



SHERIDAN COMMUNITY SCHOOLS
BLACKHAWK CARE (BHC) PARENT CONSENT



Student's Name: _____ Male _____ Female _____ Ethnicity: _____
 (A separate registration for each child, please.)

Birth Date ____/____/____ Grade Level: _____ Homeroom Teacher (if known): _____

Please check Student's Program enrollment:

<input type="checkbox"/>	AM care only	<input type="checkbox"/>	
<input type="checkbox"/>	PM care only	<input type="checkbox"/>	I select a weekly payment schedule
<input type="checkbox"/>	AM/PM care	<input type="checkbox"/>	I select a monthly payment schedule
<input type="checkbox"/>	Occasional Care	<input type="checkbox"/>	

There will be a \$40 registration fee for each child. This will help cover supplies and snacks needed for the year. If you have multiple children it's \$40 for the first child and \$20 for each additional child.

Ways to pay: Online, Cash, Check, Money Order

Legal Custodian of Student: _____ Relationship: _____

MOTHER'S Name: _____ Home Phone: _____
 (This will be first emergency contact unless otherwise noted.)

Address: _____ City: _____ Zip: _____ Page / Cell: _____

Workplace / Hours: _____ Work Phone: _____

E-mail Address: _____

FATHER'S Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____ Page / Cell: _____

Workplace / Hours: _____ Work Phone: _____

E-mail Address: _____

Name of person responsible for BHC fees, if different from above:

Home Phone: _____ Mailing Address: _____

EMERGENCY NUMBERS:

Give two local adults who could be reached during BHC hours if a Parent / Guardian is not available.

Name: _____ Relationship: _____ Phone: _____
(Give all applicable numbers)

Name: _____ Relationship: _____ Phone: _____
(Give all applicable numbers)

PICK UP AUTHORIZATION:

Person(s) authorized to pick up your child, in addition to the above names listed. Any changes must be in writing.

Name: _____ Relationship: _____ Phone: _____
(Give all applicable numbers)

Name: _____ Relationship: _____ Phone: _____
(Give all applicable numbers)

RELEASE OF SCHOOL INFORMATION:

I give my permission for BHC staff to access and view School Registration Information and Health Information maintained in the School Front Office and in the Nurse’s Clinic.

Parent / Guardian Signature Date

HEALTH RECORDS: (This would be taken to emergency facility if needed.)

Student’s Physician: _____ Physician’s Phone: _____

Date of most recent physical: _____ Age of student at time of physical: _____

Date of last tetanus shot: _____ Blood type (if known): _____

Local Hospital Preference: _____

Student’s Dentist: _____ Dentist’s Phone: _____

Information you would want to share in an Emergency Room if you were not present:

HEALTH CONSIDERATIONS:

Allergies: Yes / No If yes, please outline cautions for our staff: _____

Diagnosed Health Conditions: Yes / No If yes, please outline cautions for our staff: _____

Special routines / modifications prescribed by a doctor: Yes / No If yes, please outline cautions for our staff:

PARENT AGREEMENT:

Please read and initial each line below:

- _____ I have received and read the BHC Program Design booklet.
- _____ I will adhere to procedures and guidelines found in the BHC Program Design booklet.
- _____ I understand School Handbook rules apply at BHC.
- _____ I will be financially responsible for any fees, medical care, and transportation costs incurred on my child's behalf as outlined in the BHC Program Design handout.
- _____ I will pay all court costs, attorney fees, and collection agency fees associated with the collection of delinquent fees.
- _____ I will pay fees in accordance to the Fee Schedule and BHC Pay Date Schedule.
- _____ I understand the person responsible for the BHC fees can authorize to make one switch in the child's BHC plan during the school year by contacting the Program Lead Gwen Moore @ 317-758-4491 Ext 2127. A switch during the school year from either the Access or Basic Plan to School Year Plan to the Occasional Care Plan will include a \$35 Occasional Care registration fee charge due at the time of the requested switch.
- _____ I will be responsible for medical expenses incurred in the treatment of my child in emergency situations.
- _____ I verify that all immunizations are current and are on file with the school nurse.
- _____ I have provided all information that will help BHC staff best serve my child(ren).

Parent / Guardian Signature

Date

Blackhawk Care

School Year Before and After Care Program Rates

There is a one-time \$40 registration fee for newly enrolled families.

Occasional Care Daily Rates:

AM Care	\$13
PM Care	\$17

Weekly Rates:

AM Care Only	\$43
PM Care Only	\$57
AM/PM Care	\$80

Monthly Rates:

AM Care Only	\$172
PM Care Only	\$228
AM/PM Care	\$320