

AFTERSCHOOL



health *plus*
fitness center
a service of east alabama medical center

**2010 - 2011 SCHOOL YEAR
REGISTRATION PACKET
CARY WOODS, LEE-SCOTT,
YARBROUGH, AND DRAKE
NEW: Ages 1st Grade - 8th Grade**

HEALTHPLUS AFTERSCHOOL PROGRAM

School Year 2010-2011

Afterschool Rules! at HealthPlus Fitness Center. THE place to be for homework, fitness, and fun. **SIGN UP EARLY TO GET YOUR SPACE.** We pick up at Cary Woods, Yarbrough, Lee-Scott and Drake Middle School.

DIRECTOR

The Director is Laura Futrell. All questions and inquiries can be directed to her. You can reach her by email at laura.futrell@eamc.org by phone at (334) 887-5666 ext 209.

COUNSELORS

We have many familiar counselors returning for the fall. All teachers have experience working with children and are seeking degrees in related fields. Our goal is to provide a safe and fun-filled learning environment that will promote physical activity, homework help, creativity, and friendship. All counselors are certified in CPR & First Aid.

DAYS AND HOURS OF OPERATION

HealthPlus Afterschool Program begins August 10. We will pick your child up at school on all full school days for Lee-Scott and Auburn City schools. The afterschool program is over at 6 p.m.

AGE REQUIREMENTS

Children must be in first grade or older and attend Cary Woods Elementary, Yarbrough Elementary, and Lee-Scott. We now also pick up at Drake Middle School. Each child will be responsible for his or her belongings and following the daily camp schedule. While we don't pick up at other Auburn schools now, we will compile interest lists from each school for possible future pick-up.

WEEKLY FEES

FULL TIME	\$45 per week (4-5 days a week)
PART TIME	\$30 per week (3 or fewer days a week)
DROP IN	\$20 per day (payroll deduction not available for drop-in) <u>Drop-in depends on space availability.</u>

These fees are due whether your child attends or not. These are continuous charges that are run throughout the school year. We will stop three weeks early to account for Christmas break and Spring break. If you need your child to attend on a day other than agreed upon, you will need approval from the director.

PAYMENT OPTIONS

CREDIT/DEBIT CARD

Provide us with your credit or debit card information and each Tuesday we will charge your card for the week's fees.

HOSPITAL PAYROLL DEDUCTION

For payroll deduction, please fill out the enclosed form. The fees will be deducted from your paycheck. We cannot deduct drop-in charges.

AUTHORIZED PICK-UP FORM

This list indicates all individuals who are allowed to pick your child up from camp and those that are not allowed. Additions or deletions may be made at any time by written notice or email from the parent/guardian to the Kid's Programs Director. All authorized individuals must show identification to the counselors upon pick-up. The child will not be released to individuals listed as unauthorized or not listed at all. This is to ensure the safety of your child. If there are any applicable legal documents that we need, please send a copy at registration.

AGE LIMITS

Our afterschool program can accept children from 1st – 8th grade. We have raised the upper age limit for our program to 14. The 6,7, and 8th graders will be in a separate program than 1-5th and supervised in a different area.

AFTERSCHOOL PROGRAM INFORMATION FORM

HEALTHPLUS FITNESS CENTER

School Year 2010 - 2011

(One child per form)

CHILD'S NAME _____

AGE _____ BIRTHDATE _____

SCHOOL _____ GRADE _____ TEACHER _____

PARENTS' NAMES _____

PHONE (c) _____ (c) _____

PHONE (w) _____ (w) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

BEST PERSON TO CONTACT FIRST? _____

ARE YOU A HEALTHPLUS MEMBER? _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? _____

ALLERGY/DIET RESTRICTIONS _____

ACTIVITIES TO BE RESTRICTED _____

MEDICAL INFORMATION

PHYSICIAN'S NAME _____

PHONE _____

EMERGENCY FACILITY PREFERRED _____

DATE OF LAST TETANUS _____

CURRENT MEDICATIONS _____

EMERGENCY CONTACT INFORMATION (if parents cannot be reached)

NAME _____

PHONE _____ RELATION TO CHILD _____

PAYMENT CHOICE

_____ CREDIT/DEBIT CARD

_____ HOSITAL PAYROLL DEDUCTION (employee number: _____)

CREDIT/DEBIT CARD

The card specified here will be charged each Tuesday for the afterschool program week's fees. HealthPlus does not accept Discover or American Express cards. The card must belong to whomever is signing the form.

