

Horizons Kids

Horizons Kids Enrichment Programs
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To Parents:

Attached is our registration forms and Parent handbook. In this packet are several forms to be filled out. Please fill out each form in its entirety, as each one must be turned in to Horizons Kids Enrichment Programs and is required by our State licensing Agency. Please read all our policies and procedures in full.

A copy of your child's current Immunization Form #3231 is required the first week of attendance for our after school program.

Thank you for choosing Horizons Kids Enrichment Programs to provide quality after school care and day camps for your child/children. Feel free to contact me if you have any questions.

Best,

Kether
Mayen

Owner/Administrator

Horizons Kids Enrichment Programs
Horizons Kids Policies and Procedures

HK serves students in grades K through fifth grade, ages 5 through 10. HK follows the Atlanta Public School Calendar operating August through May, Monday through Friday from 2:30PM-6:30PM. HK also operates school holidays/teacher planning days, and during the summer from 7:45AM-6:00PM for day camps. HK has limited enrollment.

*Please check the website for camp dates throughout the school year and summertime. Online reservations for camp are on the website.

Attendance Policy All students must be registered with HK prior to participating in the programs. All paperwork must be complete. An enrolled child for after school is eligible to attend five days per week for full time or 2 or 3 days per week for part time. An enrolled child is eligible to attend day camps throughout the school year when camp is in session. An enrolled child may also only attend day camps and not after school. Attendance of an ill child or children with communicable diseases will not be permitted. If your child becomes sick during the day, you will be notified and will need to pick up your child. Sick children cannot remain in the program and must be picked up promptly.

Pick-up and Escort Policy

Each day, an approved adult

MUST:

1. Sign out your child(ren) using full name and time leaving Horizons Kids.
2. Escort your child out of the building.

Please note: We do not provide evening transportation to your home.

Updated Information Policy Parents are responsible for keeping HK advised of any significant changes as they occur in the enrollment information concerning phone numbers, work locations, emergency contacts, family physicians, and persons allowed or not allowed to pick-up the student.

Special Services The goal of HK is to provide a healthy, safe environment in which teachers provide quality care to all students. If special services are needed, the director and parent will discuss the child's needs.

Snacks Afternoon snacks are provided to students who attend HK. Parents must inform HK in writing of any restrictions to their child/childrens diets. The weekly snack menu is posted on the board at the entrance to the elementary classroom building. Snacks served are prepackaged.

Field trips/Water Activities HK will participate in field trips and will provide transportation to or from an activity. HK will provide water related activities in water more than two feet deep. Parents must sign a swimming agreement form in paperwork or your child/children will not be allowed to participate in water activity field trips.

Transportation Policy Transportation will be provided to or from Horizons Kids, and selected field trips during day camps by HK faculty and staff. In the event of a medical emergency, 911 will be called and the child will be transported by ambulance. School transportation agreement forms must be completed in paperwork before HK can transport your child from school for the After School Program. Transportation for field trips is on Horizons Kids buses by authorized HK drivers. Routine transportation is on Horizons Kids buses and/or Horizons Kids vans by authorized HK drivers.

Appropriate Behavior Policy The safety and interests of your children are our primary concern. Teachers will work closely with students to use positive reinforcement for desired behaviors. Teachers will communicate with parents to share positive and undesirable student behavior. If any student has frequent behavior problems that are not improved upon after parent/teacher communications, then the student who is demonstrating inappropriate and/or unsatisfactory behavior he/she will be dismissed from HK. Various techniques will be used by the teachers such as, but not limited to, talking with the student, removing them from the group, time-out, speaking with the parent, and written notification of event or behavior to the parent.

Unacceptable Objects Policy Any child found with knives, guns, drugs, alcohol, tobacco, or other dangerous objects or substances that could cause harm to others will be removed permanently from HK and will be disciplined according to school policies.

