



learning grove

School Age Services
Authorization to Release Child
(State licensing requires one form per child)

Child's Name _____

School location _____

I authorize the staff of Learning Grove (SAS) to release my child/children from the School Age Program to the following people who are over 18 years of age.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I understand that should it be necessary for anyone else to pick up my child, I must send written authorization with my child. I also understand that anyone picking up my child will be asked for identification. Please advise all relatives to bring identification with them to avoid complication.

Signature of Parent/Guardian



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SAS Medical Authorization Form (Complete one form per child)

Name _____ Birth Date _____ Gender _____

Address _____ Phone _____

To serve you child better in case of an accident or sudden illness, it is necessary that you furnish and keep us update on the following information for emergencies.

Name	Work phone	Cell Phone
Mother _____		

Father _____		
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Please list relatives/friends who will assume temporary care of your child if you cannot be reached. (please update if circumstances change).

Name _____	Phone _____
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Name _____	Phone _____
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Please list any health concerns such as heart conditions, diabetes, severe allergies or any chronic condition.

Doctor _____ Phone _____

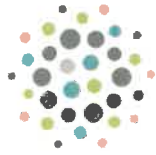
Preferred Hospital (be specific): _____

I, the undersigned, do hereby authorize the personnel of Learning Grove (SAS) to contact directly the persons named on this form, and do authorize the named physician to render such treatment as deemed necessary in an emergency for the health of the said child.

In the event physician, other persons named on this form cannot be contacted, The Site Director/District Coordinator, are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the child.

I will not hold Learning Grove SAS financially responsible for the emergency care and/or transportation of said child.

Parent Guardian signature _____



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Consent and Release Form

Program Location _____

Child's Name _____

Records and Testing

I hereby give consent and authorize Learning Grove School Age Services to exchange information regarding my child with professional agencies (such as your child's teacher or school), or people concerned with my child's education or health.

I do hereby give consent and permission to periodically administer testing or surveying to measure my child's academic and/or social-emotional strengths, interests, and/or opinions. (such as focus groups, opinion surveys, and other testing to determine effectiveness of programming and/or curriculum).

Signed _____ Date _____

Photographic Permission

There are occasions when our agency or other organizations such as newspaper, television stations, media, non-profit agencies or other groups are interested in visiting and taking photos, filming or obtaining artwork, drawings, poems or other work by the children for publication or public display.

I hereby give my permission as parent or guardian for my child to participate in such activities and/or reproduction, publication, use for public display and other use of materials or work, photographs or cinematic image and/or voice, artwork drawings, and/or related works by our agency, newspaper, television and/or other organizations and entities mentioned above without compensation by or liability to Learning Grove or other group.

Signed _____ Date _____



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SAS Behavior Policy

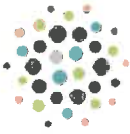
At Learning Grove we believe in working closely with children and their families in order to ensure success in the program. We want to focus on how to resolve behavior issues in the future rather than focus on past incidents. Our goal is to ensure the child feels responsible for their own choices as well as any consequences received for those choices.

When staff feel as though a child's behavior has been disruptive to the quality of care provided in the program, they will give the child 1 of 2 Plan of Actions.

The first is a Verbal Plan of Action. This is a document that describes the child's behavior for the day, as well as a written plan conceived by staff and child of how to prevent this behavior in the future. This could be as simple as a conversation between staff and child about how to better self-regulate behavior, or it could entail a more detailed plan of consequences established by child and staff to prevent such behavior in the future. Framing discipline in this way will encourage solutions for behavior problems rather than shaming bad choices. Verbal Plan of Actions will require signatures from both staff and child to show a commitment to prevent such incidents from happening again, as well as a parent/guardian signature to show reports of behavior are being shared between staff and families. Children may receive as many Verbal Plan of Actions as needed to ensure success in the program.

The second is a Written Plan of Action. Written Plan of Actions will only be given out if multiple attempts are made over a period of time to work on controlling behavior, and the child is either unwilling to participate, or unable to regulate their own behavior. They may also receive a Written Plan of Action if their behavior that day directly affects the quality of care; if they run away from staff, or physically harm another child or staff member. If your child receives 4 Written Plan of Actions within a 60 day period, they will be suspended from the program for 3 days. If the child receives another Written Plan of Action within 30 days of their suspension, they will be expelled from the program.

Learning Grove will still reserve the right to suspend/expel children immediately if the child's behavior endangers the safety and/or security of the staff and/or other children in the program.



