



August 3, 2020 - May 26, 2021

Grades	Kindergarten - 8th Grade
After School Pick-up	3:00 pm - We will provide transportation from schools to the church. It is the parents' responsibility to notify the school that Trinity will be picking up your child.
Parent Pick-up	5:30 pm
Food	Snack & Drink provided
Fee	\$25 per Child per week. Pay is required even when your child is sick.

Services are offered only when school is in regular session from 8:00 am to 3:00 pm.

NO Pick-Up For	<ul style="list-style-type: none"> - Half School days - Inclement Weather Regardless of Time of Day - Fall, Winter, Spring, or Summer Breaks - Holidays
Monthly Tuition	Will be expected by the first day of each month and no later than the fifth day.
Two Week Notice	Is required in the event that you need to withdraw your child from our program or two weeks tuition must be paid. Please contact the Director verbally at 931-252-4202 and in writing at amberkampntner@gmail.com
Late Parent Pick-up	Pick up should be no later than 5:30 pm, the late fee is \$1.00 per minute with a one time pardon. Please be sure to notify the director at 931-252-4202 if you will be late.

We will help guide your child in acceptable behavior while at TRINITYalgood during the After School Program. We respect each child as an individual, and want to be good role models for their future. Physical punishment, verbal abuse or humiliation **WILL NOT** be acceptable ways of changing your child's behavior. Rather, we will utilize the following ways to minimize conflict:

1. Talk to the child directly about the misbehavior using positive, verbal communication.
2. Re-direct the child from the inappropriate behavior.
3. Create a calm and secure environment.
4. Set reasonable limits for each particular developmental stage.
5. Communicate to parents about behavior issues that need to be reinforced from the home.
6. When an issue arises, a note will be sent home with the child.
7. If your child continues to exhibit inappropriate behavior and the above mentioned tactics have become ineffective, your child's position in Trinity Assembly's After School Program will be reevaluated and possibly forfeited.

Discipline Policy

Allergies

Parents should notify the Director, and make a notation on the application about **any type** of life threatening allergies their children may have. (Peanut butter, bee stings, etc.) Allergies of **any type** should be listed on the child's medical form.

Medicine Policy

We will not administer over the counter or prescription drugs! If your child is sick, you will be notified to come and pick he/she up!

Accidents

Incident Reports will be filled out in the event of any accident. If we have any doubts regarding the seriousness of your child's injury, you will be notified immediately. For emergency purposes, please see to it that your work, home and emergency numbers are up-to-date.

Emergency

In the event of an emergency where medical transportation is needed, parents/guardians are responsible for all emergency's transportation charges.



APPLICATION

CHILD'S INFORMATION

Full Name:	Goes By Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
School to be picked up from?		

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TRANSPORTATION PLAN

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. Each child **MUST** be signed out at time of pick-up.

Name:	Phone:
Name:	Phone:
Name:	Phone:

EMERGENCY CONTACT INFORMATION

This information will be extremely important in the event of an accident or medical emergency.

Primary Emergency Contact Name:	
Relationship:	Home Phone:
Cell:	Work:
Secondary Emergency Contact Name:	
Relationship:	Home Phone:
Cell:	Work:

Preferred Local Hospital:

INSURANCE INFORMATION

Company Name:	Policy #:	Group #:
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Comments: Include any special medical or personal information you would want an emergency care provider to know:

PARENT(S) INFORMATION
 Single Married Divorced

Mother's Name:	Email Address:
Address:	City, State, and Zip Code:
Where Employed?	Work Hours?
Father's Name:	Email Address:
Address:	City, State, and Zip Code:
Where Employed?	Work Hours?

Is there any restraining order or custody situation that we should be aware of? Yes No

If you marked, "Yes," please give instructions in the box below:

PARENT POLICY AGREEMENT

I have read, understand, and received a copy of the policies and procedures listed on pages 1 & 2 of the application packet.

Parent Signature:

Date: