

Wilson MS Beyond After-School Adventures Program Enrollment Form

List name of child applying for the program

Name (Last, First): Student ID:	Race:
Date of Birth:	Gender:
Grade:	Does your child have an IEP? Yes: _____ No: _____

Does the child receive Medicaid, Food Stamps or OWF?	Lunch Status: What is your child's lunch status?
YES NO	Free: Reduced:

Name of Parent/Guardian	Present Address of child/guardian:
Phone number—home	
Phone Number—cell or work	

By voluntarily enrolling my child in the Beyond 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 5:45 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.
7. Notify the school office of any changes in my/our registration information (e.g. address, phone numbers, place of employment, etc.).

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

BEYOND AFTER SCHOOL ADVENTURES EMERGENCY INFORMATION

This form needs to be filled out completely before entering program.

Child's Name: _____	Date of Birth: / / _____
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Mother's Information	Father's Information
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____ cell: _____	Home Phone: _____ cell: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Work Phone: _____	Work Phone: _____

Additional numbers where parents can be reached while child is attending the program:

Mother: _____ Father: _____

Emergency contact persons and persons who are authorized to pick the child up. These people need to be local contacts (**no more than 1/2 hour away from the program site**). We must have **three contact persons authorized to pick up your child and two phone numbers for each**. If additional space is needed, please attach a separate sheet of paper with the information.

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Relationship to Child: _____	Relationship to Child: _____

Name:	Name:
Address:	Address:
City: Zip:	City: Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Relationship to Child:	Relationship to Child:

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 5:45

Health Information	
Physician's Information	Dentist's Information
Name (Clinic):	Name:
Address:	Address:
City: Zip:	City: Zip:
Phone:	Phone:

If your child does not have a primary physician please sign _____
 If your child does not have a primary dentist please sign _____

EITHER PART I OR PART II MUST BE COMPLETED. DO NOT COMPLETE BOTH.

PART I: PERMISSION TO TRANSPORT CHILD

I give _____ my permission to transport my child _____
 (Name of the Program) (Name of Child)

to _____ for emergency medical care or to _____
 (Hospital Clinic) (Dentist Clinic)

for emergency dental care, or to the nearest available source of assistance.

Parent's Signature _____ Date _____

PART II: REFUSAL TO GRANT PERMISSION

I do not give _____ my permission to transport my child _____ for
 (Name of child Day Care Facility) (Name of Child)

emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental

Parent's Signature _____ Date _____

Please provide us with the following information:

1. List all allergies and any special precautions and/or treatment indicated for these allergies (e.g. foods, medications, or environmental allergies):

2. List **any/all** medications being given to the child on a daily/regular basis.

3. List any chronic physical problems and any history of hospitalization:

2016 - 2017
Walking Field Trip Permission Slip

My child, _____, has my permission to participate in any field trip within walking distance where the After School Adventures program is being held. A walking field trip may take place as part of a fitness program, a nature study, or community study. I understand that this consent applies to walking trips only.

Parent Signature

Date