



SHAKER
HEIGHTS

Shaker Heights Recreation School Age Care Enrollment Application

Child:

Name: _____ Birth Date: _____ Gender: _____

School: _____ Grade: _____

Address (if different from Parent's): _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____

Please indicate the first date your child will attend: _____

First Parent:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell # _____

Company/Employer Name: _____

Address: _____ City: _____ Zip: _____

Work Phone #: _____ 2nd Work Phone #: _____

Email: _____

Second Parent:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell # _____

Company/Employer Name: _____

Address: _____ City: _____ Zip: _____

Work Phone #: _____ 2nd Work Phone #: _____

Email: _____

Medical Information:

Physician's Name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Dentist's Name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Preferred Hospital: _____ Phone #: _____

Allergies (food, medication or environmental) and precautions, reactions and treatment

Medications, food supplements, modified diet currently being administered:

Any additional health, chronic physical problems, special needs or enrollment information you feel we should know about your child:

Behavior Information:

Does your child have an Individual Education Plan (IEP), 504 Student Accommodation Plan, or a Behavior Management Plan? _____ Yes _____ No

If your child has any of the above it would help the staff better serve your child if we knew how to manage his/her care. All information is confidential.

If yes, please explain _____

Emergency Transportation Authorization:

Complete either Part I or Part II. Do not complete both.

This form only authorizes the childcare facility to secure emergency transportation for a child. It does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures.

Part I: Permission to Transport Child

I give Shaker Recreation Department my permission to transport my child to _____
(name of child)

to _____ for emergency medical care or to _____
(hospital, clinic) (dentist, dental clinic)

for emergency dental care, or to the nearest available source of assistance.

Parent Signature: _____ Date: _____

Part II: Refusal to Grant Permission to Transport Child

I do not give Shaker Recreation Department my permission to transport my child _____
_____ for emergency medical or dental care. In the event of an illness or injury,
which requires emergency medical or dental treatment, I wish the following action to be taken:

Parent Signature: _____ Date: _____

Field Trip Permission Form:

Field trips will be planned from time to time as part of the activity of the school age care program. Every possible precaution will be exercised to assure the safety and welfare of your child. However, the Shaker Heights Recreation Department and its authorized agents shall not be held responsible financially otherwise, should an accident occur.

_____ has permission to participate in SAC field Trip programs.
(child's name)

Parent Signature: _____ Date: _____

Emergency Contact/Authorized Pick-up People:

Contact (1) Last Name: _____ First Name: _____
Address: _____ City: _____ Zip: _____
Phone () _____ Second Phone - Cell () _____

Relationship to child: _____
Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (2) Last Name: _____ First Name: _____
Address: _____ City: _____ Zip: _____
Phone () _____ Second Phone - Cell () _____

Relationship to child: _____
Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (3) Last Name: _____ First Name: _____
Address: _____ City: _____ Zip: _____
Phone () _____ Second Phone - Cell () _____

Relationship to child: _____
Emergency Contact: Yes No Authorized to Pick Up: Yes No

Choice of Child Care Service: (check as many as will apply)

- Before Care
7:00am – start of school day
- Full Time
- Part Time (please circle necessary days)
Mon Tues Wed Thurs Fri
- After Care
close of school day – 6:30pm
- Full Time
- Part Time (please circle necessary days)
Mon Tues Wed Thurs Fri

***Please note: An 8-visit punch card is available and it is valid through the duration of the school year. Three or more days per week is considered full time.**

**CITY OF SHAKER HEIGHTS RECREATION DEPARTMENT
ZERO TOLERANCE POLICY**

To ensure a safe, enjoyable and positive experience for all who use the City's recreational facilities, including ice arena, outdoor/indoor pool, parks, fields and playgrounds, the following policy is in effect and fully enforceable by the City of Shaker Heights Recreation staff.

This policy addresses inappropriate or disruptive behavior that interferes with the pleasure and peaceful atmosphere at all City recreational facilities by parents, participants, officials, spectators and employees. The City will ensure the most supportive climate for residents of Shaker Heights so they can enjoy their sport or activity.

The focus of this policy is on inappropriate or disruptive behavior which is not allowed or tolerated on the grounds or in the City recreational facilities, fields, pool or parks, playgrounds.

The following behaviors will not be accepted or tolerated:

1. Verbal assaults using loud, obscene or vulgar language in a combative or confrontational manner.
2. Threats and attempts to intimidate individuals, coaches, officials, lifeguards, employees or guests.
3. Throwing of articles in a deliberate or aggressive manner.
4. Physically striking another individual.
5. Goading or inciting violence in others.
6. Vandalism to City or school property.
7. Racial or ethnic slurs.
8. Lewd or lascivious sexual behavior.
9. Theft of property.
10. Possession of weapons.
11. Drug or alcohol abuse.

Individuals who engage in any of the above behaviors will be subject to ***immediate ejection from the property or facility and a mandatory suspension*** from all City properties and facilities for a period of time ***not less than two months*** with forfeiture of all fees and/or pool passes. Two months is a minimum period only and may be extended by the Director of Recreation.

Incidents of violence, theft, vandalism, lewd and lascivious sexual behaviors, drug/alcohol use and weapon possession will be reported to the Shaker Heights Police Department immediately and criminal charges may follow.

There will be no reconsideration by the City with respect to the length of a suspension or prohibition. Where new information is available, a suspended individual **may** request reconsideration of the facts on which the suspension is based. Such request must be made to the Director of Recreation, who will consider the new information and make a decision. **ALL SUCH DECISIONS OF THE DIRECTOR ARE FINAL.**

In the case of vandalism, not only will the individual(s) responsible be subject to suspension as outlined above, but will be required to reimburse the City for the cost of repair.

Parent's Signature

(Print Child's Name)

Date

PARENT HANDBOOK CHECKLIST

Child's Name: _____

School: _____

(Please check the following items, fill out and return with your enrollment papers.)

- _____ Zero Tolerance Form (please sign and return)
- _____ Registration Policy
- _____ Safety Policy
- _____ Conduct Policy
- _____ Discipline Policy
- _____ School Age Care Rates and Methods of Payment
- _____ Fundaze Rates and Methods of Payment
- _____ Transportation Policy
- _____ Telephone Directory and Sites
- _____ Check here only if you do **NOT** want the City to take or use photographs of the participant.

I have read all of the policies above and agree to all terms and conditions. I agree to update my child's enrollment data, as changes occur, so as to ensure this program has current emergency data.

Parent's Signature

Date

PRINT Parent's Full Name