

SCHOOL AGE CARE PROGRAM ORIENTATION CHECKLIST

Parent: _____ Phone Number: _____

Email: _____

_____ BRIEFED ON THE FOLLOWING:

- School Age Philosophy
- Activities
- Hour of Operation (Closures)
- Payment due Monday prior to care services
- Fee Payment Agreement
- Absenteeism Notification
- **Comfortable play clothing – No open toe shoes, loose sandals, flip flops, or shoes with slippery soles.**
- Illness – Parents or designated person are to respond within 1 hour. Child may return according to the guidelines in Recommendations for Inclusion, Exclusion, Dismissal memo
- Medication Administration (Form 1055)
- Children w/ Special Needs & Action Plan (Physical, Medical, Emotional, Allergies)
- Parent Conference (Behavior Intervention Plans)
- Signing Children In/Out (CYPBMS Tablets)
- Priority Placement – 30-day Termination Policy
- Permissions for Picture/Video recording for social media, Usage of sunblock, 4-H, Trips
- Children, Parents, and staff Rights and Responsibilities found in School Age Care Handbook

_____ REQUIREMENTS (PAPERWORK/PARENT PORTAL)

- Must have a complete Parent Portal Account (parent.afcyp.com)
- Application for School Age Care Fees (DD Form 2652)
- Most Recent Leave & Earning Statement/Pay Stub
- Fee/Program Agreement
- USDA Paperwork
- Current Immunization and Flu Vaccine Record
- Parent Info and Permissions

I have been briefed on the topics and policies above and I wish to continue the registration process. I understand that if I have any questions, I need to contact management at (830)298-4363 or 5343.

Parent Signature

Date

School Age Coordinator Signature

Date

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