



GARRISON AFTERSCHOOL PROGRAM

REGISTRATION PACKET

1068 North Highland Avenue NE
Atlanta, GA 30306

(404) 254-1734
garrisonafterschool@gmail.com

GARRISON AFTERSCHOOL PROGRAM

1068 North Highland Avenue NE

Atlanta, GA 30306

(404) 254-1734

garrisonafterschool@gmail.com

Dear Parents:

We welcome you to the Garrison Afterschool family. We are glad to have you join us and thank you for entrusting your children to us. We look forward to taking good care of them and having fun playing and learning with them.

Please complete this registration packet carefully. Include a copy of your child's current immunization form and a check for our \$95 registration fee, plus your first month's tuition.

Your child is not registered until all forms are complete and payment is received. You may drop off your forms at the church office or mail to:

Garrison Afterschool Program
The Episcopal Church of Our Saviour
1068 North Highland Avenue NE
Atlanta, GA 30306

Thank you for choosing the Garrison Afterschool Program!

Sincerely,
The Garrison Staff

The following special accommodation(s) may be required to most effectively meet my child's need while in the program: : (If none, enter N/A)

My child is currently on medication(s) prescribed for long-term continuous use.

My child has the following pre-existing illness, allergies, or health concerns:

Parent/Guardian Signature _____ Date _____

CONTACT INFORMATION SUMMARY

Child's Name

Date of Birth

Parent's Name

Parent's Home Telephone Number

Parent's Work Telephone Number

Parent's Cell Phone Number

Parent's Email Address

Parent's Name

Parent's Home Telephone Number

Parent's Work Telephone Number

Parent's Cell Phone Number

Parent's Email Address

Pediatrician Name and Telephone Number

Emergency Contacts:

Name

Telephone Number

Name

Telephone Number

PICK-UP AUTHORIZATION

We are required by our licensing agency to have a list of all people who have permission to pick up your children from Garrison Afterschool Program. Please list below all people who might be picking up your child including their phone numbers and complete addresses. This list will be kept in your child's file and can be updated at any time.

My child, _____, has permission to be picked up by the following people from Garrison Afterschool Program.

_____ Name	_____ Phone Number
_____ Street Address	_____ City State Zip

_____ Name	_____ Phone Number
_____ Street Address	_____ City State Zip

_____ Name	_____ Phone Number
_____ Street Address	_____ City State Zip

_____ Name	_____ Phone Number
_____ Street Address	_____ City State Zip

_____ Name	_____ Phone Number
_____ Street Address	_____ City State Zip

Is there anyone to whom your child may NOT be released?

_____ Name	_____ Phone Number
_____ Street Address	_____ City State Zip

Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

In the event that my child _____ suffers an injury or illness while in the care of Garrison Afterschool Program and the facility is unable to contact me/us immediately, I/we give authorization for the staff of Garrison Afterschool Program to secure such medical attention and care for the child as is necessary. I understand that Garrison Afterschool Program will make every possible attempt to contact me/us, the child's physician, and other persons listed as an emergency contact. I/we will not hold Garrison Afterschool Program personnel responsible for the accident or illness. I/we further understand that the parent/ guardian is responsible for any and all medical expenses incurred during the treatment of my child.

I/we recognize that Garrison Afterschool Program uses Children's Healthcare of Atlanta at Egleston located at 1405 Clifton Road, NE for medical emergencies.

I/we agree to keep Garrison Afterschool Program informed of any and all changes in telephone numbers, etc. where I/we can be reached.

Garrison Afterschool Program agrees to keep me/us informed of any and all accidents and incidents requiring professional medical attention involving my child.

