



O: 850.325.6301  
F: 850.325.6302  
1717 Hermitage Blvd  
Tallahassee, FL 32308

## 2023/2024 Afterschool Registration Form

Child's Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Interested in therapy? \_\_\_ \_\_\_ \_\_\_ \_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
OT PT ST MT

Check here if the student will arrive via school bus: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

### Parent/Guardian

Parent/Guardian #1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other persons authorized by parent(s)/guardian(s) to pick up child without prior notification:

Name	Phone	Relationship
	( )	
	( )	
	( )	

If IMPACT is unable to reach either parent/guardian or emergency contacts, I give my permission to IMPACT Tallahassee to consult my child's physician and seek emergency medical treatment and/or emergency transportation services if necessary. By signing below, I also agree to pay any medical expenses incurred for treatment and/or emergency transportation.

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Insured ID#: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Program Details

- The Afterschool program runs in alignment with the IMPACT Academy calendar & is open Monday - Friday, from 3:00 pm-6:00 pm.
- **Afterschool is closed on days when IMPACT Academy and Leon County Schools are closed.** We are offering afterschool for children ages 5 - 21 years old. This school year, children will be divided into groups based on their age to allow for the growth of individuals and the group.
- Activities include learning centers, developmental play, arts & crafts, social skills training, music therapy, outside play, circle time, reading groups, homework help... and much more!
- Rates:
  - Annual Supply Fee of \$90/year. Due upon registration for all participants.
  - \$105.00/Week
  - \$30.00/Day (Drop-In)

**Drop-in may/may not be available. Must be arranged with Director.**
- Although fees may be paid weekly, IMPACT requires a two-week written notice before your child's last two weeks of attendance.
- Please bring a copy of the pertinent details of your child's IEP to assist us in best structuring their time with us.
- Parents are required to send one snack and drink daily for their child. If placed in your child's backpack or lunchbox, ensure it is labeled "afterschool."
- Parents are required to send diapers and wipes if they are necessary for their child.
- Weekly payments are due by the Thursday prior to each week of afterschool. We accept credit/debit cards, cash, checks, and PayPal payments via our website. Checks may be payable to "IMPACT Academy". Any payments with a credit card will have a 3.5% surcharge. This does not apply to any other form of payment, including debit cards.

Grounds for Dismissal: The following conditions or occurrences may constitute grounds for the immediate termination of the child's enrollment privileges:

- Failure to pay fees in a timely manner.
- Failure to consistently drop-off and pick-up as required on the following page.
- Any behavior by the parent that is non-supportive, disrespectful, and/or threatening to the faculty and staff of IMPACT Tallahassee.

My signature certifies that I have read this packet thoroughly and will adhere to any and all policies outlined by IMPACT Tallahassee.

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 Parent/Guardian Signature

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 Date

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 Child's Name

**Florida Department of Children and Families (DCF) Child Care Facility Requirements:**

- Section 7.3.C.1 requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility"
- Section 7.3.C.2 requires that parents are notified in writing of the disciplinary practices used by the childcare facility

*Discipline Policy:* At IMPACT, our staff models composure to respond to misbehavior appropriately. We use Conscious Discipline strategies to foster connections with students. Where there is misbehavior, we teach missing skills. Discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting is prohibited. Spanking or any other form of physical punishment is not tolerated. A child exhibiting aggressive behaviors will be encouraged to use strategies offered or moved to a safe place until calm.

- Section 7.3.C.4 requires that parents receive information detailing the causes, symptoms, and transmission of the influenza virus.
- Section 7.3.5 requires that parents receive information about "distracted adults" and car safety in April and September of each year.

**Open Door Policy:** Per DCF regulations (8.1.A), the Parent(s)/Guardian(s) have access to their child, in person and by telephone, whenever the child is in care at IMPACT.

**Expulsion Policy:** At IMPACT, we see misbehavior as a call for help. We are committed to providing a safe, nurturing environment conducive to learning and growth for all children. We strive to ensure that all our children are set up for success regardless of their needs or developmental level.

If a child exhibits behaviors that are harmful to him/herself, staff, or other children in our care, we will do the following:

1. Evaluate the situation and inform the family of our observations.
2. Get information about the frequency of aggressive behaviors in the home.
3. Meet with the family to discuss strategies to implement in the home and/or services (i.e., occupational therapy, speech therapy, or contracted behavioral services) that will support the child and family.
4. Determine a date by which needed interventions will be initiated. Discuss the potential of withdrawal if interventions are not begun by the deadline.