Medical Emergency (See Medical Form) In the case of a medical emergency, 911 will be called and students will be transported by ambulance to Children's Healthcare of Atlanta at 35 Jesse Hill Jr Dr Atlanta, GA. If the injury does not require 911 assistance, the child will be treated by the director and a medical report will be completed and given to the parent. Parents will be immediately notified in the event of a medical emergency. The main first-aid kit is in the classroom building and transportation first aid kits are on the buses at all times.

Medication Administration Please note: We do not administer medication. Do not send your child with medication.

Illness and Communicable disease: Attendance of an ill child or children with communicable diseases such as conjunctivitis (pinkeye), pediculosis (head lice), scabies, ringworm, chicken pox, measles, strep throat, flu, Covid-19 etc. will not be permitted. Parents will be notified when a communicable disease is introduced into the site by written communication from the director. Parents are requested to notify HK in writing, immediately if their child contracts a communicable disease, has a fever of 100 degrees or higher, diarrhea, or sore throat. Children with communicable diseases will not be allowed to attend HK until a

medical release is provided by the child's physician. If your child becomes sick during the day, you will be notified (contacted by phone) and required to pick up your child. Sick children will be removed from the group and staff will take every measure to make the student comfortable until the parent arrives.

Protection of children in the event of an Emergency: In the event of a physical plant problem and/or power failure or structural damage, fire, tornados, severe weather we will implement the emergency procedures/plans for the appropriate event. Emergency plans are posted in the classroom for parent viewing.

Inclement and Severe Weather Policy On days when the school system is CLOSED FOR AN ENTIRE DAY OR CLOSES EARLY BECAUSE OF INCLEMENT OR SEVERE WEATHER such as snow, tornadoes, etc., HK After School will NOT be offered. It will be the parent or guardian's responsibility to be aware of early school dismissal and to make suitable arrangements. Please note we have an emergency plan posted in each classroom as well as specific instructions of plan according to the type of emergency.

Refusal Of Care Policy HK reserves the right to discontinue child care to any student enrolled in the program at any time for any reason other than the basis of race, color, religion, gender, national origin, age, veteran status, marital status, or sexual orientation in any of its employment practices, educational programs, services or activities.

Updated Information Policy Parents are responsible for keeping HK advised of any significant changes as they occur in the enrollment information concerning phone numbers, work locations, emergency contacts, family physicians, etc.

Homework Policy The teachers of HK will guide students in their homework. Teachers will check for homework completion and review for accuracy but not be required to correct for accuracy. Teachers are not able to assist individual students with long-term projects that require parent involvement. *Please note homework times on the student schedules. If students are picked up prior to the conclusion of the homework time, assignments may not be complete.

Informed Parent Policy It is the HK responsibility to keep parents informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases that impact the child.

Child Abuse Policy HK believes that the safety, support, and care of your child(ren) is most important. The law has provisions safeguarding the well-being of child(ren). We must comply with the law as outlined below: *Child care and day care personnel having reasonable cause to believe that a child under the age of 18 has had physical injuries inflicted upon him/her by other than accidental means by a parent or guardian, or has been neglected or exploited by a parent or guardian or has been sexually assaulted or sexually exploited, MUST be reported or cause reports to be made to the Department of Human Resources, Child Protection Agency.*

Student Schedule

Teachers are responsible for overseeing homework completion and providing physical activities and enrichment activities. The HK teachers are well trained, professional After School teachers and staff. Our goal is to make HK a nurturing, educational, and rewarding experience for the growth of your child.

After School:

3:00pm Children arrive at facility/3:00-3:30pm Homework time
3:30-4:15pm Playground time/4:15-4:45pm Extra Homework
time, playground time, and cognitive activities
4:45-5:45pm Enrichment activities including reading, arts and
crafts/5:45-6:30pm Free Choice activities (games/art/dramatic
play) 3-6:30pm Student Pick up

After School Tuition: (\$395/month FT) (\$295/month PT 3 days) (\$245/month PT 2 days)

Day Camp Tuition: \$65/Daily/ \$325/Week

Field Trip schedule (Summer Camp): (schedule is tentative and subject to change due to weather etc) Mon/Wed/Fri: Pool Day, Don't forget a swimsuit!! Tue/Thurs: Park Day!!

