

Tripoli Before & After School Child Care Program General Program Information

Hours of Program: 6:00 – 8:15 a.m.
3:15 – 5:30 p.m.

Days Available: Days when school is in session, except scheduled early outs.
No child care during vacations and weather related delays or cancellations. Morning and afternoon.

Students Eligible: School-age students (Preschool-5th grade) (6th grade needs admin approval) who attend Tripoli Community School and the Tripoli Preschool Program.

Fees: \$75.00 registration fee per family – (non refundable)
\$3.25 per hour for the first child.
\$0.50 per hour discount per sibling (\$2.75, \$2.25...)
Half hour minimum charge.
Drop-in rate for unregistered families
\$3.75 per hour per child
\$0.50 snack fee per child per day.

Payment: Weekly billing following the first week of enrollment. One bill sent per fam
No split bills for parents per child(ren). **If CC bills are not paid we do reserve the right to remove the child from the program.**

\$25 late Fee for past due accounts per pay period/week. Must pay weekly or pay ahead.

Breakfast & Snack: Breakfast will be available through the school breakfast program.
Registration fee will include an after school snack.

Personnel: A.M. Director: Karen Ensign
P.M. Director: Allison Katzenburger
Program Director: Helen Milius
Principal: Sarah Figanbaum
An assistant will be added during higher enrollment hours when needed.

Policies & Procedures: A handbook will be available prior to the start of school and is found on the elementary website. **Behaviors will not be tolerated. If a student's behavior does not improve, a phone call will be made to the parent to pick up and the option of not being in the program indefinitely.**

Questions: Contact Sarah Figanbaum, Tripoli PK-5 Principal, 319-882-4203.

Please return completed registration form with your enrollment fee of \$75.00 to:
Tripoli Elementary Child Care Program
309 9th Ave. SW
Tripoli, Iowa 50676
(Please make checks payable to Tripoli Community School or on schoolpay.com.)

Tripoli Before & After School Child Care Program

Contact Information

Date _____

Name of Child/Children Enrolled:

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Parent/Guardian _____

Address _____

Phone Numbers:

Father's Cell _____ Mother's Cell _____

Father's Email _____ Mother's Email _____

In the event of an emergency and we are unable to reach you, who should be notified?

Name/Relation to student _____ Phone _____

Name/Relation to student _____ Phone _____

Family Doctor _____ **Doctor's Phone** _____

Street Address City State

Family Dentist _____ **Dentist's Phone** _____

Street Address City State

Allergies/Medical Concerns/Special Needs: _____

Tripoli Community Schools has permission to secure emergency care for my child(ren) in case of a medical/dental accident or illness? (Please circle) YES or NO

Normal schedule that your child/children will be attending child care:

(Approximate Times)

Monday

Tuesday

Wednesday

Thursday

Friday

Drop Off Time

Pick Up Time

Please list people and relation that are authorized to pick up your child/children from child care:

Tripoli Community Schools Yearly Health Information Form

Name _____ DOB _____ Grade _____

Allergies and reaction, please note, food allergies require a *Diet Modification* form to be filled out by a medical provider and turned into the school office.

Yes	No	Asthma or Bronchospasms	Yes	No	Diabetes
Yes	No	Heart Problems	Yes	No	Seizures
Yes	No	Blood Pressure Concerns	Yes	No	Migraine/headaches
Yes	No	ADD or ADHD	Yes	No	Depression
Yes	No	Kidney or Urinary Problems	Yes	No	Anxiety
Yes	No	Hearing Concerns	Yes	No	Stomach or Bowel Concerns
Yes	No	Vision Concerns – glasses or contacts			

Medications, if medication needs to be taken during the hours of **8a - 2p** please **also** fill out *Permission for Medication* form- blank forms online and in school office:

Please note, the school does not provide **cough drops or **ibuprofen** to students. If your child is needing either or please send with child, along with a note allowing your child to consume during school hours.

I give permission to certified personnel to give non-aspirin pain relievers to my child?
Yes No

Does your child have any health concerns/special needs, not listed above, that you feel would be helpful for the school to know?

Please list any new injuries, surgeries, or serious illness and the approximate date in the last year?

Do I have your permission to share this information with the appropriate school personnel, if necessary? Yes No

Comments:

In the event that the parent and/or emergency contacts cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of the foresaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian

Date

Thank you for your response in helping to update your child's health record!