Child's Full Name

Birth Date

Primary Physician

Physician's Phone

Child's Allergies

Current Prescribed Medication

Any other Special Needs or Medical Concerns

Parent/Guardian Signature

Date

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Parent's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Parent's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Person to notify in case of an emergency and parents cannot be reached:

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses: Children's Healthcare/Egleston

Address: 1405 Clifton Road, Atlanta, GA 30322

Child's Allergies _____

Current Prescribed Medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if Children's Healthcare/Egleston cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____ Date of Birth _____

Signature of Parent/Guardian _____

Witnessed by _____ Date _____

POLICIES AND PROCEDURES

Absentee Policy

If your child is not going to be at Garrison Afterschool Program for any reason, it is *imperative* that you let us know in advance, but *no later than 12 noon* on the day of the absence. Our phone number is (404) 254-1734 or you can email us at garrisonafterschool@gmail.com.

Garrison Afterschool Program Staff

At Garrison Afterschool, we have a highly qualified staff who love children. We run a national criminal background check on every staff member. Staff members are certified in First Aid and CPR and are required by Bright Start from the Start to have ten hours of continuing education training in such areas as Child Safety, Disease Prevention, and Child Abuse Recognition. The Episcopal Diocese of Atlanta also requires training in recognizing child abuse.

Guidance and Discipline Technique

The Garrison Afterschool Program's general philosophy of management is to respect each child and help them show respect for others. With small behavioral issues, every effort is made to redirect the child into more appropriate behavior. Garrison Afterschool never resorts to corporal punishment. If discipline is necessary, the child will spend "time-out" in the office. Generally this is no longer than five minutes. Any further issues will be referred to the parent(s).

Handling Emergency Medical Care

In the event of a medical emergency, we will make every possible attempt to contact the parents, the child's physician, and/or other persons listed as an emergency contact. We will, if needed, administer first aid and/or CPR and call 911. Garrison After-School uses Children's Healthcare of Atlanta at Egleston located at 1405 Clifton Road, NE for all emergencies.

Administration of Medication

Garrison Afterschool will dispense medication with written parent authorization for a two week period. A physician's written authorization is needed for a longer period. Authorization must include date, child's name, medication name, prescription number, as well as date and time the medication is to be given. The medication must be in its original container. Any medication given is documented on the Medication Authorization/ Record of Dispensation form as provided by Bright from the Start. Also, if any medication is sent via a child, parents should call and notify the office at (404) 254-1734 to alert us about the situation.

Health

Garrison Afterschool follows the City of Atlanta School health guidelines in reference to communicable diseases, fevers, and head lice. According to Georgia State Law, children who are ill cannot remain at the Garrison Afterschool building. Being ill includes severe coughs or sore throats, unclear nasal discharge, undetermined rash or spots, temperatures over 100 degrees, severe headaches, upset stomach, and diarrhea. If a child becomes ill, a parent will be called and asked to come and pick up the child. The child will be isolated from the rest of the children until the parent arrives. All parents will be notified when a communicable disease is introduced into the Garrison Afterschool environment. The Bright from the Start chart of Communicable Diseases is posted in the Garrison Afterschool Program office. We will report any case of communicable disease to the local health department.

Emergency / Weather Situations

If severe weather strikes when the children are at Garrison Afterschool, all children and staff will be gathered in the hallway away from windows and doors and will assume the proper protective position. We will tune into a local weather station to monitor the weather.

Evacuation of the Garrison After-School Program

In the event that it becomes necessary to evacuate the Garrison Afterschool Program, all children and workers will leave the building through the nearest exit. Our staff is trained to properly escort the children out of the building and meet at a designated area. Upon evacuation, we will check attendance rolls to verify that all children and staff are accounted for and clear of the disaster at hand. 911 will be called. If it is necessary to evacuate the premises of the Garrison Afterschool Program, the children will be moved across the street to the Atlanta Fire Department Station #19, 1063 N. Highland Ave, in Atlanta. This evacuation method is used in cases of emergency such as fire, bomb threat, gas leak, or any other physical plant problems. In the event that the entire Virginia-Highland area is required to evacuate, Garrison Afterschool will relocate to Morningside Presbyterian Church located at 1411 North Morningside Drive. Their phone number is (404) 876-7396. Should this evacuation plan be put into effect there will be a notice posted on the front door to the Garrison Afterschool office.

The directions to Morningside Presbyterian are as follows:

1. from GAP go left (north) on N. Highland Ave.
2. turn left on N. Morningside Drive
3. end at 1411 Morningside drive.