On rare occasions, we will work with families to seek the best care for their child if we determine that our program can no longer meet an individual child's needs.

**Food Activities / Special Occasions:** I \_\_\_\_\_ (Parent/Guardian) permission for my child \_\_\_\_\_, to participate in food-related activities and special occasions wherein food is consumed.

My signature certifies that I have received and understand the above information.

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Parent/Guardian Signature

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Date

### Health & Safety Information:

Please keep your child home if he/she shows signs of a communicable disease. Signs and symptoms of a suspected communicable disease include the following:

- Fever - 100°F or above
- Severe coughing, causing a child to become red or blue in the face or to make a whooping sound
- Diarrhea/vomiting
- Generally not feeling like him/herself
- Lice

Your child will be kept in a separate area should they show signs or symptoms of illness. We will contact you to pick up your child immediately (within one hour) should your child show symptoms of a communicable disease, including:

- Fever - 100°F or above
- Diarrhea/vomiting
- Suspected pink eye
- Rash
- Lice
- Any other sign or symptom of illness

### Additional Precautions:

Fever: If your child wakes up with a fever, please do not give them medicine to lower the fever and send them to school/afterschool. Most of the time, the medicine will wear off, and you will be contacted to pick up your child because the fever has returned. *Your child must be fever-free for 72 hours before returning to IMPACT.*

Lice: IMPACT has a NO NIT policy. You must notify the afterschool staff after identification of head lice. If your child has head lice, he/she must be treated, and all nits must be removed before your child may return. An administrative staff member must check your child's head before he/she can return to afterschool.

Medication: A medication permission form is available to parents/guardians, authorizing IMPACT to dispense prescription and non-prescription medication to children in care. All medicine must be in the original container. Medication and forms must be given to a staff member, NOT placed in the child's backpack or lunch box.

Sunscreen, Diaper Cream and Insect Repellent: The application of sunscreen, diaper cream, and insect repellent must be consented to by parents. Inform and supply any sunscreen, diaper cream, or insect repellent to the afterschool staff.

By signing below, I acknowledge and agree to comply with IMPACT's Health and Safety Policies. I will not send my child to afterschool sick. I am aware that I will need to arrange to have my child picked up from afterschool immediately should he/she show signs/symptoms of illness.

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 Parent/Guardian Signature

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 Date

## PARENTAL PERMISSION & RELEASE FORM (One per Child)

Child's Name (please print): \_\_\_\_\_

**INITIAL**

- \_\_\_\_\_ I give my child permission to attend and participate in all IMPACT activities.
- \_\_\_\_\_ I give permission for my child to be treated in case of illness or emergency and understand I will be notified in an emergency.
- \_\_\_\_\_ I understand that my child may be dropped off at IMPACT by the LCS bus system, the public transportation system, or by other means. I understand I must notify IMPACT as to how my child will be arriving and departing.
- \_\_\_\_\_ I understand that all fees are non-refundable and non-transferable. Payments must be paid in advance, either weekly or monthly. Fees are due regardless of attendance. IMPACT will prorate weekly fees based on scheduled camps or holidays. **Payments are due by the Thursday before each week enrolled.**
- \_\_\_\_\_ I acknowledge that my account will be billed \$1.00 per minute for picking up my child late.
- \_\_\_\_\_ In consideration for my child participating in IMPACT events and activities, I shall indemnify, hold free, and harmless IMPACT Tallahassee, its officers, employees, and volunteers, thereof from any and all liability, claims, or demands for personal injury or sickness, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described activity.
- \_\_\_\_\_ Information regarding the child's health, well-being, and therapy treatment will be shared among all necessary IMPACT entities. (Example: A child receiving therapy services - the afterschool counselor would receive information about therapy goals).
- \_\_\_\_\_ Should the child engage in aggression or property destruction, they and others around them should be kept safe. Crisis intervention training protocols, such as Safety Care, will be utilized if the need arises. Safety Care provides the skills and competencies needed to prevent, minimize, and manage behavioral challenges effectively. It uses reinforcement-based procedures to accomplish these goals with physical interventions as a last resort. If any of these procedures need to be used, all events will be documented. Appropriate authorities will be contacted should the situation become too severe and de-escalation procedures are ineffective for keeping all parties safe.
- \_\_\_\_\_ I agree that any pictures or videos taken of me or my child may be used to promote IMPACT, including on their website, social media, and promotional materials.

