

2019-2020 NWHSC SAS SCHOOL YEAR ENROLLMENT FORM

Child Information

2019-2020 SCHOOL YEAR ENROLLMENT CHECKLIST	
	Complete 2019-2020 School Year Enrollment Form
	Complete Health Record for each child
	Plan of Care and/or Medication Consent Forms (if applicable)
	Custody Agreement/Decrees (if applicable)
	Payment - Enrollment Fee (First week's tuition is due no later than the Friday before school begins)

HOW TO SUBMIT ENROLLMENT APPLICATION (INCLUDING ANY ADDITIONAL REQUIRED DOCUMENTS)	
Pittsboro Program	North Salem Program
Mail: NWHSC SAS Director 540 Osborne Avenue Pittsboro, IN 46167	Mail: NWHSC SAS Director 7027 N St Rd 75 North Salem, IN 46165
Email: smeltzerd@hendricks.k12.in.us	Email: statonm@hendricks.k12.in.us
Fax: 317-892-4320	Fax: 317-994-3030

ENROLLMENT FEE SCHEDULE - ENROLL EARLY!	
Enroll Before April 30th	Free
Beginning May 1st	\$10 per child
Beginning June 1st	\$25 per child

TOTAL AMOUNT DUE WITH ENROLLMENT PACKET			
Enrollment Fee:	\$ _____ x ____ (# of children)	Enrollment Fee Total=	\$ _____
Weekly Tuition Rate:	Child #1 \$ ____ + Child #2 \$ ____ Child #3 \$ ____ + Child #4 \$ ____	First Week's Tuition Total=	\$ _____
If enrolling 3 or more children, apply a 5% discount. Discounted amounts are shown in the table below.		Total Included=	\$ _____
		If you are in need of tuition assistance, please e-mail Mr. Hobaugh at hobaughd@hendricks.k12.in.us	

	AM & PM	AM Only	PM Only
Full Time (4-5 days/week)	\$65/\$61.75	\$30/\$28.50	\$55/\$52.25
Part Time (1-3 days/week)	\$50/\$47.50	\$25/\$23.75	\$40/\$38

STAFF USE ONLY			
Amount Paid \$ _____	Check # _____	Date Received ____/____/____	Staff Initials _____

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Child Information

CHILD #1

Last	First	MI
Date Of Birth ____/____/____	School	
Child's first day at SAS First day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Monday)		
Child's last day at SAS Last day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Friday)		
Grade (in fall)	Teacher (if known)	Bus Number (if known)
Who has legal custody of this child? (Please remember to provide a copy of any custody agreement/decreed (if applicable) Both Parents Mom Only Dad Only Other _____		

SELECT WEEKLY TUITION SCHEDULE (see Parent Handbook for information on weekly tuition plans)

Choose 1 Full time (4-5 days/week) Part Time (1-3 days/week) M T W Th F	Choose 1 Before School - AM After School - PM Before & After School - AM/PM
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CHILD #2

Last	First	MI
Date Of Birth ____/____/____	School	
Child's first day at SAS First day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Monday)		
Child's last day at SAS Last day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Friday)		
Grade (in fall)	Teacher (if known)	Bus Number (if known)
Who has legal custody of this child? (Please remember to provide a copy of any custody agreement/decreed (if applicable) Both Parents Mom Only Dad Only Other _____		

SELECT WEEKLY TUITION SCHEDULE (see Parent Handbook for information on weekly tuition plans)

Choose 1 Full time (4-5 days/week) Part Time (1-3 days/week) M T W Th F	Choose 1 Before School - AM After School - PM Before & After School - AM/PM
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Child Information

CHILD #3

Last	First	MI
Date Of Birth ____/____/____	School	
Child's first day at SAS First day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Monday)		
Child's last day at SAS Last day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Friday)		
Grade (in fall)	Teacher (if known)	Bus Number (if known)
Who has legal custody of this child? (Please remember to provide a copy of any custody agreement/decre (if applicable) Both Parents Mom Only Dad Only Other _____		

SELECT WEEKLY TUITION SCHEDULE (see Parent Handbook for information on weekly tuition plans)

Choose 1 Full time (4-5 days/week) Part Time (1-3 days/week) M T W Th F	Choose 1 Before School - AM After School - PM Before & After School - AM/PM
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CHILD #4

Last	First	MI
Date Of Birth ____/____/____	School	
Child's first day at SAS First day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Monday)		
Child's last day at SAS Last day of 2019-2020 school year OR enter other start date ____/____/____ (must be a Friday)		
Grade (in fall)	Teacher (if known)	Bus Number (if known)
Who has legal custody of this child? (Please remember to provide a copy of any custody agreement/decre (if applicable) Both Parents Mom Only Dad Only Other _____		

SELECT WEEKLY TUITION SCHEDULE (see Parent Handbook for information on weekly tuition plans)

Choose 1 Full time (4-5 days/week) Part Time (1-3 days/week) M T W Th F	Choose 1 Before School - AM After School - PM Before & After School - AM/PM
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2019-2020 NWHSC SAS SCHOOL YEAR ENROLLMENT FORM

Child Information

PARENT GUARDIAN #1

Last		First			
Relationship To Child		Employer			
E-mail					
Street Address		City		State	Zip
Cell Phone		Work Phone		Home Phone	
Check all that apply: Lives with Child Emergency Contact and Authorized Pick-Up Responsible for Payment					
Employee of NWHSC			School Name _____		