Statement of Smoking

Garrison Afterschool has completely non-smoking facilities.

Food

Garrison Afterschool provides afternoon snacks for the children. Please notify the staff of any food allergies your child may have so that any necessary food exceptions can be made. We do not serve peanuts or peanut butter to children.

Immunization

Parents must submit a copy of Immunization Form #3231 to the Garrison Afterschool Office prior to their child's enrollment and/or attendance.

Child Abuse

Garrison Afterschool is mandated by law to report any suspected cases of child abuse, neglect, exploitation, or deprivation to the Georgia Department of Family and Children Services (DFCS).

Children Who Benefit

Garrison Afterschool strives to provide a safe, caring environment where children of all abilities can benefit from a small group setting. If it is determined that GAP is not the appropriate environment for a child, parents must make other arrangements for that child.

Contact Information

Garrison Afterschool is located in Pettway Hall and Garrison Hall at The Church of Our Saviour located at 1068 N. Highland Ave, NE, Atlanta, GA 30306. Our phone number is (404) 254-1734 or you can email us at garrisonafterschool@gmail.com.

Availability of Policies, Procedures and Forms and Visiting Garrison Afterschool

A copy of Garrison Afterschool Program's Policies and Procedures and all forms are on file in the office and will be available at all times to parents. Parents are free to visit us at any time during operating hours.

I have reviewed the policies and procedures for the operation of Garrison Afterschool Program and have had a chance to ask and receive answers to my questions. I agree to cooperate fully with the program staff.

Parent/Guardian Signature _____ Date _____

FINANCIAL POLICIES

Days and Hours of Operation

Monday-Friday 12 NOON to 6:30 PM

The program operates every day that City of Atlanta schools are open. We pick up children early on Early Release days. We are closed when City of Atlanta/Fulton County schools are closed due to inclement weather. No refund of tuition is given due to these circumstances.

Fees

A non-refundable registration fee of \$95.00 is required for each child. Late fees:

- A late fee is charged when children are not picked up on time. There is a grace period of five minutes from 6:30 PM to 6:35 PM; after 6:35 a late fee of \$2.00 per minute is charged retroactive to 6:30 PM.
- A late fee is charged when tuition payments are late. There is a grace period until the 10th of each month. If payment is received on or after the 11th a \$25 late fee will be applied. Partial payments must be approved by the director.
- Returned check fee: \$25.00

Tuition

Tuition is \$350 per month per child, August through May, based on an annual fee of \$3500 for the school year. Tuition for additional siblings is \$250 per child. Tuition is due on the first day of each month. There is no additional tuition for the two early release days for children enrolled in the program.

Discounts are available to parents who wish to pay their tuition in advance. Full payment for the entire year earns a 5% discount, for an annual payment of \$3325, due August 1st. Payment in two installments earns a 2% discount, for two payments, due August 1st and January 1st of \$1715 each. Payments must be received by the due dates in order to receive the discount.

Scholarship Fund

Ten dollars per month per child enrolled is deposited into our scholarship fund. This fund is supplemented by GAP fundraising efforts and contributions from the Diocese of Atlanta. Parents of children enrolled in Garrison Afterschool Program have priority in applying for need-based scholarships. Scholarships are awarded without regard to a child's race, religion, disability, color, ethnicity, or national origin.

Late Admission

Students who enter school once the school year has begun shall pay pro-rated tuition. The non-refundable registration fee (\$95) plus one full month's installment will be due on or before the child's start date. The Director will then pro-rate the remaining tuition payments and communicate the balance due and monthly amount to the family.

Early Termination

There is a 30-day notice required for withdrawal from the program before the end of the school year. This allows the Director time to arrange for a replacement student in the class. The final tuition payment will be adjusted by the Director and the amount communicated to the family after the early termination request is received in writing.

Partial Weeks

We do offer partial week enrollments. Parents must select the days of the week they want their children to attend, and pay for those days in advance every month, regardless of whether their child is in attendance. Tuition for these days is as follows and no discounts apply.

