



Polite Piggy's SWS Before and After School Application Requirements

- Polite Piggy's Registration Application
- Income Verification and Policies

- A. If agreeing to provide the full payment, no income verification is required.
- B. Any person who registers a child is the person who is financially responsible for the student's payments.

OR

- C. If you are applying for a reduction in payment, income verification is required and Polite Piggy's reserves the right to recertify documentation at any point.
- D. I understand that if I falsify or omit any information, my space will be lost in the program.

One of the following methods may be used to demonstrate your income eligibility if applying for the sliding scale:

- Copies of the 3 most recent pay stubs for the parent(s)/guardian(s) in household. We require pay stubs for all parents/guardians in the household.
- A letter from your employer (only if employment started within the last 30 days, or you are employed as a domestic employee and do not receive any pay stubs). The letter must specify hours of work, salary and address and phone number at which work is performed and be written on company letterhead with an original signature of the employer. The parent/guardian cannot be the employer.
- If you are self-employed only (no other employment), you must supply year-end tax statements from the previous year.
- Documentation of TANF – please bring either.
 1. A letter with the child's name listed from the TANF worker, or
 2. An Automated Client Eligibility Determination System (ACEDS) printout with an active case and child's name printed.
- Parent(s) without income who are enrolled in school as a full-time student must submit a school schedule on school letterhead within the last 30 days stating the fall schedule. New school schedules will be required each semester.
- In the event the parent/guardian has no income and cannot provide income verification, the parent is not eligible for sliding scale for payments.



*WE AUDIT DOCUMENTATION REGULARLY. IF MORE INFORMATION IS NEEDED FOR ANY REASON, YOU WILL BE REQUIRED TO SUBMIT REQUESTED DOCUMENTS WITHIN 2 BUSINESS DAYS. IF DOCUMENTS ARE NOT SUBMITTED, PARTICIPATION IN THE PROGRAM WILL BE DISCONTINUED UNTIL DOCUMENTS ARE SUBMITTED, REVIEWED, AND APPROVED BY POLITE PIGGY'S ADMINISTRATIVE STAFF, YOUR FAMILY MAY RESUME SERVICES PENDING AVAILABILITY OF SPACE IN THE PROGRAM.

***All documents, Identification, financial information, and initial payment must be accurate and submitted at the time of registration. No family will be registered without submitting all required documentation, supporting materials and payment at the time of registration.

SPECIAL NOTE FOR ALL FAMILIES: Each application requires 24 hours (work week) processing time before the child may begin the program. Families signing up once the school year has started must wait 24 hours before the child can begin the program if not placed on the waiting list.

If your child is placed on the waiting list, Polite Piggy's will notify you when space becomes available. In order to get on the waiting list, the application and supporting documentation must be submitted.



Polite Piggy's Camp

Completed by (administrator name): _____ Date: _____

Input by (administrator name): _____ Date: _____

Registration Application

Child's School: _____ Child's Name: _____

Date of Birth: _____ Grade: _____ Age: _____

Does Your Child Have Allergies/Asthma/Health Concerns/Academic Concerns? _____

I give permission for media release: _____ I do not give permission for media release: _____

Primary Contact 1: _____ Relationship to Student: _____

Home Telephone #: _____ Cell #: _____ Email: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Primary Contact 2: _____ Relationship to Student: _____

Home Telephone #: _____ Cell #: _____ Email: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

----- For Office Use ONLY -----

PO of Rel: _____ PO Income: _____ Recertification Date: _____

Form of Initial Payment: _____ Payment Amount: _____ Monthly / Semi Monthly

Type of Ongoing Payment: _____ Monthly / Semi Monthly Rate: _____

Days of Care: _____ Sibling(s): _____ Person Registering: _____



Pick-Up Information

Please check all options that apply:

✓	My child may be picked up by any of the following people (person will have to show ID and must be over 18 years of age to pick up):		
	Name	Relationship	Phone Number(s)
	Name	Relationship	Phone Number(s)
	Name	Relationship	Phone Number(s)
My child will walk home alone at _____ (time) unless otherwise specified. Provide in writing if other arrangements are made.			

Emergency Contact Name	Cell Phone	Work Phone
	Home Phone	Email

PART A, 2

Names of All Children in the Family Who Participate in Polite Piggy's Afterschool Program/DCPS Afterschool Program

1.	2.
3.	4.
5.	6.



Parent/Guardian Information

Statements	
I Certify that my child lives with one parent/guardian:	
_____ (name)	_____ (relationship)
I certify that my child lives with two parents/guardians:	
_____ (name)	_____ (relationship)
_____ (name)	_____ (relationship)

Release Information I agree to the terms written in the following statements:

Initials	Statements
	I hereby give permission for my child to participate in afterschool activities sponsored by Polite Piggy's
	I agree to pay the required co-payment for afterschool programming
	I allow Polite Piggy's & DC Public Schools to use photos/video of my child and copies of my child's work for program advertisement, without use of my child's name.
	I allow participating community based organizations and neighborhood based organizations to access my child's education records in order to help provide the most effective and comprehensive academic support.



