



4460 Lyons Road, Lake Worth, Florida 33467
Phone: 561-968-3627
Facsimile: 561-968-8142



*Jesus Loves the
little children,
All the children
of the world!*

AFTERCARE ENROLLMENT CHECKLIST 2021-22

Please return this checklist with your enrollment forms.

Child's Name _____ Date of Birth _____

Parents' Names : _____

Home Phone _____ Cell Phone _____

Other _____

Email Address: _____

- Child Identification and Emergency Information Form
- Fee Remittance Agreement
- Parental Release Form
- Student/Parent Agreement
- COVID Illness Policy/Procedures
- Assumption of the Risk and COVID Waiver of Liability
- Non-refundable Registration Fee: \$50 Cash Check # _____
- Credit Card Authorization Form

Administrative Comments

CHILD IDENTIFICATION AND EMERGENCY INFORMATION

2021-22 Epiphany Kids Club

To be completed by Parent or Guardian

Child's Name LAST MIDDLE FIRST	SEX							
Address Street Address City/State/Zip		BIRTHDATE						
Father's Name LAST MIDDLE FIRST		Father's Cell Phone ()						
Father's Address Street Address City/State/Zip		Father's Business Telephone ()						
Mother's Name LAST MIDDLE FIRST		Mother's Cell Phone ()						
Mother's Address Street Address City/State/Zip		Mother's Business Telephone ()						
		Additional Phone/Cell #s ()						
Persons permitted to remove child: <table style="margin-left: 20px; border: none;"> <tr> <td>Mother</td> <td>Yes___No___</td> <td><u>Legal Custody</u></td> </tr> <tr> <td>Father</td> <td>Yes___No___</td> <td>Yes___No___</td> </tr> </table>			Mother	Yes___No___	<u>Legal Custody</u>	Father	Yes___No___	Yes___No___
Mother	Yes___No___	<u>Legal Custody</u>						
Father	Yes___No___	Yes___No___						
FAMILY PHYSICIAN/PEDIATRICIAN TO BE CALLED IN EMERGENCY								
Physician's Name	Address	Medical Plan & Number						
		TELEPHONE ()						
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?								
<input type="checkbox"/> Call Emergency Hospital <input type="checkbox"/> Other Explain:								
CHILD'S ALLERGIES OR HEALTH CONCERNS:								
NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD FROM THE FACILITY AND PERSONS TO BE CALLED IN EMERGENCY WHEN PARENT(S) CAN NOT BE REACHED <i>Child will NOT be allowed to leave with any other person without written authorization from parent or guardian. All authorized persons must present picture ID.</i>								
NAME	TELEPHONE	RELATIONSHIP						
1.								
2.								
3.								
Parent's Email Address:		Grade Level 2021-22:						
<u>Statement of Acknowledgement</u>								
This statement is to verify that on _____, as parent or legal guardian to my child, _____, I have read aftercare rules and guidelines. I acknowledge ALL information and will adhere to the policies and procedures as stated in the guidelines.								
Parent Signature _____								
TO BE COMPLETED BY SCHOOL DIRECTOR/ADMINISTRATOR:								
Administration Notes:								

Epiphany Lutheran Church
2021-22 Kids Club Fee Remittance Agreement

*Fee Remittance Agreement
 Kids Club/Aftercare*

FOR OFFICE USE ONLY:
 REGISTRATION FEE PAID: CHECK # _____
 CASH \$ _____

FAMILY NAME:	
ENROLLED STUDENT(S) NAME	ENROLLED STUDENT(S) DATE OF BIRTH & AGE

We agree to the following:

We agree to pay the following tuition fees when due: *Monthly Aftercare Tuition: \$216 beginning August 10, 2020 and ending May 26, 2022.* **Initial** _____

A student is enrolled with the understanding that he/she will remain for the full year or at the discretion of the school. There will be no remission of charges for absences.

Initial _____

The following non-refundable Registration must accompany registration form. Registration Fee \$50.00 **Initial** _____

In signing the Aftercare Fee Remittance form, the undersigned parents/guardians agree to pay all fees when due. When MONTHLY aftercare fees are not received by the designated due date, 6:00pm, late fees will automatically be assessed. **Initial** _____

A student whose account is in arrears will not be allowed to attend KIDS CLUB until suitable arrangements have been made with the school administration. Without a plan of action to clear the account balance, families having delinquent accounts would be required to withdraw their child/children effective immediately. **Initial** _____

Parents/guardians assume the responsibility to pay the cost of repairing/replacing school property maliciously damaged by the student. **Initial** _____

Date: _____

Signature: _____
 1st Parent/Guardian

Date: _____

Signature: _____
 2nd Parent/Guardian

Epiphany Lutheran Church
2021-22 Kids Club/Aftercare Parental Release Form

To be filled out and signed by child's parents or legal guardians(s).