PARENT GUARDIAN #2

Last		First			
Relationship To Child		Employer			
E-mail					
Street Address		City		State	Zip
Cell Phone		Work Phone		Home Phone	
Check all that apply: Lives with Child Emergency Contact and Authorized Pick-Up Responsible for Payment					
Employee of NWHSC			School Name _____		

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Child Information

ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK-UP (must be 18 years or older and ID required)

Name	Relationship to child
Phone	Phone
Name	Relationship to child
Phone	Phone
Name	Relationship to child
Phone	Phone

2019-2020 NWHSC SAS SCHOOL YEAR ENROLLMENT FORM

Child Information

HEALTH RECORD FOR CHILD #1

Child's Name	Date of Birth
INDIVIDUAL EDUCATION PLAN (IEP)	
Does your child have an IEP ____ Yes ____ No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician Phone
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HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs ____ Yes ____ No
If yes, check all that apply and submit Plan of Care Form with your enrollment paperwork. Allergy (food) Allergy (non-food) Asthma Diabetes Epilepsy/Seizures Hearing/Visual Impairment Other, please list _____
Are there any modifications or accommodations that would be beneficial to your child ____ Yes ____ No

MEDICATIONS (required)

Does your child take regular medication? Yes No
If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in original bottle with the label attached.

2019-2020 NWHSC SAS SCHOOL YEAR ENROLLMENT FORM

Child Information

HEALTH RECORD FOR CHILD #2

Child's Name	Date of Birth
INDIVIDUAL EDUCATION PLAN (IEP)	
Does your child have an IEP Yes No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician Phone
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HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs Yes No
If yes, check all that apply and submit Plan of Care Form with your enrollment paperwork. Allergy (food) Allergy (non-food) Asthma Diabetes Epilepsy/Seizures Hearing/Visual Impairment Other, please list _____
Are there any modifications or accommodations that would be beneficial to your child ____ Yes ____ No

MEDICATIONS (required)

Does your child take regular medication? Yes No
If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in original bottle with the label attached.

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Child Information

HEALTH RECORD FOR CHILD #3

Child's Name	Date of Birth
INDIVIDUAL EDUCATION PLAN (IEP)	
Does your child have an IEP ____ Yes ____ No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician Phone
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HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs ____ Yes ____ No
If yes, check all that apply and submit Plan of Care Form with your enrollment paperwork. Allergy (food) Allergy (non-food) Asthma Diabetes Epilepsy/Seizures Hearing/Visual Impairment Other, please list _____
Are there any modifications or accommodations that would be beneficial to your child ____ Yes ____ No

MEDICATIONS (required)

Does your child take regular medication? Yes No
If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in original bottle with the label attached.

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Child Information

HEALTH RECORD FOR CHILD #4

Child's Name	Date of Birth
INDIVIDUAL EDUCATION PLAN (IEP)	
Does your child have an IEP Yes No If yes, please submit a copy of the IEP with your enrollment packet.	

MEDICAL INFORMATION (required)

Primary Physician	Physician Phone
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HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs Yes No
If yes, check all that apply and submit Plan of Care Form with your enrollment paperwork. Allergy (food) Allergy (non-food) Asthma Diabetes Epilepsy/Seizures Hearing/Visual Impairment Other, please list _____
Are there any modifications or accommodations that would be beneficial to your child ____ Yes ____ No

MEDICATIONS (required)

Does your child take regular medication? Yes No
If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in original bottle with the label attached.

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Child Information

ENROLLMENT TERMS

I understand and agree to the following:

_____ I have read and agree to NWHSC SAS' policies outlined in the 2019-2020 parent
(Initial) handbook.

_____ I understand that my child(ren) must be signed into and out of the program each day by
(Initial) myself or another adult previously authorized by me.

_____ I understand that if I apply for financial assistance, full weekly tuition rates must be paid
(Initial) until notification of any scholarship awarded by the NWHSC Central Office.

_____ I have read and agree to NWHSC SAS' policies outlined in the 2019-2020 parent
(Initial) handbook.

_____ I may make schedule changes at no extra charge, however a one week notice is
(Initial) required before changes take place.

_____ I agree to pay weekly tuition on Friday for the following week. I understand that my
(Initial) weekly tuition is due regardless of my child's attendance. Weekly tuition rates will not be adjusted due to illness or school closings. I understand that camp tuitions are not included in my weekly tuition rate and is billed separately.

_____ I understand that late payment fees in the amount of \$10 per week will be assessed if
(Initial) my account becomes delinquent. After three weeks of non-payment, the child's participation in SAS will be forfeited.

_____ I agree to pick up my child(ren) from SAS by 6:00 PM according to the SAS clock. Any
(Initial) parent who is unable to pick up their child(ren) by 6:00 PM will be assessed a flat \$10 fee for the first five minutes. After five minutes, a \$1 per minute fee is charged. Failure to pick up my child(ren) on time may forfeit my participation in SAS.

PARENT PERMISSION/Release and Waiver

_____ I give permission for my child(ren) to participate in all SAS activities and field trips
(Initial) during the 2019-2020 school year.

_____ If emergency medical care is deemed necessary, and I cannot be contacted, I authorize
(Initial) SAS staff to act on my behalf in granting permission for my child(ren) to receive emergency treatment.

_____ I agree to be financially responsible for any medical care or transportation expenses
(Initial) incurred on my child(ren)'s behalf.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date: _____

Child #1 Printed Name

Child #2 Printed Name

Child #3 Printed Name

Child #4 Printed Name