

DIGITAL DISCOVERY CENTER

Thank you for your interest in our After School Enrichment programs!

The following Registration Packet contains enrollment forms and information.

We encourage families to do the following:

1. Visit the Center with your child. This will allow you to see if the program will meet your child's needs.
2. After receiving a registration packet, be sure to read the attached materials thoroughly and carefully. If you have any questions, please call us at 440-933-3782.
3. If you wish to enroll your child please contact the Center to verify your start date and check availability. Spaces are limited!
4. After submitting the completed registration materials, you will receive a confirmation letter listing the days or classes for which you have registered and the date your tuition is due.
5. In addition to the Registration Form, all other forms found in this Registration Packet must be filled out, signed, and returned to the Digital Discovery Center before your child's first day of attendance.

Check List

_____ Digital Discovery Center Registration Form

_____ Child Enrollment and Health Information (ODJFS form 01234)

Note: **The Immunization Record section is not required to be completed.**

_____ Bus Arrival & Media Release Form

After School Care & Enrichment Program

Registration Form



DIGITAL DISCOVERY CENTER
684 Avon Belden Road
Avon Lake, OH 44012
440-933-3782

<http://www.digitaldiscoverykids.com>
steve@digitaldiscoverykids.com

2007-2008 School Year: Grades K-6

Child's Name: _____ Birthdate: _____ Age: _____ Sex: M / F

Street Address: _____

City, State Zip: _____

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Alternate Phone(s): _____

Email: _____

School Attending: _____ Grade: _____

Does your child have any special needs or medical conditions that we should be aware of? _____

Check the appropriate box and/or fill in the beginning and ending dates. Evening classes meet once a week for 4 weeks. Please contact the Center for the next available class dates. Spaces are limited.

Daily After School Care

Grades K-6 - 2:30 p.m. – 6:00 p.m.

Mon	Tue	Wed	Thu	Fri		Date Begin	Date End

LEGO's – Build with a Buddy

Grades 1-6 – Tuesdays - 6–7 p.m.

Date Begin	Date End

Digital Media – Stop Motion Animation, Filmmaking, Music, Digital Storytelling

Grades 3-6 – Wednesdays – 6-7 p.m.

Date Begin	Date End

LEGO Robotics

Grades 3-6 – Thursdays – 6-7 p.m.

Date Begin	Date End

IMPORTANT INFORMATION:

The Digital Discovery Center follows the Avon Lake public school calendar. **We are closed when Avon Lake Schools are closed.** After School Care begins at approximately 2:30 PM and lasts until 6:00 PM. Scheduling is individualized, and there is no registration fee. Students can attend for one or more days per week based upon availability. Spaces are limited.

On Tuesday, Wednesday, and Thursday evenings throughout the school year we offer special 4 week evening classes for kids who love LEGOS, Digital Media, or Robotics but are not enrolled in our after school care program. These classes are not suitable for kindergarteners. Each class meets from 6:00 PM – 7:00 PM for 4 weeks.

TUITION, PAYMENTS, AND REFUND POLICY

The daily rate for after school care is \$14. Tuition is billed monthly and due on the first school day of the month in advance. For mid-month enrollments, tuition will be prorated. Siblings receive a 10% discount (\$12.60). Each evening class meets from 6:00 PM – 7:00 PM for 4 weeks and costs \$80. Tuition is due on or before the first day of a 4 week class. Siblings receive a 10% discount (\$72). The make up of vacation, or other missed days is not possible, however, requests for refunds or credits due to a significant illness or injury, must be made via email or in writing.

CENTER HOURS

After School Care (2:30 PM to 6:00 PM): We will be available to meet Avon Lake school buses in the afternoons. Avon Lake residents can call the School District Transportation Department at 440-933-9802 to make bussing arrangements. You must pick up your child no later than 6:00 PM each day. Other transportation may be available for non-Avon Lake students. Please inquire.

Evening Class Sessions (6:00 PM to 7:00 PM): Please drop off your child between 5:50 pm and 6:00 pm. You must pick up your child no later than 7:00 pm. Please be prompt!

SIGN IN / OUT POLICY

A Parent/Guardian or other authorized adult must sign each child in/out of the Center every session. The only people that your child will be released to are those you have listed on the CHILD ENROLLMENT AND HEALTH INFORMATION FORM (ODJFS form 01234). If someone other than a parent will pick up your child, please give us prior written notice. If there is an emergency and no one on your list can pick up your child, the primary parent/guardian must call **440-933-3782** to give permission for another adult to pick up the child, or send a signed note of authorization with that person who must present a photo ID. Please be on time to pick up your child! Students arriving via school bus will be met and signed in by the Director. They must also have a signed Bus Arrival Form on file.

ABSENCES

Please call **440-933-3782**, before 12:00 PM NOON and leave a message if your child will be absent. Please be specific, stating your child's full name and the day of the session. If we do not receive a message from you, we will try to verify the absence by phone. This is especially important if your child arrives via school bus.

ILLNESS OR INJURY AT THE CENTER

If your child is ill or injured at The Digital Discovery Center, we will notify you as soon as possible so you may pick up your child. If you are not available, we will call the emergency contacts on your child's information form (please keep this information current). In an emergency, we will call emergency personnel. Medications: You must inform us if your child is carrying or self administering medication of any kind and ODJFS Form 01217 must be filled out and kept on file at the Center. PLEASE NOTE: Our staff has current Red Cross training in infant/child CPR and First Aid.

Parent/Guardians must sign the Give Permission to Transport section of the CHILD ENROLLMENT AND HEALTH INFORMATION FORM (ODJFS form 01234) giving the Center permission to transport your child to an area clinic or hospital in the case of a medical emergency.

WHAT TO BRING TO THE CENTER

For children attending After School Care, please send a suitable snack marked with your child's name each day. Please do not send perishable items (milk, mayonnaise, etc.), since refrigeration may not be available.

Not Allowed: Please leave all valuables at home (jewelry, watches, toys, CD players, etc.). Please do not bring your own LEGO sets or parts without permission. Walkmans, iPods, CD players, video games, trading cards, skateboards, etc. are not permitted at the Center without permission. They will be confiscated and returned to the parents at the end of the day. Center staff will not be responsible for any valuables or money lost or stolen.

Thank you for enrolling your child. Please sign below and return this form to the Digital Discovery Center. You will receive confirmation of your registration and a statement of charges and payments for your records.

Parent/Guardian Signature: _____ Date: _____

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

Child's Name		Date form completed/updated		First Day at Center	
Date of Birth	Home Address			City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School			Work/School Telephone Number		
Address				City	
Pager and directions for use					
Where can you be reached while your child is in this program?					
Parent/Guardian Name			Relationship to child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School			Work/School Telephone Number		
Address				City	
Pager and directions for use					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who you want to be contacted in the event of an emergency or illness if the parent/ guardian cannot be reached. Persons listed should be able to assist in locating the parent/ guardian and at least one person listed must be local and able to take responsibility for the child in cases where the parent/ guardian can not be located.					
Name			Name		
City	State	City	State		
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (optional)			Other numbers where emergency contact can be reached (optional)		
Name of Physician or Clinic/Hospital			Name of Dentist (Recommended for children over 18 months of age.)		
Street Address			Street Address		
City	State	Telephone Number	City	State	Telephone Number

Note: This is a prescribed form provided by JFS which must be used by centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37. This form must be completed and on file at the center or type A home on or before the child's first day of attendance.

Child's Name		Form Last Updated		
1. Give <i>Permission</i> to Transport		OR Do not sign both	2. Do Not Give <i>Permission</i> to Transport	
I give (Center/Type A Home name) <u>Pembroke Kids / Digital Discovery Center</u> permission to have my child (name) _____ transported to (Hospital/Clinic) _____ for emergency medical care or to (Dentist) _____ for emergency dental care, or to the nearest available source of assistance.			I do not give (Center/Type A Home name) _____ my permission to have my child _____ transported for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish for the following action to be taken _____	
Parent's Signature	Date		Parent's Signature	Date
Allergies (food, medication or environmental) and precautions, reactions and treatment				Check here if not applicable <input type="checkbox"/>
Medications, food supplements, modified diet currently being administered				<input type="checkbox"/>
Chronic Physical Problems				<input type="checkbox"/>
History of Hospitalization				<input type="checkbox"/>
History of diseases the child has had				<input type="checkbox"/>
Any additional health or enrollment information you feel we should know about your child				<input type="checkbox"/>

Immunizations (enter month, day, and year) (Not required for children enrolled in school)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
The immunizations above are recommended immunizations. Please consult your child's physician for more information.					

Parent Roster

I agree to have my name and telephone number included on the center or Type A Home's parent roster which will be made available upon request to any parent whose child is enrolled in the center or Type A Home.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signature (If different information than parent listed above.)	Date

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Pembroke Kids Child Development Center, Inc.

Digital Discovery Center After School Program

Sign In / Out Policy

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Bus Arrival Policy

Children arriving at the Digital Discovery Center directly from Avon Lake Schools via school bus or by any other third party (e.g. taxi) will be signed in by the Director. Parents must make arrangements directly with the Avon Lake Schools transportation director, Mark Moran, at 440-933-9802, to schedule bus drop off at the Digital Discovery Center. Children will be supervised as they get off the bus and come inside.

Permission to arrive by bus or third party

_____ will arrive at the Digital Discovery Center
(Name of Child)

via School Bus # _____ from _____
(School)

or via _____
(Please provide details)

on the following days: _____

My child will arrive at the Digital Discovery Center at approximately: _____

Media Release:

I hereby [] authorize [] do not authorize the Digital Discovery Center, its agents, representatives and licensees to record and photograph my child, _____, during program activities at the Center. The photographs, films, audiotapes, videotapes or other recordings or reproductions of activities may be used for educational or promotional purposes or posted to the Digital Discovery Website: www.digitaldiscoverykids.com or youtube.com account. I do not authorize any commercial use of such materials.

Signature

Date