7. What is your household's total income per year? \$_____ per year

8. Have either of the child's parents graduated from college?

YES _____ NO _____

9. Is your child registered currently enrolled in the 21st Century Scholars Program?

YES _____ NO _____

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 youth and parents/guardians 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 Consent

I understand that my 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 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.

Youth 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 _____

CHILD IMMUNIZATION RECORD

Child's Name _____

Date of Birth _____

Parent's Name _____

Phone _____

Address _____

Street Address

City

State

Zip

Record Date of Immunization

	1	2	3	4	5
Hep B					
DtaP/DTP/Td					
Hib					
MMR					
IPV					
Varicella					
PCV/Prevanar					

Child has documented history of varicella disease: _____ No _____ Yes If yes, what age: _____

Please check the appropriate response

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

Comments: (Please List immunizations excluded for medical reasons) _____

Parent comments: (Please indicate religious objection, if any) _____

Signed: _____

[Health Care Provider's signature]

Date: _____

Printed Name and Title: _____