

EXPLORER TIME COMPANY 2014-2015

(An after school enrichment program)

Registration for the fall 2014-2015 Explorer Time Company (ETC) enrichment program will begin immediately. Due to State Childcare Regulations children must be 5 years of age before attending the after school program. The ETC program will operate at each elementary school in Woodford County, but each site will be limited in enrollment to 150 children. All parents with children who have been actively attending ETC during the 2013-2014 school year will receive priority for the 150 openings at each school if they complete their registration by June 13, 2014. Full-time students will be given priority for acceptance over part-time students. Registration must include a \$35 non-refundable registration fee per family to hold your place at a particular school. Register early! After July 31, 2014 late registration will be \$50 per family. Those students not in the top 150 places at each site will have the opportunity to be placed on a waiting list or they may choose to attend ETC at another site if transportation is available.

The fall program will begin when school opens in August 2014 and will continue until school is scheduled to close in May (or June if the school year is extended due to snow days). The after-school program begins in the afternoon when school is dismissed and continues until 6 pm. On those days when school is dismissed early (half days) the program will be opened early and children may still participate until 6 pm. If students are released early due to bad weather, ETC will be open at each school. Families are requested to pick up students as early as possible. Children will bring their own lunch on the full days. ETC is closed during Spring Break week. A full 2014-2015 calendar will be provided in May 2014.

Full time rates are paid regardless if child(ren) attends every day or not. Payments are to be paid prior to services rendered. You can pay weekly, bi weekly or monthly. The fees listed are calculated on 175 days (a school year) and divided by 10 (the number of months school is in session) This does not include any full days you may attend. Extra cost will be added to 1/2 days as well.

***Prices reflect tuition for the 2013-2014 school year. Prices are subject to change for the next school year.

Full Time		
After school only	1 child	\$157.50 per month
After school only	2 children	\$297.50 per month
After school only	3 children	\$437.50 per month

*Price does reflect discount for siblings

After school only	1 child	\$10.00 per day
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No discount given for part time siblings

Part Time participants must pay for at least (5) five days in advance (\$50.00) per child.

Please make checks or money order to ETC and mail to:

Woodford Community Education Center

1300 Troy Pike

Versailles Ky. 40383 Attention Sharon Cole

Please attach a copy of your child's current immunization certificate

State Laws requires that we have that on file within 30 days of registration.

FOR OFFICE USE ONLY

CHECK # _____ DATE _____ AMOUNT \$ _____ INITIALS _____

Explorer Time Company Registration 2014-2015
Complete this form and mail to: ETC @ Community Education
1300 Troy Pike, Versailles, KY 40383
Questions? Call 859-879-4628

STUDENT INFORMATION

Last Name _____ First Name _____

Sex: Male Female Age: _____ DOB _____ Grade _____

Address _____ City _____ State _____ Zip _____

School Attending _____

Teacher's Name _____

Allergies _____ Daily Meds _____

(NOTE: any medication administered at ETC must follow the Woodford County Schools guidelines as indicated on the "Permission Form for Prescribed Medicine" and/or "Permission Form for Over The Counter Medicine")

Special Needs or Concerns _____

FAMILY INFORMATION

MOTHER

FATHER

Last Name _____

Last Name _____

First Name _____

First Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Employed @ _____

Employed @ _____

Work Phone _____

Work Phone _____

E-mail _____

E-mail _____

Cell Phone _____

Cell Phone _____

AUTHORIZATION AND CONSENT FOR PICTURE RELEASE

During the course of the year, we will be taking pictures and/or videos of our students. We will be making a scrapbook with these pictures and may be sending some to the newspaper and some may be included on our web page. We would like your permission to include your child.

I, _____, the lawful parent or guardian of _____ give my permission to release any pictures taken of the above mentioned child, by the ETC staff to be included in any announcements, advertisements, and documents in the ETC name.

AUTHORIZATION FOR CHILD DEPARTURE

The following persons have been given permission to pick up my child, _____ from the Explorer Time Company (ETC) enrichment program. (Please make sure they know they will need to have a picture ID available)

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

Only those persons listed above may pick up the child named. I understand that if conditions change and names need to be added or deleted to this list, it is the parents' responsibility to notify ETC in writing in a timely manner.

Parent/Guardian Signature

Date

AUTHORIZATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____ the lawful parent or guardian of _____, A minor child of whom I have custody and control, do hereby authorize the agents and employees of the Woodford County Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and well being of said minor child at any time that such minor is in the custody of said Woodford County Board of Education employee while in attendance at school, in attendance at the Explorer Time Company enrichment program, or while en route to or from a school.

I further authorize the said agents or employees of the Woodford County Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities.

In connection herewith, the Woodford County Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

Signature of Parent/Guardian

Date

Other person to be notified:

Name _____ Phone _____

*Local phone # for emergency, please.

Date of last Tetanus Booster Shot: _____

Insurance Carrier: _____ Policy # _____

Doctor _____ Phone # _____

Hospital _____

ETC must have an up to date copy of your child's immunization records!

Doctor and Hospital preferences and contact information MUST be provided as well per Kentucky child care licensing regulations.