Parent Agreement Page

1. I understand that as the person registering for services, I am financially responsible for all payments.
2. To make things easier for our families, we have averaged the number of school days over the 10 months of school. I understand as a monthly payer, I will pay a standard rate and my payments will not fluctuate except August and June where there is a semi monthly charge.
3. If using Tuition Express autopay, my monthly payment will be deducted on the 1st of every month. Or, if using Tuition Express, my semi monthly payments will be deducted on the 1st and 15th of every month. After such date(s), a late fee will be assessed.
4. If using Tuition Express online payments, I will make monthly payments on the first of each month or if making semi monthly payments I will make them on the 1st and 15th of the month. After such date(s), the agreed upon late fees will be assessed.
5. Semi monthly families will pay the same amount year round on the 1st and 15th.
6. Days of school were based on the DCPS calendar for the year.
7. I know that payments are still required for inclement weather days. My payment does not adjust on those days.
8. I know there is a \$35 returned payment fee that is charged in addition to the funds that must be remitted for services.
9. Payments for families doing drop in days are due the day of services.
10. I know that there are no refunds/credits for unused days because staffing and other costs are based on projections. I understand that if my child is out of school for 3 consecutive days or more for reasons that are: medical/religious/other extended absence, I must submit medical documentation/other documentation for a credit to the account. Please see an administrator if you have questions.
11. I know there is a late fee for payments not made on the due date in the amount of \$15 for the first day late and \$5 each day thereafter until Friday of that week. Then services are discontinued until payment is made in full.
12. I know that if my services are discontinued due to late payment more than twice, my child's space in the program will be lost. In order for my child's space in the program is reinstated, I will have to pay outstanding fees, overdue payments, and I must pay by auto debit using Tuition Express only.
13. I know there is a late pickup fee of \$1 per minute due at the time of pick up after 6 pm.
14. I know that if I pick my child up late more than three times in the school year, my space may be lost.
15. I understand that if I must make a long term change to my child's schedule, I must provide two weeks written notice to politepiggysdaycamp@yahoo.com.



Parent Agreement Page Continued

16. I know that after one returned payment, I will have to sign up for auto pay with Tuition Express if not currently enrolled. If payment is returned and I am signed up for autopay, I will have one returned payment as a courtesy and afterward, I will have to place a deposit for future care. If I opt out of autopay or don't fulfill the requirements, space in the program will be terminated.
17. I know that if my child's behavior poses safety/emotional risks to himself, herself or others, Polite Piggy's reserves the right require a family meeting. We will leave the meeting with either: clear and measurable outcomes, suspension from program or discontinuance of services.
18. I know that if my child is on a behavior plan and the behaviors do not improve in a timely manner, services may be suspended or terminated. Payment will not be refunded or credited during this time.
19. I know that if my child is suspended from Polite Piggy's or services are terminated that I am responsible for my child being picked up from school at 3:15 pm from his/her teacher.
20. I know that if my child is not signed up for a portion of care with Polite Piggy's, I may not send my child for additional services until I have enrolled for the additional care with an administrator.
21. I know that I am responsible for signing my child in and out daily using ProCare Check-in Solutions and for walking him/her to their classroom. I also understand that if my child is in grades preschool through kindergarten, I will also be required to sign out with the adults in my child's group.
22. I understand that if I have custody/legal documents regarding my child, it is my responsibility to provide them to Polite Piggy's and to keep updated copies of all documentation on file with Polite Piggy's. Without custody/legal documentation, I understand that Polite Piggy's cannot use a written/informal statement to decipher care and responsibilities.
23. I have read, understand, and agree to all information in the Policies and Procedures document.

X _____
Parent/Guardian Signature

Date

X _____
Administrative Team Member Signature

Date



BEHAVIOR and Camp Day Verification

Behavior

Please initial on the lines below

_____ If my child poses significant or consistent behaviors that cause disruptions to the program or special classes, safety concerns to self or others and/or a general inability to participate in the program, my family may be called for proactive planning meetings, use of behavior plans, short &/or long-term suspension of student from program and/or permanent removal from the program when necessary (these items are not listed in any particular order).

Polite Piggy's Administrators and staff will use some or all of the following strategies:

1. Provide the child with verbal redirects &/or positive behavior support systems;
2. Provide the parent/guardian with verbal and/or written notification;
3. Hold a meeting with the parent(s)/guardian(s) and provide a plan for support;
4. Suspension from program either short or long term;
5. Expulsion from the program if behavior does not improve and/or the child's behavior is disruptive to the program and/or safety of participants.