Horizons Kids Enrichment Program Parental Policy State regulations require us to supplement your sack lunch/morning snack if it does not meet USDA standards, please pack a healthy lunch/morning snack for day camp.

Parental Policy Verification Form

By signing below, I understand that:

- Parents have the right to visit all areas used by my child while at Horizons Day Camp
- Parents must first sign-in with an Administrator.
- Horizons Day camp is exempt from licensing and is not required to be licensed from Bright from the Start.
- In the event of a medical emergency, students will be taken to Children's Healthcare of Atlanta at 35 Jesse Hill Jr Dr Atlanta, GA. I have received a copy of the center's policies and procedures.
- Parents will be advised of the progress of their child.
- Parents are encouraged to participate in the activities at Horizons Day Camp

I understand and agree to the above policies and obligations.

Parent/guardian

Signature _____

Date _____

**PARENTAL
AGREEMENT**

Horizons School Enrichment Programs (HKEP) agrees to provide after school care for _____ on Monday through Friday, 2:30 p.m. until 6:30 p.m during the school year and day camp Monday through Friday, 7:45am until 6:00pm when school is not in session.

My child will participate in an afternoon snack while attending HKEP. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), HK faculty/staff, or other person authorized by the parent.

I acknowledge that it is my responsibility to keep my child's records current and will inform HK of any significant changes such as telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc

HK agrees to keep me informed of any accidents and incidents including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases and any other accidents/incidents that involve my child.

I authorize HK to obtain emergency medical care for my child when I am not available. I have received a copy of the policies and procedures for HKEP and agree to abide by them.

I agree to provide HK with an up to date copy of my child's immunization records (for HK after school program) no later than 10 days from the date of this agreement.

I understand HK will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signature of HK parent _____ Date _____

TRANSPORTATION AGREEMENT (AFTER SCHOOL)

This is to certify that I give Horizons Kids Enrichment Programs permission to transport my child(ren) _____

from school at school dismissal (approx. 2:30pm) to HKEP staff at my child(ren) school to Horizons Kids Education building (approx. 3:00pm) on the following days:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Distance to Horizons Kids from children's school approx. 2miles. Horizons Kids Enrichment Programs Faculty/staff is authorized to receive my child. In the event that there is no authorized person, the following procedures should take place: Parent will be notified to retrieve their child for that specific day. In the event my child is not to be transported as outlined above, I agree to notify Horizons Kids Enrichment Programs in advance but no later than 2:00 p.m. of the day missed at (404) 593-7832 or at horizonskidsatlanta@gmail.com. We have a strict policy that we will not leave the school until the parent is contacted if we were not informed of a change in your child(ren) daily schedule. If parents cannot be contacted we will contact authorized contacts as approved on the child(ren) enrollment form.

Signature of Parent or Guardian: _____

Date _____

Horizons Kids Enrichment Programs Child Forms

Entrance Date _____ Withdrawal Date _____

Childs Name _____ Age _____ Sex _____ DOB _____

Home Address (Street) _____

City _____ State _____ Zip _____

Parent 1 Cell # _____ Parent 2 cell # _____

Parent 1 Name _____ email _____

Parents 1 Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Parent 1 Place of Employment _____ Work Phone # _____

Employer's Street

Address _____ City _____ State _____ Zip _____

Parent 2 Name _____ email _____

Parent 2 Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Parent 2 Place of Employment _____ Work Phone# _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: () Both Parents () Parent 1 () Parent 2 () Legal Guardian

My child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Relationship to Parent(s) or Guardian _____
*Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Relationship to Parent(s) or Guardian _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends; _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs: _____

My child is currently on medication prescribed for long-term continuous use or has the following pre-existing illness, allergies, or health concerns: _____

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which includes my child.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

(Parent/Guardian) Signed: _____

Date: _____

Parents please note that we have posted notices on the board in the classroom of accreditation, licensing, copy of rules, review of evaluation report, communicable disease chart, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather and fire, statement for visitors, proof of liability insurance, and other important information.