Child's name _____

Address _____

Telephone _____ Date of Birth _____

Parent/Legal Guardian _____

Address _____

Telephone _____

.....

Please initial each item below

1) AUTHORIZATION OF CHURCH & SCHOOL

A. Medical matters

I/We hereby authorize Epiphany Lutheran Church to retain such medical care and treatment necessary in the event of an accident.

_____ **Parent initial**

B. Travel

I/We and give permission for my child to be released from elementary school and picked up by an Epiphany staff member; I/We understand that the Epiphany staff member will be transporting my child via Epiphany's privately-owned school bus.

_____ **Parent initial**

C. Disciplinary Matters

I/We do hereby authorize school administration and aftercare supervisor(s) to determine appropriate discipline measures. If my child does not respond positively to any correction, I/We authorize Epiphany to telephone us so that the next step of discipline may be determined. It is further agreed that, should there not be a clearly perceived change in response to these disciplines, I will be called to have my child picked up.

_____ **Parent initial**

2) PARENTS ASSUMPTION OF RISK

A. Agreement Not to Sue

I/We will never institute or assist in any action against Epiphany Lutheran Church or members of the staff and administration on account of any events or consequences of my child's involvement in activities in the aftercare program.

_____ **Parent initial**

B. Insurance Coverage

I/We hereby confirm that we have checked with our insurance company the coverage of my child in case of accident, sickness, loss, or damage of church property. I/We know the Epiphany staff member supervising will not take financial responsibility for sickness, accident, loss or damage of property or any unforeseen events.

_____ **Parent initial**

Medical Insurance Carrier/Phone

Medical Insurance Policy Number

I/We have read this agreement and understand all its terms to my/our complete satisfaction and have executed this document freely and with full knowledge of its legal significance.

Date _____

(1) _____

(2) _____

Signature of either parents or legal guardians

Epiphany Lutheran Church
2021-22 Aftercare Child/Parent Agreement

AFTERCARE STUDENT AGREEMENT

I, _____ am a responsible, Christian child, a child of God.

I agree to

- follow the rules at Epiphany Aftercare or anytime at Epiphany Kids Club
- to listen and be respectful to the adults who are in charge
- behave in a responsible, appropriate, Christian manner
- be kind and respectful to the other children who will be in my aftercare group
- use only kind words and actions

I understand if I behave inappropriately, and I do not make better choices, my parent(s) will be contacted, and I will be removed from Aftercare.

Date _____

Child's Signature _____

PARENT AGREEMENT

I/We have read and discussed the above Aftercare Agreement with my/our child, _____. I/We do hereby authorize Epiphany Lutheran Church and School administration and the Aftercare supervisor(s) to determine appropriate discipline measures. If my/our child does not respond positively to any correction, I/we understand I/we will be telephoned so that the next step of discipline may be determined. It is further agreed that, should there not be a clearly perceived change in response in these disciplines, I will be called to have my child picked up.

Date _____

Parent(s) Signature _____

Epiphany Lutheran Church

COVID Illness Policy/Procedures

Students and staff are required to stay home when you are sick; this is for the health and safety of everyone. It is more imperative than ever that everyone adhere to this practice.

PREVENTION:

- Please stay home/keep your child home and notify the school office if you/your child are experiencing fever (subjective or measured), cough, congestion or runny nose, shortness of breath, or difficulty breathing; chills, muscle aches, headache, sore throat, lack of smell or taste; nausea or vomiting; diarrhea; excessive fussiness in infants.
- All staff will be required to wear a face mask covering their nose and mouth while inside the building.

MONITORING:

- Staff and students will have their temperature checked each day upon arrival to school and again midday. Anyone with a temperature of 100.0 or higher will be required to go home immediately.
- All staff and students will be evaluated upon arrival each day for signs of illness, which could include fever (subjective or measured) or two or more of the following: cough, congestion or runny nose, shortness of breath, or difficulty breathing; chills, muscle aches, headache, sore throat, lack of smell or taste; nausea or vomiting; diarrhea; excessive fussiness in infants.
- Staff and students that show sign(s) of illness during the day will be isolated to a designated location away from others until such time that they can be picked up. Parents will be contacted for immediate pick up. We are asking that a facemask be sent to school for your child. It will be kept with their extra clothing. It will be used when your child is experiencing any of the above noted symptoms.