Camp Days

_____ Camp days are held (half days, staff development days, spring break, winter break and summer break) and they are separate from before & afterschool programming. These days require children to be signed up and paid for in addition to before/afterschool payments. All forms can be found on our website www.politepiggys.com. If your child is not signed up for the additional days, he/she will not be permitted in the program for that day.

I _____ **agree to the policies outlined above.**

Parent's name (Print)

I _____ **agree to the policies outlined above.**

Parent's name (Signature)

Date: _____



POLITE PIGGY'S DAY CAMP

Before and After School Activity Permission Form

Your child's before &/or afterschool program will be participating in all activities on: _____ School Grounds and other local points of interest _____

<i>Date</i>	N/A	<i>Time</i>	Before & Afterschool and Camp days (if signed up by family separately)
<i>Location</i>	All on site activities, special classes, playground and local points of interest (neighborhood walks, field trips, etc.)		
<i>Cost</i>	Included in weekly rate, unless otherwise stated		
<i>Transportation</i>	Walking, Charter bus, Metro bus & Metrorail		
<i>Notes</i>	Children MUST wear full shoes, no flip flops or Crocs as we will be walking during outdoor activities. Please do not send money or special items from home.		

Please return this permission slip by: _____ With Registration Application _____

Emergency Contact Name and Number During the Trip: _____

I give permission for my child _____ Sibling _____

Participate in activities _____ On school grounds & other points of interest _____ on _____ Throughout his/her care with Polite Piggy's _____

from _____ TBD _____ to _____ TBD _____

Should it be necessary for my child/me to have medical treatment while participating in an activity, I hereby give Polite Piggy's Day Camp personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician. I understand that Polite Piggy's Day Camp has no insurance covering medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

All persons attending this trip and/or participating in Polite Piggy's Day Camp activities/program and its' components (playground, special classes, etc.) are deemed to have waived all claims against Polite Piggy's Day Camp and its' staff for injury, accident, illness, or death occurring during or by reason of the field trip and/or activities, program and its' components.

I have read and agree to the foregoing statement and agree to assume the responsibility stated and waive all claims against Polite Piggy's.

These activities and trip(s) will be under the supervision of Polite Piggy's Day Camp staff.

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____



Polite Piggy's Day Camp

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

NAME OF PARTICIPANT _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

Giving Consent

I, Parent/Guardian of _____, do hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by LEAD and/or Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of LEAD and/or Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature _____ Date _____

(Parent or Guardian)

OR

Refusing Consent

I, Parent/Guardian of _____, do not hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by LEAD and/or Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby DO NOT consent that such photographs, films, recordings, plates and tapes are the property of LEAD and/or Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature _____ Date _____



Polite Piggy's Contact and Medical Information for a Child

Child's Name		Date of Birth & Grade	Sex
Parent's/Guardian's Name		Parent's/Guardian's Name	
Email		Email	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
email		email	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

List Allergies/Special Health Considerations Ex. Asthma, peanut and berry allergies, milk allergy, etc.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
I give permission for my child to participate in all activities on school grounds and trips. I release Polite Piggy's Day Camp, DCPS and related service providers from liability in case off accident during activities related to before and after school programming as long as normal safety procedures have been taken.	
Parent's/Guardian's Signature	Date



Demographic Data Consent Form

Parents' Name _____ Date _____

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, Polite Piggy's works with organizations that specialize in providing afterschool programming. In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, Polite Piggy's would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to Polite Piggy's sharing of this information about your child with the Afterschool Provider(s), you may request that Polite Piggy's provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to Polite Piggy's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to Polite Piggy's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.



Parent Payment & Sign Out Code Acknowledgement

Child's Name: _____ Parent's Name: _____

Payment Amount Per Month: _____ Semi Month: _____

Amount paid at registration: _____ Form of Payment _____

Next payment due date: _____ Form of future payments: _____

- Tuition Express Auto Draft by Credit Card** (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month.
- Tuition Express Auto Draft by Check Payment** (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month.
- Tuition Express Online Payment** (must be done by parent on the 1st of each month (monthly) or must be done by parent on the 1st and 15th of each month (semi monthly) of each month.

Date of Registration: _____ Parent Signature: _____

Sign Out Code: _____ (you will make your own personal code)



Parent Payment Acknowledgement: Parent Copy

Child's Name: _____ Parent's Name: _____

Payment Amount Per Month: _____ Half Month: _____

Amount paid at registration: _____ Form of Payment _____

Next payment due date: _____ Form of future payments: _____

Tuition Express Auto Draft by Credit Card (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month.

Tuition Express Auto Draft by Check Payment (done by Polite Piggy's on the 1st (monthly) or the 1st and 15th (semi monthly) of each month.

Tuition Express Online Payment (must be done by parent on the 1st of each month (monthly) or must be done by parent on the 1st and 15th of each month (semi monthly) of each month.

Date of Registration: _____ Parent Signature: _____

Sign Out Code: _____ (you will make your own personal code)