EMERGENCY MEDICAL AUTHORIZATION

In the event that my child _____ suffers an injury or illness while in the care of Horizons Kids Enrichment Programs (HK) and the facility is unable to contact me/us immediately, I/we give authorization for the faculty/staff of HK to secure such medical attention and care for the child as is necessary. I understand that HK will make every possible attempt to contact me/us, the child's physician, and other persons listed as an emergency contact. I/We will not hold HK personnel responsible for the accident or illness. I/We further understand that the parent/guardian is responsible for any and all medical expenses incurred during the treatment of my child. I/We recognize that HK uses Children's Healthcare of Atlanta at 35 Jesse Hill Jr. Dr. SE, (404) 785-5437 for medical emergencies.

I/We agree to keep HK informed of all changes in telephone numbers, home addresses, work locations, e-mail addresses, emergency contacts, family physicians, medical conditions and medications. HK agrees to keep me/us informed of any and all accidents and incidents requiring professional medical attention involving my child.

Child's full name: _____ Birth date _____

Primary Physician _____ Phone _____

Child's Allergies _____

Current Prescribed Medication Any other Special Needs or Medical Conditions _____

Medical Insurance Company _____

Phone Number _____

Policy/Group Number _____

Participant I.D. Number _____

Signature of Parent or Guardian _____

Date _____ Phone Number(s) _____

ROUTINE FIELD TRIPS FOR DAY CAMPS

INMAN/SPRINGVALE PARK AND HORIZONS KIDS PLAYGROUND PERMISSION

I give permission for my child to use the playground at City of Atlanta Parks and at the playground at Horizons Kids while in the care of Horizons Kids Enrichment Programs.

Signature of Parent or Guardian _____ Date _____

SWIMMING PERMISSION

I give permission for my child to participate in swimming at Glennlake Pool Decatur/City of Atlanta pool realizing he or she is swimming at his/her own risk. I acknowledge that my child must pass a swim test by a lifeguard on duty and will be placed for swimming in the appropriate area for his/her skills. If my child is shown to not have swimming skills, a life vest is required and the child will be allowed only in the kiddie section (2 feet or less) of the pool. This applies to summer camp and day camp.

Signature of Parent or Guardian _____ Date _____

I acknowledge that this field trip form must be completed/signed and authorized by me before my child can participate on these field trips.

Signature of Parent or Guardian _____

Date _____

VEHICLE EMERGENCY MEDICAL FORM

Childs Name _____ Date of
Birth _____

Parent #1 Name _____

Work# _____ Cell# _____

Parent #2 Name _____

Work# _____ Cell# _____

In the case of emergency and a parent cannot be reached, contact _____ at
the following number _____

Doctor's Name _____

Doctor's #: _____

Child's Allergies: _____

Prescribed Medication: _____

Child's special medical needs and
conditions: _____

Horizons Kids Enrichment Programs (HKEP) uses Children's Healthcare of Atlanta for medical emergencies. It is located at 35 Jesse Hill Jr. Dr. SE, (404) 785-5437. In the event of an emergency involving my child and (HKEP) can't get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature of Parent or Guardian _____ Date _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Horizons Enrichment Services (dba “Horizons Kids”) has put in place preventative measures to reduce the spread of COVID-19; however, Horizons Kids **cannot guarantee** that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Horizons Kids and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Horizons Kids may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Horizons Kids employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at Horizons Kids or participation in Horizons Kids programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Horizons Kids, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Horizons Kids, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Horizons Kids program.

Signature of Parent/Guardian_____

Print Name of Parent/Guardian_____

Name of Horizons Kids Participant(s)_____ Date_____