



# SOUTHSIDE SCHOOLS

HOME OF THE SOUTHERNERS

## T.R.A.C.K.S Childcare

FOR CHILDREN AGES K-12

Monday – Friday 6:00 a.m. to 6:00 p.m.

### **Summer Care Only**

\_\_\_\_\_ Childcare – Fee \$70.00 due weekly

\_\_\_\_\_ Drop In – Fee \$20.00 a day/must be paid upon arrival

\_\_\_\_\_ Activity Fee \$35.00 (Onetime payment/nonrefundable)

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M / F Teacher \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Ph# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Wk# \_\_\_\_\_

Father's Employer \_\_\_\_\_ Wk# \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ (Summer Only)

***Please call at 870-251-2297 with any questions or to register your child today!***

MEDICAL INFORMATION

Child's Physician/Emergency Treatment Facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I, \_\_\_\_\_ Father, Mother, Guardian (Cross out words that do not apply)

Of \_\_\_\_\_ (Child's name) do hereby give my consent to the Director of TRACKS or his/her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director of TRACKS or his/her duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

I hereby give \_\_\_\_\_ /do not give \_\_\_\_\_ (Check one) the Director of TRACKS or his/her appointed representative permission to give \_\_\_\_\_ (Child's Name) acetaminophen. I understand I will be notified that the medication was administered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Child's/Children's Name(s) \_\_\_\_\_

Date \_\_\_\_\_

# TRACKS PROGRAM AGREEMENT

1. I have received a copy of the TRACKS handbook.
2. All application forms for my child including personal, emergency information and daily pick-up are complete, signed and on file.
3. There is a record of immunization on file for my child/children.
4. Any prescription medication to be given to my child must be in the original container with the child's name and must be authorized by a written-signed statement providing dosage and time to be given. Any medication administered will be kept on record and filed.
5. A signed statement from a doctor will be on file stating any food to which my child is allergic.
6. I understand that children are subject to be interviewed by Child Care Licensing DCFS Special Investigations and law enforcement for investigative purposes in the event of an abuse complaint and/or determining compliance with licensing requirements.
7. I understand that TRACKS occasionally takes pictures/videos of the children for educational purposes, workshops, or news releases and Facebook. I give my permission for my child's photo to be used in the manner.
8. I understand that I am responsible for all charges incurred through the TRACKS program and payment is due on Friday.
9. I have read the rules with my child/children and understand that they will be expected to follow them.
10. Bring a change of clothes for your child in case of an accident. These will be kept at TRACKS and will send home when used and you will need to replace them.

## SUMMER ONLY

11. My child has permission to go on all TRACKS field trips.
12. TRACKS will be going to the Pool. I give my child permission to go to the deep end of the pool. (Check one) YES \_\_\_\_\_ NO \_\_\_\_\_

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

Child's/Children's Name(s) \_\_\_\_\_

Date \_\_\_\_\_

Southside School District  
70 Scott Drive  
Batesville, AR 72501  
870-251-4016