



# Gator Krew Care

Cost: \$40 per week

\$9 per day

\$4 per day for athletes

- *The fee should be paid by Friday of each week. Due to the fact that we provide snacks and plan for care during this time, students who stay for 3 days must pay the \$40 weekly fee. If you have concerns or unforeseen issues, please contact Mrs. Peggy as soon as possible.*
- *Uniform - Students should remain in uniform during Gator Krew Care.*
- *Behavior-All ACA policies are still in effect. Students may be dismissed from GKC if they do not follow the leadership of staff or continue to disrupt the program's environment.*
- *Technology- All cell phones must be turned in to Mrs. Peggy, and will be issued back upon their departure from Gator Krew Care.*
- *The daily schedule will be followed. If you pick up your child at the same time every day; they will be following the same routine.*
- *Late Pick Up Fee- \$10 for up to the first five minutes after 6, then it increases to \$1 per additional minute late.*

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

# GATORS KREW CARE Application

## Student Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

School Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Date of birth \_\_\_\_\_ Male/Female \_\_\_\_\_ Age \_\_\_\_\_

## Parent Information

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Business Phone \_\_\_\_\_

Does child have any known allergies or other medical conditions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list below individuals other than parents that have permission to pick your child up from Afterschool Care. Persons not listed below WILL NOT be allowed to pick your child up without prior written consent.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ I have read the ACA Handbook and understand that this program follows its procedures.

\_\_\_\_\_  
Parent Signature

# GATORS KREW CARE Emergency Information

Name of Child \_\_\_\_\_  
Last First Middle BIRTHDATE

ADDRESS \_\_\_\_\_

## PARENTS NAME AND NUMBER

FATHER \_\_\_\_\_ NUMBER \_\_\_\_\_

MOTHER \_\_\_\_\_ NUMBER \_\_\_\_\_

GUARDIAN \_\_\_\_\_ NUMBER \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ Policy # \_\_\_\_\_

CHILDS DOCTOR \_\_\_\_\_ NUMBER \_\_\_\_\_

CHILDS DENTIST \_\_\_\_\_ NUMBER \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

*If you are unavailable for an emergency call please provide the name of person(s) to whom your child can be released:*

*I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.*

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

*The site operator will not administer any drug or medication without specific instructions from the physician, child's parent, guardian, or full-time custodian.*

*Please list any information concerning your child which will be helpful in his/her experience in a group setting such as: fears, dislikes, eating habits, favorite games and pastimes.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_