1 day per week	\$25/week
2 days per week	\$45/week
3 days per week	\$65/week

Waiting List

When we are full, we maintain a waiting list of prospective families. Once a family on the waiting list is notified of a vacancy, that family has one week to submit a completed Registration Packet. After one week, the next family on the list is given the opportunity to register and the first family moves to the end of the list.

I understand and agree to the above policies and obligations.

Parent/Guardian Signature _____ Date _____

PARENTAL AGREEMENT

The Garrison Afterschool Program agrees to provide afterschool care for my child,

_____, on Monday through Friday, 12 NOON until 6:30 PM during the City of Atlanta school year. My child will receive an afternoon snack while attending Garrison Afterschool Program. If my child needs a special diet, I will notify the program accordingly.

I will provide a written authorization for any medication to be dispensed to my child during program hours. This will include the date, name of child, name of medication, prescription number (if any), dosage, and date and time medicine is to be given. Medicine must be in original container with the child's name clearly displayed. This authorization is good for two weeks. Medication administration for longer than 2 weeks requires a doctor's authorization with the same information included.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), Garrison Afterschool Program staff, or other person authorized by the parent.

I acknowledge that it is my responsibility to keep my child's record current and will inform Garrison Afterschool Program of any significant changes such as telephone numbers, work location, emergency contacts, child's physical, child's health status, immunization records, etc.

Garrison Afterschool Program agrees to keep me informed of any accidents and incidents including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases and any other accidents/incidents that involve my child.

I have received a copy of the policies and procedures for Garrison Afterschool Program and agree to abide by them.

Parent/Guardian Signature _____ Date _____

Garrison Afterschool Director Signature _____ Date _____

ROOTS & SHOOTS MEMBERSHIP AGREEMENT

Garrison Afterschool has a membership in Jane Goodall’s Roots & Shoots club for children. The Roots & Shoots program is about making positive change happen—for our communities, for animals and for the environment. With tens of thousands of young people in almost 100 countries, the Roots & Shoots network connects youth of all ages who share a desire to create a better world. Young people identify problems in their communities and take action. Through service projects, youth-led campaigns and an interactive website, Roots & Shoots members are making a difference across the globe.

We will be doing some activities in the afternoons in connection with the club. In addition, through our chapter, children can be given individual access to the Roots & Shoots membership website so that they can browse it at home. Parents must give their permission for a child to be registered individually and the child must be registered under the parent’s email address.

For more information, log on to the Roots & Shoots public website: www.rootsandshoots.org

I give my permission for my child to be registered as an individual member of the Garrison Afterschool Roots & Shoots club.

Parent/Guardian Signature _____ Date _____

Use this email address: _____

I DO NOT give my permission for my child to be registered as an individual member of the Garrison Afterschool Roots & Shoots club. I understand that this in no way limits his/her participation in any Roots & Shoots activities at Garrison Afterschool that he/she wants to be involved in.

Parent/Guardian Signature _____ Date _____

OTHER PERMISSIONS

Photo/Video Release Form

I hereby give permission for images of my child, captured during activities at Garrison Afterschool Program, through video, photo and digital camera, to be used solely for the purposes of promoting the program, both in print and on the internet, and waive any rights of compensation or ownership thereto. It is the policy of Garrison Afterschool not to identify any child by name in any publication, but to use images only.

Name of Child (please print) _____

Name of Parent/Guardian (please print) _____

Parent/Guardian's Signature _____ Date _____

I DO NOT give permission for images of my child, captured during activities at Garrison Afterschool Program, through video, photo and digital camera, to be published in any form.

Name of Child (please print) _____

Name of Parent/Guardian (please print) _____

Parent/Guardian's Signature _____ Date _____

Topical Applications

I hereby give permission for Garrison Afterschool Program to give my child the following topical applications when needed.

- Family Formula Insect Repellent w/ DEET
- Natural Insect Repellent w/o DEET
- Natural Lip Balm
- Aloe
- Neosporin

Parent/Guardian Signature _____ Date _____