MANAGING ILLNESS:

Staff and students with any of the above symptoms may return to school per the following guidelines:

- Symptomatic person with positive COVID test remains home for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms
- Symptomatic person not tested for COVID: remain home for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms
- Symptomatic person with negative COVID test remains at home until afebrile for 24 hours (if fever present) AND improved respiratory symptoms
- Symptomatic person determined to have an alternate cause for illness by their physician: remain home until symptoms resolved
- Exposed to COVID and asymptomatic: remain home for 14 days from last exposure if remains asymptomatic; if person becomes symptomatic, remain home until meets above criteria
- All other illnesses not including the above symptoms will refer to the existing Epiphany Lutheran Church and School illness policy.

CONTROLLING ILLNESS SPREAD:

- All staff and families will be notified should anyone in that classroom show signs of illness, especially fever or respiratory illness. Specific names will not be mentioned to protect everyone's privacy. The classroom may be shut down for one day for disinfecting, and open again the next day.
- If a second case of illness or respiratory illness is reported in that same classroom within five days, the classroom may again be shut down for further disinfection. At that time, staff and children may stay home for 2-5 days to monitor for signs of respiratory illness. Once the ill individuals' COVID status is known, above guidelines will take precedence.
- Staff and families that have been in contact with a COVID-positive individual will be notified immediately. Names will not be mentioned to maintain privacy.
- In case of a confirmed COVID-positive individual, Epiphany Lutheran Church and School will notify the local Health Department.

My signature acknowledges understanding of an agreement to follow the above guidelines.

Signature: _____ Date: _____

Printed Name: _____

Epiphany Lutheran Church and School

Assumption of the Risk and COVID Waiver of Liability

According to our State and Federal health officials, COVID-19 (a/k/a Coronavirus) highly contagious and is believed to spread by prolonged human contact. To reduce the spread of the Coronavirus, the CDC has recommended social distancing, hand washing/sanitizing, and the use of personal protective equipment. Epiphany Lutheran Church and School has adopted reasonable measures to do our part in preventing the spread of this disease. However, we cannot guaranty that your child/children will not become infected with COVID-19. As the country begins to return to pre-COVID activity, you and your child/children are at a higher risk of encountering someone infected by the Coronavirus. Moreover, by that renewed social interaction such contact could result in you and your child/children contracting COVID-19.

I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that Epiphany Lutheran Church and School has taken reasonable steps to reduce the spread of the Coronavirus/COVID-19. I acknowledge that Epiphany Lutheran Church and School cannot guarantee that my child/children, or myself or other family member authorized to pick up or drop off my child/children, will not become infected with the Coronavirus/Covid-19.

Furthermore, I acknowledge and attest to the following:

- I voluntarily seek to enroll, or to continue the enrollment, of my children in Epiphany Lutheran Church and School and acknowledge that my child/children, and by my familial association me, are at risk of exposure to the Coronavirus/COVID-19.
- I acknowledge that I understand the safety measure put in place by Epiphany Lutheran Church and School and that I will comply with all set procedures to reduce the spread while my child/children are on campus.
- I attest that:
 - No one bringing my child/children to Epiphany Lutheran Church and School is/are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 - I nor my child/children have not traveled internationally within the last 14 days or, I have traveled internationally within the last 14 days but have self-quarantined for at least 14 days.
 - I nor my child/children have not traveled to a highly impacted area within the United States of America in the last 14 days or, I have traveled internationally within the last 14 days but have self-quarantined for at least 14 days.
 - I do not believe I nor my child/children have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 - I nor my child/children have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
 - I am following all CDC recommended guidelines as much as possible and limiting me and my child/children exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Epiphany Lutheran Church and School harmless from, and waive on behalf of myself, my child/children, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself

that may be caused by any act, or failure to act of Epiphany Lutheran Church and School or that may otherwise arise in any way in connection with any interaction with Epiphany Lutheran Church and School.

I understand that this release discharges Epiphany Lutheran Church and School from any liability or claim that I, my child/children, my heirs, or any personal representatives may have against Epiphany Lutheran Church and School with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Epiphany Lutheran Church and School.

This liability waiver and release extends to Epiphany Lutheran Church and School together with all officers, directors, employees, volunteers, and others associated with the day-to-day ministry of Epiphany Lutheran Church and School.

Signature of Parent

Date