

Maury ES & Tyler ES Polite Piggy's Before and Afterschool Requirements

Polite Piggy's Registration Application

Income Verification and Policies

- A. If agreeing to provide the full payment, no income verification is required.**
- B. Any person who registers a child is the person who is financially responsible for the student's payments.**

OR

- C. If you are applying for a reduction in payment, income verification is required and Polite Piggy's reserves the right to recertify documentation at any point.**
- D. I understand that if I falsify any information, my space will be lost in the program.**

SPECIAL NOTE FOR ALL FAMILIES: Each application requires 24 hours (work week) processing time before the child may begin the program. Families signing up once the school year has started must wait 24 hours before the child can begin the program if not placed on the waiting list.

If your child is placed on the waiting list, Polite Piggy's will notify you when space becomes available. In order to get on the waiting list, the application and supporting documentation must be submitted

One of the following methods may be used to demonstrate your income eligibility if applying for the sliding scale:

- Copies of the 3 most recent pay stubs for the parent(s)/guardian(s) in household. We require pay stubs for all parents/guardians in the household.
- A letter from your employer (only if employment started within the last 30 days, or you are employed as a domestic employee and do not receive any pay stubs). The letter must specify hours of work, salary and address and phone number at which work is performed and be written on company letterhead with an original signature of the employer. The parent/guardian cannot be the employer.
- If you are self-employed only (no other employment), you must supply year-end tax statements from the previous year.
- Documentation of TANF – please bring either.



1. A letter with the child's name listed from the TANF worker, or
 2. An Automated Client Eligibility Determination System (ACEDS) printout with an active case and child's name printed.
- Parent(s) without income who are enrolled in school as a full-time student must submit a school schedule on school letterhead within the last 30 days stating the fall schedule. New school schedules will be required each semester.
 - In the event the parent/guardian has no income and cannot provide income verification, the parent is not eligible for sliding scale for payments.

*WE AUDIT DOCUMENTATION REGULARLY. IF MORE INFORMATION IS NEEDED FOR ANY REASON, YOU WILL BE REQUIRED TO SUBMIT REQUESTED DOCUMENTS WITHIN 2 BUSINESS DAYS. IF DOCUMENTS ARE NOT SUBMITTED, PARTICIPATION IN THE PROGRAM WILL BE DISCONTINUED UNTIL DOCUMENTS ARE SUBMITTED, REVIEWED, AND APPROVED BY POLITE PIGGY'S ADMINISTRATIVE STAFF, YOUR FAMILY MAY RESUME SERVICES PENDING AVAILABILITY OF SPACE IN THE PROGRAM.

***All documents, Identification, financial information, and initial payment must be accurate and submitted at the time of registration. No family will be registered without submitting all required documentation, supporting materials and payment at the time of registration.



Completed by (administrator name): _____ Date: _____

Input by (administrator name): _____ Date: _____

Registration Application

Child's School: _____ Child's Name: _____

Date of Birth: _____ Grade: _____ Age: _____ Gender: _____

Does Your Child Have Allergies/Asthma/Health Concerns/Academic Concerns? _____

I give permission for media release: _____ I do not give permission for media release: _____

Primary Contact 1: _____ Relationship to Student: _____

Home Telephone #: _____ Cell #: _____ Email: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Primary Contact 2: _____ Relationship to Student: _____

Home Telephone #: _____ Cell #: _____ Email: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

----- **For Office Use ONLY** -----

PO of Rel: _____ PO Income: _____ Recertification Date: _____

Form of Initial Payment: _____ Payment Amount: _____ Monthly / Semi Monthly

Type of Ongoing Payment: _____ Monthly / Semi Monthly Rate: _____

Days of Care: _____ Sibling(s): _____ Person Registering: _____



Pick-Up Information

Please check all options that apply:

✓	My child may be picked up by any of the following people (the person will have to show ID and must be over 18 years of age to pick up):		
	Name	Relationship	Phone Number(s)
	Name	Relationship	Phone Number(s)
	Name	Relationship	Phone Number(s)
My child will walk home alone at _____ (time) unless otherwise specified. Provide in writing if other arrangements are made.			