Name of Cardholder _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____

Security Code: _____ (3 digit code on back of credit card)

I, _____, hereby certify that I am the parent/guardian of the above named child. To the best of my knowledge the information on this form is correct. My child has permission to participate in all HealthPlus AfterSchool activities except those noted above. I certify that my child has no medical condition affecting or limiting in any way his or her ability to safely participate.

I assume all responsibility and risk of injury, loss or damage to person or property, by whatever cause (including any act or omission, negligent or other), sustained by the child, arising out of or relating to his or her presence at the Center or participation in the HealthPlus Afterschool program. I give my permission for HealthPlus to transport my child from his/her respective school.

I hereby release East Alabama Medical Center, HealthPlus Fitness Center, any parent or affiliated entity, their employees, agents, successors, and representatives from any and all liability for loss, damage or injury to person or property, by whatever cause (including any act or omission, negligent or otherwise), sustained by me or my child arising out of or relating to his or her presence at the Center or participation in the Afterschool program.

I further agree to indemnify and hold harmless East Alabama Medical Center, HealthPlus, any parent or affiliated entity, their employees, agents, successors, and representatives from and against any and all claims for loss, damage, or injury to person or property by whatever cause (including any act or omission, negligent or otherwise) sustained by my child or any other person, arising out of or relating to his or her presence at the Center or participation in the HealthPlus afterschool program.

In the event of an emergency in which I cannot be reached, I hereby grant permission to the physician/facility selected by the Kid's Programs Director, to secure proper treatment for, and including, but not limited to, injections, anesthesia, or surgery for my child as named here in.

I have read and agree to abide by the camp policies and procedures. HealthPlus Fitness Center may produce/reproduce any photographs, slides/videos taken of us/our child/children for publicity purposes. Signature and fee payment required before registration can be processed.

Parent/Guardian Signature _____ Date _____

REGISTRATION FORM

Mark the days that you would like your child to attend HealthPlus Afterschool Program Registration Form. Upon confirmation from Laura, your child has a spot saved for the days you indicated. Changes must be given to Laura via email or in writing.

SCHOOL _____

_____ **Full Time (must have regularly scheduled days)**

_____ **Part Time (must have regularly scheduled days)**

_____ **Drop-In (Space availability basis only)**

Mark the days that you would like _____ to attend HealthPlus Afterschool Program.

YOUR SPOT IS NOT GUARANTEED UNTIL LAURA CONFIRMS VIA EMAIL.

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS

CHILD'S NAME _____

AUTHORIZED PICK-UP

Please list the individuals who are **allowed** to pick up your child from HealthPlus Afterschool Program including parents/guardians.

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

UNAUTHORIZED PICK-UP

Please list the individuals who are **not allowed** to pick up your child from HealthPlus Afterschool Program.

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Additions or deletions may be made at any time by written notice from the parent/guardian to the Kid's Programs Director. All authorized individuals must show identification to counselors. The child will not be released to individuals listed as unauthorized or not listed at all. A signature is required before registration can be processed.

Parent/Guardian Signature _____ Date _____



PAYROLL DEDUCTION AUTHORIZATION

After School

I _____ authorize HealthPlus Fitness Center to deduct \$ _____ from my earnings, per paycheck.

Employee # _____

Beginning (Month) _____ **(Year)** _____

Stop/Cancel Effective (Month) _____ **(Year)** _____

Continuing until further notice

Primary Holder on Account: _____

Add On Names:

Name: _____ Relationship: _____ Monthly\$: _____

Name: _____ Relationship: _____ Monthly\$: _____

Name: _____ Relationship: _____ Monthly\$: _____

Name: _____ Relationship: _____ Monthly\$: _____

I understand if I change to a Per Diem employee or terminate employment, it is my responsibility to submit a new method of payment. Thereafter, the deduction will be automatically continued as submitted in writing.

Member Signature: _____

Date: _____

To be filled out by Health Plus Staff

Employee _____

Date _____