

Hot Wheels Afterschool Child Care Program

Director of Afterschool Program: Coach Valdes

- Physical Education Teacher- Daphne East Elementary School/Afterschool Instructor

Schools included in the Hot Wheels Afterschool pick-up route are as follows:

Daphne Elementary, Daphne East, Daphne Middle, Spanish Fort Elementary, Spanish Fort Middle, Rockwell, WJ Carroll, Fairhope Elementary, Christ the King, and Bayside

Hours of operation: afterschool to 6 pm

- Late pick-up fee after 6:00 pm: \$1.00 per minute

Afterschool Program Options: (Please check days attending on option chosen).

Non-Refundable Registration fee for all options: \$50.00

Full Time: (4 or 5 days per week) \$40.00 one week notice required on any changes.

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Part Time: (3 days per week) \$24.00 one week notice required on any changes.

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Daily Rate: \$8.00 two day notice required on any changes.

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

- Tuition payments are due on Friday prior to attendance (\$5.00 late fee applied after Friday).

Notice to parents:

- If your child will not be attending on day(s) chosen, notification must be given to Hot Wheels (251) 753-4879 or (251) 626-5120.
- All transportation from school will be provided by Hot Wheels at an area designated and advised by each school.
- 30 minutes of homework time/assistance will be provided for students before play time.
- Playtime includes but not limited to: PS3, Wii, Dance Revolution, skating, air hockey, pool, foosball, ping pong, board games, 100 inch TV/movies, and arts & crafts
- Snack provided
- Please attach a copy of medical insurance card and shot record.

Child's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Secondary Telephone \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Mother's/Guardian employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_

Father's/Guardian employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_

Person(s) the student may be released to:

Name	Relationship to student	Telephone number

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to student	Telephone number

**Emergency Medical Treatment**

*In the event \_\_\_\_\_ (student's name) becomes ill or sustains an injury while in the care of or under the supervision of the Afterschool Program coordinators/director; they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.*

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

Name(s) of any medication currently taking: \_\_\_\_\_

My signature denotes permission for transportation from to Hot Wheels Afterschool Daycare.

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Parent/Guardian Name: \_\_\_\_\_

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

Date: \_\_\_\_\_