Emergency Contact Name	Cell Phone	Work Phone
	Home Phone	Email

Parent/Guardian Information

I Certify that my child lives with one parent/guardian:	
_____ (name)	_____ (relationship)
I certify that my child lives with two parents/guardians:	
_____ (name)	_____ (relationship)
_____ (name)	_____ (relationship)

Release Information I agree to the terms written in the following statements:

Initials	Statements
	I hereby give permission for my child to participate in afterschool activities sponsored by Polite Piggy's
	I agree to pay the required co-payment for afterschool programming
	I allow Polite Piggy's & DC Public Schools to use photos/video of my child and copies of my child's work for program advertisement, without use of my child's name.
	I allow participating community based organizations and neighborhood based organizations to access my child's education records in order to help provide the most effective and comprehensive academic support.

Payment and Scheduling Sheet

*** If your family would like to opt out of showing income verification and pay the full rate of the program please initial here: _____ . (Proceed to the next line)

Parent/Guardian's Name: _____

Beforeschool (\$8) Afterschool (\$21) Before & Afterschool (\$26) Sibling Discount 25%

Drop-In Beforeschool (\$12 per day): _____ Drop-In Afterschool (\$25 per day): _____

Days Beforeschool is Needed: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Days Afterschool is Needed: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Frequency of Payment (please circle): **Monthly** **Semi Monthly**

Child 1: _____ Monthly Fee: _____ Semi Monthly Fee: _____

Child 2: _____ Monthly Fee: _____ Semi Monthly Fee: _____

Child 3: _____ Monthly Fee: _____ Semi Monthly Fee: _____

Child 4: _____ Monthly Fee: _____ Semi Monthly Fee: _____

Parent Signature: _____

Parent Agreement Page

1. If using Tuition Express autopay, my monthly payment will be deducted on the 1st of every month. Or, if using Tuition Express, my semi monthly payments will be deducted on the 1st and 15th of every month.
2. If not using Tuition Express, I will make monthly payments on the first school day of each month or if making semi monthly payments on the 1st and 15th of the month. If we are not physically in school on those days, I will make my payment on the next day that school is open.
3. I understand that a semi monthly payment is due in August and in June, all other months I will be billed for the number of days school is open.
4. I know there is a \$35 returned payment fee that is charged in addition to the funds that must be remitted for services.
5. I know there is a late fee for payments not made on the due date in the amount of \$15 for the first day late and \$5 each day thereafter until Friday of that week. Then services are discontinued until payment is made in full.
6. I know that if my services are discontinued due to late payment more than twice, my child's space in the program will be lost. In order for my child's space in the program is reinstated, I will have to pay outstanding fees, overdue payments, and I must pay by auto debit using Tuition Express only.
7. I know there is a late pickup fee of \$1 per minute due at the time of pick up after 6 pm.
8. I know that if I pick my child up late more than three times in the school year, my space may be lost.
9. Payments for families doing drop in days are due the day of services.
10. I know that payments are still required for inclement weather days. My payment does not adjust on those days.
11. I know that there are no refunds/credits for unused days because staffing and other costs are based on projections. I understand that if my child is out of school for 3 consecutive days or more for reasons that are: medical/religious/other extended absence, I must submit medical documentation/other documentation for a credit to the account. Please see an administrator if you have questions.
12. I understand that if I must make a long-term change to my child's schedule, I must provide two weeks written notice to politepiggydaycamp@yahoo.com.
13. I understand that I will pay a standard rate and my payments will not fluctuate throughout the year except August and June when there is a semi monthly charge.

Parent Agreement Page Continued

14. I know that after one returned check, I will have to sign up for auto pay with Tuition Express if not currently enrolled. If I opt out, space in the program will be terminated.
15. I have/will read and follow the information provided in the parent handbook. I know I will receive my parent handbook in the first week of school or when enrolling in the program if enrolling later.
16. I know that if services are suspended or ended I am responsible for my child being picked up from school at 3:15 pm from his/her teacher.
17. I know that if my child is not signed up for a portion of care with Polite Piggy's, I may not send my child for additional services until I have enrolled for the additional care with an administrator.
18. I know that I am responsible for signing my child in and out daily using ProCare Check-in Solutions and for walking him/her to their classroom. I also understand that if my child is in grades preschool through kindergarten, I will also be required to sign out with the adults in my child's group.
19. I understand that if I have custody/legal documents regarding my child, it is my responsibility to provide them to Polite Piggy's and to keep updated copies of all documentation on file with Polite Piggy's. Without custody/legal documentation, I understand that Polite Piggy's cannot use a written/informal statement to decipher care and responsibilities.
20. I understand that as the person registering for services, I am financially responsible for all payments.
21. I have read, understand, and agree to all information in the Policies and Procedures document.

