## 2024-2025

# Please fill out & return by emailing to skatelandchildcareprograms@yahoo.com SKATELAND AFTER-SCHOOL REGISTRATION



Date

800 Bookman Road, Pontiac, SC 29045 (803) 736-0606

accident and/or injury that may occur while my child is in their care.

Parent's Signature

**START DATE:** 

### PAYMENT METHOD: DEBIT AND CREDIT CARDS ONLY. NO CASH/CHECK PAYMENTS ACCEPTED (YOU MAY PAY ONLINE)

| COPY OF DRIVERS LICENSE AT   | $\Box$ TACHED $\Box$  | <u>PLEAS</u>  | E PRINT  |  |  |   |   |
|--|---|---|--|--|--|---|---|
| CHILD'S NAME (Last, First, Middle)   |   |   | NAME BY WHICH CHILD IS CALLED (Nickname or Middle Name)                    |  |  |   |   |
| ADDRESS, CITY, ZIP   |   |   | DATE OF BIRTH A  |  | AGE  | SEX                                     |   |
| MOTHER'S NAME (Last, First)  | CELL PHON   | JE#   | PLACE OF EMPLOYMENT  |  | BUSI   | BUSINESS PHONE #                        |   |
| FATHER'S NAME (Last, First)  | CELL PHONE #  |   | PLACE OF EMPLOYMENT  |  | ALTERNATE PHONE # BUSINESS PHONE # ALTERNATE PHONE #             |   |   |
| NAME OF SCHOOL CHILD ATTEN   | IDS   |   |  |  |  |   |   |
| DOES CHILD HAVE ANY KNOWN  | ALLERGIES? (Su  | uch as: dust  | t, medications, pl   | ants, animals,   | food, etc.) If ye  | s, what are t                           | hey?  |
| DOES CHILD HAVE ANY KNOWN  | HANDICAP/DISA   | ABILITY?  |  |  |  |   |   |
| NAME OF CHILD'S DOCTOR   |   |   | DOCTOR'S PHONE #   |  |  |   |   |
| HOSPITAL PREFERENCE NAME O   |   |   | F INSURANCE  |  |  |   |   |
| ALTERNATE EMERGENCY CONTACT PERSON (If mother nor f  |   |   | father can be rea  | ther can be reached) PHONE # FOR EMERGENCY CONTAC                  |  | ENCY CONTACT                            |   |
| PLEASE NOTE:  It is imperative that you note that you note that someone is a safety record and the amount of the playing, accidents can have insurance covering injury the undersigned, am in agreement. | other than you what wholesome, pount of diverse phoppen. Parents mu | will be pich<br>ohysical act<br>nysical act<br>ust assume | king up your chectivity is an inte-<br>ivity that our checrisk for their c | ild, PLEASE<br>gral part of a<br>ildren are all<br>hild's activiti | notify us.<br>child's develo<br>owed to enjoy<br>es at the Cento | opment. We<br>. However,<br>er. We cann | e are very proud of ou<br>when skating and/or<br>not and do not carry |

# SKATELAND

### **Policies/Parent Agreement**

#### PLEASE PRINT

| CHILD'S NAME: |  |
|---------------|--|
|               |  |

- 1. Center hours end at 6:30 p.m. After 6:30 p.m., a late fee will be assessed of \$2.00 per child every minute after 6:30 p.m. This fee is due and payable at the time the child is picked up or before the child may return to the Center.
- 2. The Center operates Monday through Friday, year-round, including school holidays except for the following: New Year's Eve, New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving (Thursday and Friday), Christmas Eve, and Christmas Day.
- 3. I agree to pay the weekly tuition rate of \$80 by Friday for the following week. If the amount due is not paid by Monday of the week of service, the parent must personally ask the Skateland Director if the child may attend on Tuesday. A \$25 late fee will be assessed if not paid by Monday of the week of service. The Center reserves the right to take legal action to recover any unpaid fees, including any costs associated with the collection of unpaid fees. Payment is due every week. This price is subject to change with one week's notice.
- 4. If school is out for a half or full day and your child attends, there will be an extra fee. Payments can be made at Skateland via credit/debit cards only. We do not accept cash or personal checks. You may pay online using your credit/debit card using our online system. We offer automatic bank withdrawal to be processed weekly as well.
- 5. Parents are expected to bring their child into the center and see that the child is under supervision before the parent leaves the premises. Parents must enter the building when picking up their child. Please note that the Center does allow free and full access to parents during Center hours, as long as instructional activities and routines are not disrupted.
- 6. Parents are responsible for signing their child out daily (or sign in/out when school is out for full day).
- 7. In the event of an emergency, Skateland has my permission to administer first aid or obtain emergency medical treatment in the child's best interest.
- 8. Discipline and guidance at the Center are consistent and based on individual needs and development. The Center will promote self-discipline and self-behavior. Physical punishment is never permitted. Instead, brief, supervised "time-out" is used.
- 9. If attending for a full day, The Center provides breakfast, hot lunch and snacks. We request that you do not bring in outside food.
- 10. Loose clothing articles, towels, etc., must be marked with the child's name. The Center is NOT responsible for lost/stolen articles.
- 11. Children are not to bring personal cell phones/toys/belongings to the Center. The Center is not responsible for any articles brought from home.
- 12. The Center will only administer dated, labeled, prescribed medication. All non-prescribed medication must have a label with the child's name, date, dose, frequency, etc.
- 13. Should management determine for any reason, at its sole discretion, that a child should be unenrolled, the child will be un-enrolled and this agreement terminated by Skateland. In the case of withdrawal of my child from the Center, I agree to give one week's notice.

- 14. The Center will be notified of school closings due to inclement weather and will be prepared to transport children to the Center and open for a full day on very short notice by the school system (if weather permits).
- 15. My child has my permission to be transported from the child's school to the Center.
- 16. If child does/doesn't need transportation from school on a given day, parent must notify the Center by 12:00 p.m. on the day of the service.
- 17. Copies of menus and activities are available upon request and are subject to change without notice at the discretion of the manager.
- 18. Periodically, Skateland will open for other appropriately aged children (12 and under) including other daycare Centers for what is called an "all day skate". Skateland will attend and participate in these "all day skates" held at Skateland. Notification of an "all day skate" will be posted at the sign in sheet prior to the event. If your child/children attend Skateland on an "all day skate" day, then your child has your permission to participate unless you submit in writing to us that your child may not participate.

  19. This parent agreement is subject to change in whole or in part by Skateland upon one week's
- Signature of Parent/Guardian

  EMAIL ADDRESS:

  (This allows parent access to online payment of account)

| NAMES OF PERSONS, IF ANY, OTHER THAN PARENT/GUARDIAN<br>AUTHORIZED TO PICK UP CHILD |         |  |  |  |
|---|---------|--|--|--|
| NAME  | NAME    |  |  |  |
| ADDRESS   | ADDRESS |  |  |  |
| PHONE #   | PHONE # |  |  |  |
| THOME!  | THOME   |  |  |  |