

Dear Parents,

Thank you for choosing Arrow Prep to serve you and your family! Our entire team is dedicated to providing the best experience and care possible for your child. Our programming presents preschool through kindergarten fundamentals in a fun and exciting atmosphere. We strive for excellence and are proud you have selected our program to meet your family's needs.

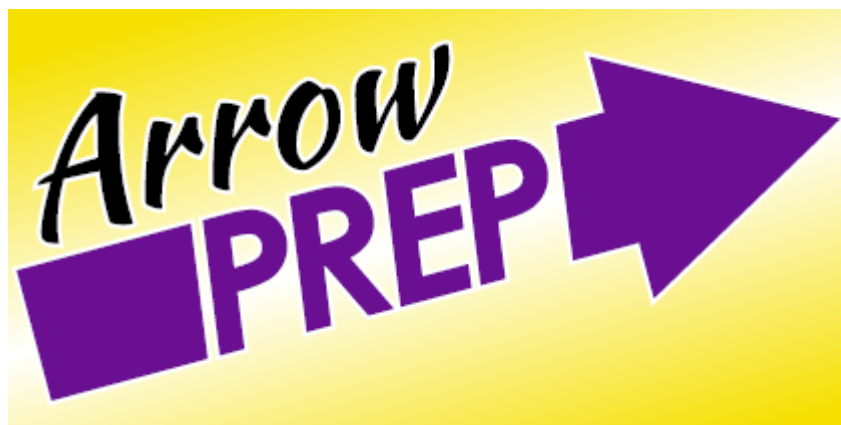
Enclosed in this enrollment packet, you will find the following information:

- \*Arrow Prep Enrollment Form with contract
- \*Food Service Form
- \*Parent Handbook
- \*Acknowledgement of Parent Handbook (Parent Signature Required)
- \*1<sup>st</sup> week of payment is required as a deposit (non-refundable)

Please look over this information carefully and please, don't hesitate to contact us at the Boys and Girls Club (605) 886-6666. We love to hear from "our" families and would be happy to answer any questions and address any concerns you may have.

The Boys & Girls Club of Watertown is an equal opportunity employer. To read the Nondiscrimination Statement please visit our website at [www.bgcofwatertown.com](http://www.bgcofwatertown.com) for the link.

Sincerely,  
Brittany Foyt  
Director of Arrow Prep / Kidscope  
Boys & Girls Club of Watertown  
PO Box 833  
Watertown, SD 57201  
(605) 886.6666  
[foytb@bgcofwatertown.com](mailto:foytb@bgcofwatertown.com)



KidTrax # \_\_\_\_\_

Admission Date \_\_\_\_\_

## Arrow Prep Enrollment Form

Child's Full Name: \_\_\_\_\_

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

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

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: (Please Circle)    Caucasian    African American    Asian    Native American  
   Hispanic    Multi-Racial    Other

Living With:    \_\_\_\_\_ Both Parents    \_\_\_\_\_ Mom only    \_\_\_\_\_ Dad only    \_\_\_\_\_ Dad/Step-Mom  
   \_\_\_\_\_ Mom/Step-Dad    \_\_\_\_\_ Other (Explain) \_\_\_\_\_

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

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**\*\*Note:** It is legal for either parent to pick up their child unless we have a copy of a court order restricting visitation.

Is either parent legally restricted from visitation with your child?  
\_\_\_\_\_ No                      \_\_\_\_\_ Yes (If yes, please attach copy of court order)

Is there anyone else legally restricted from visitation with your child?  
\_\_\_\_\_  
\_\_\_\_\_

**Arrow Prep  
Enrollment Agreement**

I understand that I am enrolling \_\_\_\_\_.

\_\_\_\_\_ (Full time) \$125 weekly flat rate  
\$130 weekly flat rate \*Beginning May 26, 2020

**Attendance**

These are the approximate times my child will arrive or depart from the Arrow Prep program.

	<b>Arrival Time:</b>	<b>Departure Time:</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

**Emergency Contact Information**, (other than immediate family). These individuals MUST reside in the Watertown area and be willing to assume responsibility for your child if we are unable to reach you. These individuals will be authorized to pick up your child at anytime. You must list two and they must not share the same phone number. If emergency situations were to arise, and we are unable to reach you or your emergency contacts, Social Services may be contacted to assume responsibility for your child.

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Medical Care: (Both must be completed)

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Problems/Special Needs:**

Please list any health/special needs:

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**Allergies:**

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(If your child has been clinically diagnosed with a special health need or allergy, we need to have medical documentation on file of this diagnosis. Please provide us with a doctor's note describing the condition and limitations if any).

**Arrow Prep "Authorized Pick-up" Permission Form**

I hereby give permission for my child to leave Arrow Prep with any of the individuals named below at any time. It is the responsibility of the parent(s) to notify Arrow Prep in writing of any changes.

Name	Phone	Relationship to Child

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgement of Parent Handbook**

The parent handbook outlines the policies and procedures of the Boys & Girls Club of Watertown's Programs. An understanding of, and adherence to the policies will ensure positive parent-staff relations and ensure that the children's needs are being adequately fulfilled. The program requires that all parents and/or guardians of the child/children enrolled in the program read, sign and return the statement that follows:

1. I have read and understand the Arrow Prep Parent Handbook.
2. I understand that there may be additions and/or revisions to the handbook.
3. I will adhere to the parent policies explained in the handbook.
4. I realize that lack of adherence to these policies may result in termination of the child care arrangement.

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

**Arrow Prep Travel Authorization**

**I DO** **I DO NOT** (circle one) Give permission for my child to leave Arrow Prep for field trips in a Boys & Girls Club bus/van or public school bus with Arrow Prep personnel. I understand I will be notified before such activities and have the right to pick my child up from the program if I choose to not allow my child to participate. I also authorize walks to nearby parks and other venues of interest with Arrow Prep personnel.

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Signature of Parent/Guardian

Date

**Arrow Prep Enrollment Agreement**

**Parental Release**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Watertown and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. \_\_\_\_ (Parent initial)

**Medical Treatment**

I give permission to the Boys & Girls Club of Watertown to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. \_\_\_\_ (Parent initial)

**Media Release**

The Boys & Girls Club of Watertown has my permission to my child's photograph publicly to promote activities and programs of the Boys & Girls Club. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.  
\_\_\_\_ (Parent initial)

Dear Parents,

The following is a short list of supplies we ask each child to bring for our classroom when your child begins services with us.

- \*Labeled nap mat / sleep sack
- \*Markers (2 packs)
- \*Kleenex
- \*Clorox disinfecting wipes
- \*Flushable baby wipes
- \*2 Dry erase markers
- \*4 Glue sticks
- \*2 Glue bottles

**Arrow Prep Child's Personal Supply List**

- \*Extra change of clothes
- \*Appropriate Outdoor Attire (We love to play outside!)
- \*Tennis shoes for outside and gym

Thank You!