X _____
Parent/Guardian Signature

Date

X _____
Administrative Team Member Signature

Date



Camp Day Verification

Camp days are held (half days, staff development days, spring break, winter break and summer break) and they are separate from before & afterschool programming. These days require children to be signed up and paid for in addition to before/afterschool payments. All forms can be found on our website www.politepiggys.com. If your child is not signed up for the additional days, he/she will not be permitted in the program for that day.

I _____ agree to the policies outlined above. **Date:** _____
Parent's name (Signature)



Before, After School, & Camp Day Activity Permission Form

<i>Location</i>	All on site activities, special classes, playground and local points of interest (neighborhood walks, field trips, etc.)
<i>Cost</i>	Included in weekly rate, unless otherwise stated
<i>Transportation</i>	Walking, Charter bus, Metro bus & Metrorail
<i>Notes</i>	Children MUST wear full shoes, no flip flops or Crocs as we will be walking during outdoor activities. Please do not send money or special items from home.

I give permission for my child _____ Sibling _____

Participate in activities _____ On school grounds & other points of interest _____ Throughout his/her care with Polite Piggy's _____

Should it be necessary for my child/me (as a chaperone) to have medical treatment while participating in an activity, I hereby give Polite Piggy's Day Camp personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician. I understand that Polite Piggy's Day Camp has no insurance covering medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

All persons attending this trip and/or participating in Polite Piggy's Day Camp activities/program and its' components (playground, special classes, etc.) are deemed to have waived all claims against Polite Piggy's Day Camp and its' staff for injury, accident, illness, or death occurring during or by reason of the field trip and/or activities, program and its' components.

I have read and agree to the foregoing statement and agree to assume the responsibility stated and waive all claims against Polite Piggy's.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and Participant may have or possess against Polite Piggy's. I have fully read the above permissions and releases, understand them, and I expressly agree to them. I hereby certify that there are no contraindications to the Participant's participation in the Polite Piggy's program. I am the parent or legal guardian of the participant

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____



Polite Piggy's Day Camp

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

NAME OF PARTICIPANT _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

Giving Consent

I, Parent/Guardian of _____, do hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature _____ Date _____

(Parent or Guardian)

OR

Refusing Consent

I, Parent/Guardian of _____, do not hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby DO NOT consent that such photographs, films, recordings, plates and tapes are the property of Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature _____ Date _____



Polite Piggy's Contact and Medical Information for a Child

Child's Name	Date of Birth & Grade	Sex
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Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
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Insurance Company	Policy Number
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List Allergies/Special Health Considerations Ex. Asthma, peanut and berry allergies, milk allergy, etc.

I give my child/child I am guardian of, permission to participate in the Polite Piggy's Program. I authorize Polite Piggy's and medical staff to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

It is imperative that your child be in good health when arriving to the program. The duties of Polite Piggy's and the medical staff can not include providing medical care for participants arriving with a pre-existing medical condition (except administration of asthma pumps and EpiPen when the child is in need).

Signature: _____ **Date:** _____

I hereby:

- certify to the best of my knowledge, the medical information is complete and correct.
- agree to assume all risk of personal injury arising from participation in this program, understanding that the sports/activities my child does involve potential for injury, and possibly even death.
- agree not to hold Polite Piggy's responsible for any injury sustained during the program.
- agree not to bring suit against Polite Piggy's or Polite Piggy's staff for any injury sustained.
- agree to allow the Polite Piggy's directors and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.

Signature: _____ **Date:** _____

Parent Payment & Sign Out Code Acknowledgement

Child's Name: _____ Parent's Name: _____

Payment Amount Per Month: _____ Semi Month: _____

Next payment due date: _____ Form of future payments: _____

- Tuition Express Auto Draft by Credit Card** (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month)
- Tuition Express Auto Draft by Check Payment** (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month)
- Tuition Express Online Payment** (must be done on the 1st of each month (monthly) or the 1st and 15th of each month (semi monthly))

(please write two different 4 digit codes)

Sign Out Codes: _____/_____



DUPLICATE PARENT COPY

Parent Payment & Sign Out Code Acknowledgement

Child's Name: _____ Parent's Name: _____

Payment Amount Per Month: _____ Semi Month: _____

Next payment due date: _____ Form of future payments: _____

- Tuition Express Auto Draft by Credit Card** (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month)
- Tuition Express Auto Draft by Check Payment** (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month)
- Tuition Express Online Payment** (must be done on the 1st of each month (monthly) or the 1st and 15th of each month (semi monthly))

(please write two different 4 digit codes)

Sign Out Codes: _____/_____