EXCEPTIONS TO THE ABOVE AGREEMENTS: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**For scheduling, questions, or to discuss the possibilities, contact:**

Kamaria Imani, Afterschool Director  
 Kamaria.Imani@IMPACTtlh.org

**Please mail/email/fax forms to:**

IMPACT Academy Afterschool, 1717 Hermitage Blvd., Suite 103, Tallahassee, FL 32308  
 Phone: (850) 325-6301 / Fax: (850) 325-6302  
 DCF License # C02LE0021

### General Information

*Attach additional paperwork if necessary.*

- ✓ Does your child have any special accommodation needs due to a disability? Please be detailed.
  
- ✓ Does your child have any allergies? Please be detailed.
  
- ✓ Does your child need assistance with using the restroom? Please be detailed.
  
- ✓ What is the best way to communicate with your child if they have special accommodation needs? Please be detailed.
  
- ✓ If any additional information would benefit us in giving your child the best care possible, provide it here. Please be detailed.

## Emergency Care Plan

Per the DCF School-Age Handbook, 2.5.3 and 7.2.A, "Any child who has or is at an increased risk for a chronic physical, developmental, behavioral or emotional condition and requires additional services must have a current Emergency Care Plan included in the child's file." This includes procedures to follow in the event of exposure to any allergen and access to necessary medications. \*\*An Authorization for the Administration of Medication Form must be completed for any over-the-counter and prescription medications.

<b>Child's Name:</b>	<b>DOB:</b>
<b>Health Condition(s):</b>	
<b>Signs and Symptoms IMPACT Staff May Witness:</b>	
<b>Circumstances Which Require Immediate Emergency Care (911) and the Plan of Action:</b>	
<b>Medications To Be Administered at IMPACT and Specific Instructions for Use:</b> **Note: This does not replace the Authorization for the Administration of Medication form.	
<b>Other Treatment(s) or Accommodation(s) Required at IMPACT:</b>	
<b>Prevention Details:</b>	
<b>Preferred Hospital:</b>	
<b>Medical Provider Name/Address/Phone/Fax:</b>	
<b>Parent or Guardian Name/Phone:</b>	
<b>Parent or Guardian Signature:</b>	<b>Date:</b>
<b>Director's Signature:</b>	<b>Date:</b>



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## Afterschool Payment Agreement, Late Fees, and Payment Authorization

Student Name: \_\_\_\_\_ Last 4 of Card (Optional): \_\_\_\_\_

### Payment Commitment:

Fees must be paid in advance, either weekly or monthly. Fees are due regardless of the student's attendance. You may opt-In for IMPACT Academy to automatically run your payment each week/month. Please check your selection below if you would like us to run your card on file.

#### Weekly:

\_\_\_\_\_ I hereby authorize IMPACT Academy to charge the balance due each week. Payment will be processed on the Thursday of each week prior to the week the payment is for.

**Weekly Policy:** Payment is due in advance by Thursday at 6:00 pm. If payment is not received by 6:00 pm on the Thursday prior to the week the payment is for, a late fee of \$20.00 will be assessed. IMPACT will require a credit card on file to bill in the event payments are not made in a timely manner. If payment is not received for two consecutive weeks, the child may not return to afterschool until all payments and applicable late fees have been paid in full.

#### Monthly:

\_\_\_\_\_ I hereby authorize IMPACT Academy to charge the balance due each month. Payment will be processed on the first day of the month.

**Monthly Policy:** Payment is due in advance by the last day of the preceding month that payment is for. A late fee of \$30 will be assessed on the 5th of the month that payment is past due—an additional fee of \$5.00 for each additional day after the 5th will be assessed. IMPACT will require a credit card on file to bill in the event payments are not made in a timely manner. If fees are not paid in full by the fifth day of the month, the child may not return to IMPACT until all payments and applicable late fees have been paid in full.

I understand and will follow the above protocol based on my Payment Commitment selection of weekly or monthly. I understand that my child cannot get off the bus at IMPACT if my payments are past due.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

**SURCHARGE NOTICE:** We impose a 3% surcharge on credit cards. This charge is not greater than our cost of processing the credit card payment. This surcharge does not apply to debit cards, checks, cash, or money orders.