

Compass School Year Registration Form/Contract

	1st Child	2nd Child	3rd Child
Child's Name			
Birth Date			
18-19 Gr & Teacher			
Compass Location (School):		Requested Start Date:	

AM COMPASS 6:30 AM Drop-Off			
Circle each day of the week you need care			
AM Consistent Schedule	M T W Th F	M T W Th F	M T W Th F
AM Pick Your Days - To Be Entered Online			
PM COMPASS			
Circle only 1 pick-up time	4:30 5:30	4:30 5:30	4:30 5:30
Circle each day of the week you need care			
PM Consistent Schedule	M T W Th F	M T W Th F	M T W Th F
PM Pick Your Days - To Be Entered Online			
*Need Wednesday Religion Care? Y / N *Need Compass care on Weds that religion not in session? Y / N *Name of Church _____			

	Mom/Guardian	Dad/Guardian
Name		
Address		
Cell #		
Work #		
email		

I will pay for my child's contracted Compass days and the \$30 registration fee with:

- Auto Debit: Name on card _____ Card # _____
- Pay with Credit Card online Expiration Date _____ CVV# _____
- Cash/Check
- Childcare Assistance Program (CCAP) – **Parent is responsible for payment until CCAP eligibility paperwork is received at Compass office.**

Parent/Guardian Signature: _____ Date: _____

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- I have read and understand the current parent handbook, and understand that the Code of Conduct district rules and policies are enforced.
- I understand a \$30 per family annual registration fee must be paid before my child starts Compass.
- I understand fees must be paid every week by 9:00 AM Monday, one week prior to my child attending Compass. For any late payments I will be charged a \$20 fee. Compass has the right to suspend my child from the program if payment is delinquent.
- I understand that, since programming costs for staff, food, and materials remain the same whether my child is in attendance or not, the program does not give fee breaks or refunds for days my child is absent.
- I understand that schedule changes or withdrawal from the program needs to be made in writing at least 2 weeks in advance. If proper notice is not given, I am still required to pay for all invoices sent.
- I understand that I must notify Compass, in writing or via email, of any changes in the people authorized to pick up my child.
- I understand I must enter the building to sign my child in & out of Compass on the iPad.
- I understand I will be charged \$10 for every 1-15 minutes, \$20 for 16-30 minutes, etc, that I am late picking up my child from Compass. An emergency contact will be called if I can't be reached and law enforcement may be called 15 minutes after Compass end time.
- I understand I will be charged a \$10.00 Finder's fee (per child) if I do not report my child's absence from afternoon Compass. I understand I must call my Compass Site phone.

Parent/Guardian Signature: _____ Date: _____

Please explain any behavioral issues or accommodations that staff may need to be aware of:

Additional Authorized pick-ups/Emergency contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

**If a custodial arrangement exists that will affect the contract you have provided, you must provide a copy of the court order to Compass office.

**If there is any person who by court order is prohibited from access to your child, court paperwork must be given to Compass office.

Compass Medical Permission & Treatment Release

Child's Name: _____

Health Information: Check if your child has a history of the following:

- Asthma None of these
 Seizures
 Allergies
 Bee Sting Reaction
 Diabetes
 Other: _____

Does your child require oral meds, an inhaler or an EpiPen *during Compass hours*? _____

If so, an Authorization to Dispense Medication (ADM) form (available on Compass web page) must be signed and turned in to Compass staff. Upon receipt of the ADM form Community Education will determine if we can administer the prescribed medication.

Medication: You understand Compass does not have health staff on site. Compass staff are trained in basic First Aid and CPR (non-certified).

Emergency Health Procedure: If a serious health emergency occurs with your child Compass staff will call 911. We will also call parent/guardian and if unavailable, your child's emergency contacts. You understand that if an ambulance is called you will be responsible for the resulting charges. Alexandria Public Schools does not carry insurance on students.

Parent/Guardian Signature: _____ **Date:** _____

Compass General Permission & Release Agreement

Child's Name: _____

Standard Agreement: I recognize my responsibility to know and follow Compass rules as well as my responsibility to help my child do the same. I agree to pay for any damages my child causes while participating in the program. I hereby waive and release all rights and claims for damages I may have against Alexandria Public Schools or participating organizations and its agents, owners, representatives and successors, including any personal injury, damage or loss to property while participating in this program. I understand that the Alexandria Public Schools Code of Conduct and the participating facilities' Code of Conduct will be enforced while participating in all activities. Initial here: _____

Records Release: I authorize that Alexandria Public Schools may release my child's most recent records, including any health emergency plan or health history form (if applicable), in order to better meet the needs of my child. Compass staff is also authorized to contact relevant school staff concerning my child. If my child has special needs, I agree to provide a copy of my child's IEP prior to the start of each season- Summer or School Year. Failure to disclose any specific needs or conditions my child has may result in delayed entry to Compass or suspension of care. The goal for all children is to participate independently and have a meaningful experience in the program. Initial here: _____

Publicity Permission: In the event that the Compass Program children are included in any newspaper, radio, or television publicity, my child is allowed to be included in the pictures and have their name released.

YES or NO (circle one)

Field Trip Permission: Field trips may be planned as part of the activities of the program. My child has permission to participate in field trips and to ride in school district vehicles or charter busses.

Initial here: _____

Movie Permission: I give permission for my child to watch movies rated G or PG at Compass.

YES or NO (circle one)

I have read, understood, and agree to the above statements:

Parent/Guardian Signature: _____ Date: _____

Please return this form, along with \$30 registration fee, to:

Community Education
1410 S McKay Ave, Ste 210
Alexandria, MN 56308

Questions? Call 320-762-3310 x 1 or email ldonovan@alexandria.k12.mn.us