Kid's Contract

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1. I will be respectful to staff. I will show respect by listening to staff and following their directions. I will not talk back.
2. I will be respectful to other children in the program. I will not exclude them; I will not call them names. I will listen to their words.
3. I will not throw anything in the program, including toys, food, my personal items, or items belonging to the program such as baskets.
4. I will not damage any items in the program including toys belonging to the program, and other people's items.
5. I will clean up after myself when I am done playing, when staff tells me it is time to clean up, and when I get picked up before I leave.
6. I will not use any foul language in the program, as defined by the staff. Even if I do not think the words are bad, or if I use them at home. I understand they may not be said in the program.
7. I will keep my hands to myself. I will not push, hit, poke, or grab another child: even if they are my friend, or my sibling, even if they are okay with it, because it is not safe.
8. I understand that bullying is not tolerated in the program.
9. I will leave my personal items at home. Including all electronics.
10. I will stay with the group at all times. I will not run away from staff. I will not hide from staff. If we are going somewhere, I will not refuse to go, I will walk with them. If staff says we are lining up I will line up too.
11. Once I come to the program, I understand I may not go back to my classroom to get something. I understand it is my responsibility to bring everything I need with me.
12. I will follow all school rules as well as program rules.

I understand that breaking any of these rules will result in me receiving a Plan of Action and could lead to suspension from the program, or expulsion.

Child's Name _____ Age _____ Date _____

Parent/Guardian Handbook Policy Agreement

Please sign this document and return it to the Site Director of the program your child attends after thoroughly reading the Family Handbook.

My child is enrolled at:

My child(ren)'s names are:

Please initial the following:

I have received a copy and have read and understand the School Age Services Family Handbook and agree to abide by the policies.

I agree to keep School Age Services informed of any changes in phone numbers and contact persons with the knowledge that this is for my child's safety.

I understand that all paperwork: Authorization to Release, Emergency Registration Information and a current Immunization Form, must be completed and returned within 5 days of enrollment. Failure to return required paperwork will result in disenrollment of your child. This required paperwork is a licensing mandate.

I understand that tuition is due on Monday of each week and agree to pay on time.

I understand that I pay for the number of days I register for, regardless of whether my child attends.

I understand that Learning Grove is inclusive of all children, regardless of race, religion, physical or mental limitations, however, children enrolled must be able to cooperate in a group situation, per 922.KAR 2:120 Section 1, to ensure the safety of all children.

I understand that I should save all receipts for tuition payment as Learning Grove does not issue financial statements.

Signed _____ Date _____

Hello Learning Grove families,

We have some exciting news! Learning Grove has added a new way to take payments and copayments via credit card, debit card, and direct withdraw through a bank account. This is an additional feature though our current enrollment management software, Procure. The online parent portal, called Myprocare, will allow you not only to make online payments but to see previous payments, account balance, and see/update family contact information (among other things). There will be a 2% charge on all credit/debit card payments to help offset the additional costs of accepting and processing the payments. We feel like the additional features will certainly be worth it, but if you prefer, you can still make non-credit card transactions at your child's school just as you always have. Below we have outlined the steps to setup your account and make payments. Please let us know if we can help you with this process. Thanks!

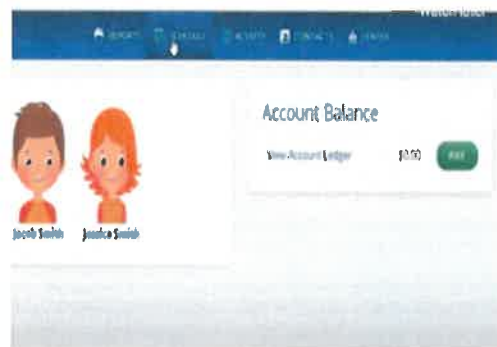
How to make a payment with myprocare

Setup an account at myprocare.com (first time only)

1. You will need to verify your identity as an authorized payer by entering the email address we have on file. If you are unsure what email we have or if you don't have your email address on file please ask your center director for assistance.
2. MyProcare will send an email to the address with a confirmation code. Enter that code on the myprocare page and create a password.
3. You will use this email address and password to access your account in the future. If you forget your password you can use the "Forgot Password" feature at the top of the page to setup a new one (Learning Grove does not have access to password or the ability to reset the password).

Making a payment in myprocare:

1. Sign into your myprocare account at myprocare.com using the email address and password you just created.
2. You will see options to view reports (like previous statements), the ability to update your child's information/relationships/emergency contact info, and make a payment on your account.
3. Click the "Pay" button in the Account Balance box (your current balance will be shown in the Account Balance box).
4. Next, enter you credit/debit card information and the amount you would like to pay (there is a 2% fee charged for all credit/debit card transactions).
5. To save this card for future use simply select that option before submitting the payment (this will save the information in the myprocare system for your future use).





Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings

Authorized Signature, Date

For Official Use Only

Date Received, Employee Signature

