After School Adventures

By voluntarily enrolling my child in the After-School Adventures Program I understand that:

1. My child will participate in a variety of variety of planned academic support and enrichment activities including homework help, cultural education activities, character education programs, recreational activities and special community events.
2. My child will be provided with nutritious snacks during each day of attendance.
3. I will be asked to attend a conference with the staff in the event of a discipline problem with my child.
4. I may be asked to provide input, in person or in writing, which will help the staff know and serve my child better.
5. Photographs of the children participating in the program may be taken periodically and may appear in the newspaper, school website, or other publications unless I inform the program coordinator of my/our objections in writing.

I agree to:

1. Complete all forms necessary before my/our child can attend the program.
2. Give notice in writing, in the event I/we chose to withdraw our child from the program. The program reserves the right to remove my child if my child is/are absent for four or more consecutive days.
3. Provide staff with parent/guardian phone numbers plus at least 2 additional emergency contacts
4. Sign our child out for the afternoon program on the daily attendance sheet or provide the program with permission in writing to allow my child to walk home on his/her own.
5. Agree to pick up my/our child at the program site no later than 6:15 p.m. In the event of late pick-ups, my/our child may be dismissed from the program.
6. Inform the staff, in writing, in person, or by phone of the days my/our child will not be in attendance.

A Parent Handbook, which contains information on policies and procedures, has been given to me. I have read the Parent Handbook and also agree to abide by the policies and procedures set forth in it.

**By my signature below, I agree that the above information is true and complete to the best of my knowledge.**

|  |  |
| --- | --- |
| Signature of Parent/Guardian | Date |

**Elementary After-School Adventures Program**

Meds

Allergies

**Enrollment Form**

Walker

|  |  |  |
| --- | --- | --- |
| Name of child | First | Last |
| Date of Birth |  | |
| Grade (circle) | 2 3 4 5 | |
| Teacher’s Name |  | |
| Race (circle) | Caucasian Black Hispanic Bi-Racial Mixed Latino Asian Indian American Indian Other | |
| Gender (circle) | Male Female | |
| Does your child have an IEP? (circle) | Yes No | |
| Does your child receive Medicaid, Food Stamps, or OWF? (circle) | Yes No | |
| Lunch Status (circle) | Free Reduced Pays Full | |
| Name of Parent/Guardian | First | Last |
| Present Address of Child | Street | |
| Child lives with | Mother Father Both Grandparents Other | |
| Phone Numbers of household members | Home Phone | Name and Cell Number |
|  | Name and Cell Number | Name and Cell Number |

Emergency Information

Please fill this form out completely before your child can enter the program.

|  |  |  |
| --- | --- | --- |
| PARENT/GUARDIAN INFORMATION | | |
| Child’s Name |  | |
| Mother’s Information |  | |
| Name |  | |
| Address | Street | |
| City  Zip | |
| Phone | Home | Cell |
| Employer |  | |
| Employer’s Address | Street | |
| City Zip | |
| Work Phone Number |  | |
| Additional Phone Number where mother can be reached |  | |
| Email Address |  | |
| Father’s Information |  | |
| Name |  | |
| Address | Street | |
| City Zip | |
| Phone | Home | Cell |
| Employer |  | |
| Employer’s Address | Street | |
| City Zip | |
| Work Phone Number |  | |
| Additional Phone Number where father can be reached |  | |
| Email Address |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Relationship to child |  | | |
| Address | Street | | |
| City  Zip | | |
| Phone Numbers | Cell | Home | Work |

1

2

|  |
| --- |
| **EMERGENCY CONTACTS and INDIVIDUALS AUTHORIZED TO PICK UP THE CHILD**  *These people need to* ***be no more than ½ an hour away from the program site.*** *We must have 3 contact persons authorized to pick up your child and 2 phone numbers for each. Children not picked from the program at 6:15p.m. After 30 minutes passed closing time, if the child is not picked up, they will be considered abandon and the authorities may be called if no contact is available to pick the child up.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Relationship to child |  | | |
| Address | Street | | |
| City  Zip | | |
| Phone Numbers | Cell | Home | Work |

3

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Relationship to child |  | | |
| Address | Street | | |
| City  Zip | | |
| Phone Numbers | Cell | Home | Work |

\_\_\_\_\_\_My child will ALWAYS be picked up by one of the people named above (**NO WALKING**)

\_\_\_\_\_\_My child has permission to walk home ALONE if necessary. He/she will be released at 6:15

Health Information

|  |  |
| --- | --- |
| Physician’s Information | |
| Name and Clinic |  |
| Address | Street |
| City Zip |
| Phone Number |  |
| If your child **does no**t have a primary physician please sign here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| Dentist’s Information | |
| Name and Clinic |  |
| Address | Street |
| City Zip |
| Phone Number |  |
| If your child **does not** have a primary dentist please sign here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Emergency Transport

|  |
| --- |
| **Part 1: PERMISSION TO TRANSPORT** |
| **I give *After School Adventures* my permission to transport my child**  (name of child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency medical care or to  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency dental care, or to the nearest available source of assistance.  **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Part 2: REFUSAL TO GRANT PERMISSION TO TRANSPORT** |
| **I DO NOT give *After School Adventures* my permission to transport my child**  (name of child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency medical care or to  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency dental care, or to the nearest available source of assistance.  **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**EITHER Part 1 or Part 2 MUST BE COMPLETED. DO NOT COMPLETE BOTH**

|  |  |
| --- | --- |
| **Allergies** | |
| List of Allergies | **Food Allergies** |
| **Medication Allergies** |
| **Seasonal/Environmental** |
| Precautions  And  Treatments |  |

Child Information

|  |  |  |
| --- | --- | --- |
| **Medications**  **List any/all medications being given to the child on a regular basis** | | |
| **1** | **Name of medication:** | Administer at: (circle)  Home School ASA |
| Instructions: | |
| **2** | **Name of medication:** | Administer at: (circle)  Home School ASA |
| Instructions: | |
| **3** | **Name of medication:** | Administer at: (circle)  Home School ASA |
| Instructions: | |

|  |  |
| --- | --- |
| **Chronic Physical Problems and History of Major Hospitalizations** | |
| **1** |  |
| **2** |  |
| **3** |  |