

Flickinger Learning Center

413 Mulberry Avenue

563-288-9000

Student Application and Information

School Year 2017-2018

Confidential Information

Student Last Name: _____ first Name: _____ Male/Female

Age _____ Birthday _____ Race _____ Teacher _____

Grade _____ School _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Location: _____

E-mail address _____

May we call you there, or is there someone else we should contact in an emergency? _____

How will your child be getting to the Flickinger Learning Center after school?

Walking from school _____

Dropped off by parent or someone else designated by the parent _____

Riding the school bus? _____ (request must be made at School)

How will your child leave the center?

Walking alone _____

Walking with someone designated by the parent _____ Who? _____

Picked up by the parent/guardian or person designated by parent _____

Is there anyone else who has permission to pick up your child? _____

Phone Number _____ Cell phone _____

Is there anyone who DOES NOT have permission to pick up your child?

Name _____

Program runs Monday-Thursday 3:15-5:15.

EMERGENCY contact:

Name _____ Relationship to student _____

Home phone _____ Cell phone _____

Back-up emergency:

Name _____ Relationship to student _____

Phone _____

With what subjects does your student need special help? _____

Your signature on this form will give the Flickinger Learning Center authorization to exchange information (FAST, MAP; attendance) with the Muscatine Community School District.

You may revoke this authorization, in writing, at any time. (Please be sure you have read and understand this document before signing.) Any and all personally identifiable information regarding children receiving special education services funded under the IDEA is protected from unauthorized disclosure under the Family Educational Rights and Privacy Act (FERPA) All special education providers comply with these procedures.

Is there anything about your child we need to know? (learning habits/medication/etc.) Yes/No

May we use your child's photo in publications concerning the Flickinger Learning Center? Yes/No

Are there any games or activities in which your child should not participate? Yes/No

Any allergies we need to know about? If yes, please list and provide the emergency procedures we should follow:

Computer Information: Your child will have access to the Internet at the Learning Center. We monitor the use and have provided safety blocks, but there is always a possibility of them seeing inappropriate material. We will do everything in our power to protect your children.

Special Things to know about the After-School Program Schedule:

We work by the same calendar as the Muscatine Community Schools. If the schools are closed, or dismiss early due to nasty weather, we will not be open. We are also closed one day prior to scheduled school vacations.

Does your child have an I.E.P.? No ___ Yes ___ Academic ___ Behavioral ___

Any medication taken daily? _____

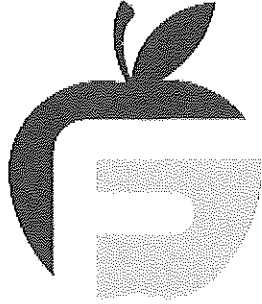
Does your child qualify for free or reduced lunch at school? Yes/No

Parents/Guardians: I have read and answered every question and agree that my child can participate in the After-School Program at Flickinger Learning Center. If there are any questions or concerns about my child I can be contacted and will help in any way I can.

Parent/Guardian Signature

Date

All paperwork must be turned in for the child to attend the program.



Flickinger Learning Center

EMERGENCY MEDICAL TREATMENT AUTHORIZATION/CONSENT FORM
PLEASE FILL THIS FORM OUT COMPLETELY OR IT WILL BE RETURNED TO YOU TO FINISH

Child's full Name:
Birth Date:
Child's Age:
Child's Sex:

I, _____ Parent or Guardian of the child named above give my permission to _____ child care center, to Secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

Parent/Guardian Signature:

Parent/Guardian Printed Name:

Relationship to child:

Date: