



# Bronco Club After-School Program

Mustang Public Schools  
906S. Heights Dr.  
Mustang, OK 73064  
(405) 376-7843

## APPLICATION FORM 2017 - 2018

BC Office Use Only	
<input type="checkbox"/>	Application Form _____
<input type="checkbox"/>	Child Health Info _____
<input type="checkbox"/>	Letter of Agreement _____
<input type="checkbox"/>	Request of Medication _____
<input type="checkbox"/>	Permission Form _____
<input type="checkbox"/>	\$25 Enrollment Fee _____

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ 17-18 Grade: \_\_\_\_\_ Sex: M F

In order to be eligible to attend Bronco Club, a child must be enrolled in MPS and be in afternoon elementary Pre-K through 6<sup>th</sup> grade. Should you decide to register, please note the \$25 enrollment fee is non-refundable. Mustang Education Center Pre-K students are not eligible for Bronco Club.

**To ensure your child's fall placement please complete this form and return it along with the non-refundable enrollment fee of \$25 per child. Beginning Fall 2017 the \$25 enrollment fee will apply for the entire 17-18 school year, including summer 2018. Enrollment fee must be paid at your school or administration with check or cash. To date, our new payment system is not ready to accept Fall payments.**

Full and legible completion of all information is required each year by the MPS Bronco Club program. To allow time to process the application and to prepare for the student's arrival, completed enrollment packets, enrollment fee, and tuition payment must be received at least 24 hours prior to the first day of attendance.

Please enroll my child for the following number of days per week and days of the week: **\*\*Student must attend the same days each week.**

2 days per week (\$24)      3 days per week (\$36)      4 days per week (\$48)      5 days per week (\$60)

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

START DATE: \_\_\_\_\_

Who will be responsible for tuition payments? \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Daytime Email: \_\_\_\_\_ Daytime Email: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Please explain below any separation, divorce or custody situation of which we should be aware and provide a copy of the official documents.

Mustang Public Schools Bronco Club  
CHILD ENROLLMENT AND HEALTH INFORMATION

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	
Home Address		Home Telephone	
City	State	Zip	
Parent/Guardian Name		Relationship to Child	
Home Address		Home Telephone	
City	State	Zip	
Email Address (if applicable)		Cell Phone	
Parent/Guardian Work Telephone		Parent/Guardian Work Name	
Parent/Guardian Work Address		City	
Where can you be reached while your child is in the program?			
Parent/Guardian Name		Relationship to Child	
Home Address		Home Telephone	
City	State	Zip	
Email Address (if applicable)		Cell Phone	
Parent/Guardian Work Telephone		Parent/Guardian Work Name	
Parent/Guardian Work Address		City	
Where can you be reached while your child is in the program?			
<p><b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b>. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the school, be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</p>			
Name		Name	
City	State	City	State
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)	
Name of Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

Child's Name
<b>Allergies, Special Health or Medical Conditions, and Food Supplements</b>
Fill in this section accurately and completely. Please note that if your child has a <b>current</b> health or medical condition requiring child care staff to perform specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the "Medication Administration Record" must be completed and be kept on file at the school with the camp coordinator.
Does your child have any food, medication or environmental allergies? (check all that apply)
<input type="checkbox"/> No <input type="checkbox"/> Yes - check all that apply <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental - Please list and explain:
Does your child have a special health or medical condition? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation:
List any additional information about your child that would be useful for the staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

<b>Acknowledgement of Policies and Procedures</b>	
I have received and reviewed a copy of the Bronco Club handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child attending Bronco Club. The parent/guardian and the administrator/designee shall initial and date the form in the section below.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

# BRONCO CLUB LETTER OF AGREEMENT

1. I will complete all necessary forms before my child attends the Bronco Club (BC) program. I will notify BC of any changes in registration information (e.g. address, phone number, email address, place of employment, etc.)
2. I understand and agree to pay the following tuition and fees in order for my child to attend BC:
  - **REGISTRATION FEE:** The \$25 per child enrollment fee, due at the time of application, is non-refundable.
  - **TUITION:** Tuition is a weekly rate. Holidays and other scheduled days off are not included in the calculation of the weekly rate. Tuition is due every Monday by noon, including holidays.
  - **LATE PAYMENT FEE:** A late payment fee of \$15 will be assessed for any payment that is not received by noon each Monday.
  - **LATE PICK UP FEE:** If a child is not picked up by 6:00pm a fee of \$10 will be assessed for each five (5) minute increment a parent is late (e.g. 6:01pm arrival = \$10 fee, 6:06pm arrival = \$20 fee). If a child has not been picked up within 30 minutes of closing and attempts to contact parents and emergency contacts have been unsuccessful, the police and the Department of Human Services may be called. BC reserves the right to suspend and/or terminate enrollment for recurrent late pick-up. When a parent is contacted for any reason, the late fee will be assessed beginning one hour after the time of notification.
  - **NON-SUFFICIENT FEE:** A fee of \$25 will be assessed for each returned check or non-sufficient funds notification. The amount of the returned check plus the \$25 fee must be paid by cash or money order. Upon the second occurrence, all future payments must be made with credit/debit card, money order or cash.
3. I will give two weeks written notice to BC if camp attendance needs to be changed. I understand changes in weeks of attendance will be made if space in the program permits.
4. I will make other arrangements for emergency closings, delays and early dismissals (e.g. snow days, facility problems). I understand pre-paid tuition for cancelled day(s) will be credited to the following week or a refund will be issued.
5. When picking up my child from BC I will sign him/her out of the program.
6. I understand any personal belongings brought to BC are the responsibility of my child. I will not hold BC responsible for replacement or repair of any items that may be lost, stolen, or broken.
7. I understand that if my child is posing a serious or recurrent behavior issue, he/she may be suspended or dismissed from the BC program and payment is due for the time a child is suspended. If my child is dismissed from the program for any reason I will not seek entrance in future years.
8. I will notify BC personnel in writing if there is a temporary health issue which may inhibit the child's typical daily routine (e.g. sprained ankle, injured collar bone, elbow – no running/climbing, getting over illness – no physical activity, etc.).
9. I will inform BC in writing if I do not want photographs of my child participating in the BC program to appear on the internet, or in newspapers, newsletters, videos, or other publicity materials.
10. I agree to read the Parent Handbook, which contains detailed information on Bronco Club policies and procedures and is available online. (Hard copies are available upon request.) I will keep myself informed of any modifications noted in the BC newsletter or at the parent table or communicated by email.
11. I have read and agree to the terms of eligibility which are highlighted on page one of the enrollment packet.

**I agree to abide by the requirements listed above, as well as rules set forth in the Parent Handbook, and any modifications:**

Signature of Parent/Guardian:	Date:
Name of child:	

