

SMASH ENROLLMENT AGREEMENT

I understand that the program is open according to the Official Cumberland County

School Calendar and will provide service during teacher workdays and scheduled early release days. Should we need to close for any reason or there is an unscheduled early release all registered families will be notified through a Remind 101 app personal call or on WRAL.WTVD 11 news.

The program will close for the following holidays approved by Board of Directors:

- New Year's Day (if falls on weekend alternate date will be announced)
- Martin Luther King Day
- Easter Monday
- Memorial Day
- July 4th (if falls on weekend alternate date will be announced)
- Labor Day (if falls on weekend alternate date will be announced)
- Thanksgiving and the day after
- Christmas Eve (if falls on weekend alternate date will be announced)
- Christmas day (if falls on weekend alternate date will be announced)

School Year 2023-2024

1. **School Year...** I understand that I am responsible for a **\$50.00 per family** registration fee and a weekly **fee of \$80.00 for the 1st child enrolled and \$75.00 a week per child enrolled thereafter**. I will give at least a 2 week notice to the Director prior to withdrawing my child, during which time I will be responsible for payment of fees. If I do not give 2 week notice, I will be billed the full 2 week tuition amount whether my child is in attendance or not, unless approved by the Director.

Summer 2023

2. **Summer...** I understand that I am responsible for a **\$75.00 per child** registration fee and a **weekly fee of \$140.00 for the 1st child enrolled and \$135.00 a week per child enrolled thereafter**. These payments are due on Friday of the week prior and a late fee of \$10.00 per week will be added after 2 weeks of non-payment. Your child will not be able to attend until your account is up to date. I will give at least a 2 week notice to the Director prior to withdrawing my child, during which time I will be responsible for payment of fees. If I do not give 2 week notice, I will be billed the full 2 week tuition amount whether my child is in attendance or not, unless approved by the Director.
3. **I understand that in the event of any absences during program hours or activities I am still responsible for full payment fees.**
4. I will supply the SMASH office with any information changes pertaining to my child's file as they occur. (phone #, address, employment, emergency contact, pick up authorization)

5. I understand that if a medical emergency should arise, a staff member will attempt to contact me first. If I cannot be immediately reached, a person from my child's emergency pick-up list (located in my child's registration paperwork) will be contacted. If the emergency is such that immediate emergency medical attention is necessary, an ambulance, emergency vehicle, or staff member may transport my child to the nearest hospital.
6. I understand that this is a Christian program and Methodist approved Bible lessons are part of the program's curriculum.
7. I understand that on-going, severe behavioral problems such as profanity, physical abuse of another child, physical abuse of a staff member, blatant disobedience or disrespect of a staff member or acting in such a manner as to endanger themselves or the group they are in will not be tolerated.
8. I understand that if my child is suspended for any reason, I am still responsible for payment of fees during the time of suspension.
9. I understand that my child must maintain proper behavior and follow all rules of safety on the van / bus. Failure to do so may result in suspension or dismissal from the program.

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We will send you an invite either through text or email (or both) inviting you to download our Brightwheel app. You will use this app to check your child(ren) in and out each day, make payments (or you can pay with cash or check at the table), send messages throughout the day. We use this excellent communication tool to track temperatures, send incident reports, send invoices or messages to you. We will tell you more about this excellent tool upon registration.

*****I agree to discuss the above rules from the previous page with my child and to adhere to the stated policies and procedures of the SMASH Program. I give my child permission to participate fully in this Program.**

DATE	SIGNATURE	RELATIONSHIP TO CHILD
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*****I agree to discuss the above rules from previous page with my child and to adhere to the stated policies and procedures of the SMASH/E-Merge Programs. I give my child permission to participate fully in this Program.**

DATE	SIGNATURE	RELATIONSHIP TO CHILD
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***PERMISSION FORM FOR INTERNET PUBLISHING OF PICTURES ON CHURCH WEBPAGE**

Child's Name: _____

Parent's Name: _____

Your child's picture is under consideration of publication on Salem Methodist Church's Web Page, a part of the internet. Your child's last name, home address, or telephone number will **NOT** appear with any picture. The picture will also be protected from "right clicking" (No one will be able to download or save the picture)

_____ Permission is granted for the World Wide Web publishing as described above indefinitely or until removal is requested by parent/guardian.

_____ Permission is **NOT** granted for World Wide Web publishing as described above.

Parent Signature: _____ Date: _____

**SMASH/E-Merge
*PREMISSION SLIP:**

I **DO / DO NOT** give permission for my child _____ to leave Salem Methodist Church property on excursions planned and supervised by the SMASH/E-Merge Staff. I absolve the SMASH/E-Merge Programs and Salem United Methodist Church from liability to me or my child due to any injury to my child while attending the SMASH/E-Merge Program or during any activity. I give permission for emergency medical care to be given to my child in the event that I am unable to be immediately reached. Emergency care will be given as deemed necessary by the attending physician or emergency technician.

PARENT OR GUARDIAN SIGNATURE	DATE
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EMERGENCY CONTACT	PHONE #
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Enrollment information

Date: _____ School: _____ Grade: _____ Year: _____

*CHILD IDENTIFICATION:

CHILD'S NAME	PREFERS TO BE CALLED	DATE OF BIRTH	SEX
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*PARENT(S)/GUARDIAN(S) IDENTIFICATION:

NAME	RELATIONSHIP TO CHILD
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COMPLETE MAILING ADDRESS	HOME PHONE #
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EMPLOYER	WORK PHONE #	CELL #
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*PERSONS AUTHORIZED TO PICK UP CHILD IF PARENTS ARE UNAVAILABLE:

NAME	ADDRESS	HOME/CELL PHONE #	WORK #
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NAME	ADDRESS	HOME/CELL PHONE #	WORK #
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NAME	ADDRESS	HOME/CELL PHONE #	WORK #
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Email address _____

SMASH ENROLLMENT

***MEDICAL INFORMATION:**

1. Allergies (food, medications, insects, etc.) _____
2. Chronic or recurrent illnesses or disorders _____
3. Does your child take medications on a regular basis? If yes, please state names of medications and dosage. _____
4. Will the medication need to be given during program hours? If yes, when will it need to be given? _____
5. What should we do if your child has a problem related to his/her medical condition during program hours? _____
6. Child's Doctor: _____ Phone # _____
Child's Dentist: _____ Phone # _____
7. Child's Health Insurance: Company Name and Policy #: _____

8. Do you have a church affiliation? If so, where? _____

SMASH ENROLLMENT

***CUSTODY RESTRAINT- PERSONS NOT ALLOWED TO PICK UP YOUR CHILD**

NAME **RELATIONSHIP TO CHILD**

NAME **RELATIONSHIP TO CHILD**

WHERE TO CALL IF PICK-UP ATTEMPT IS MADE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PLEASE BE ADVISED THAT SMASH DEPARTMENT CANNOT LEGALLY PREVENT A PARENT FROM PICKING UP A CHILD WITHOUT A COPY OF THE CHILD'S CUSTODY PAPERWORK IN THE CHILD'S FILE.