

AFTER SCHOOL ADVENTURES PROGRAM  
SOUTHWEST ELEMENTARY SCHOOL  
APPLICATION 2016 - 2017

Due to limitations in resources the procedures for application to the program have been revised. All currently enrolled students must reapply. The After School Program is not part of the educational program of the school.

Student Information

Home Phone:

Name:

Address:

City/State/Zip:

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher:

\_\_\_\_\_ I attest that this child lives in the above named school district.

Health Information:

Please indicate in the space below any health conditions for which your child is currently being treated or from which they chronically suffer i.e., diabetes, heart condition, asthma or other respiratory problems, seizures, ear infections, nosebleeds, allergies, ADD/ADHD, or any inability that may limit the child from fully participating in program activities.

Please initial below to confirm that your child is able to do the following:

My child is potty trained. \_\_\_\_\_

My child is able to work in groups. \_\_\_\_\_

My child is able to work independently. \_\_\_\_\_

My child is able to work on projects/crafts with minimal supervision. \_\_\_\_\_

My child can communicate with his peers and supervisors. \_\_\_\_\_

My child can behave appropriately with limited supervision. \_\_\_\_\_

If your child is selected for this program and does not meet the above criteria, he or she is subject to dismissal from the program.

Parent/Guardian/Family Information

Mother's Name:

Work Phone: \_\_\_\_\_ Cell Phone/Beeper:

Father's Name:

Work Phone: \_\_\_\_\_ Cell Phone/Beeper:

Other Siblings in the ASA Program:

Authorization for Release

Please list the name and phone number of two (2) people who can be notified if your child needs to be picked up from the program in the event of an emergency and/or some other reason and a parent/guardian cannot be located or contacted:

1) Name:

Phone Number:

2) Name:

Phone Number:

Medical Emergency Information

Hospital Preference:

Child's Physician:

Child's Dentist:

Name of Insurance:

In case of medical emergency, I understand every effort will be made to contact one or both parents/guardians and/or those persons listed under the "Authorization for Release" section of the enrollment form. In the event none of the above can be reached, I hereby give permission to the After School Adventures Site Director to secure proper medical treatment by calling the appropriate persons and/or facility that may hospitalize and/or order injection, anesthesia, or surgery for my child.

Signature:

AFTER SCHOOL ADVENTURES PROGRAM  
PARENT/GUARDIAN  
2016 - 2017 REGISTRATION AGREEMENT

I understand that the After School Adventures Program will operate according to the policies set forth in the Program Policy Handbook and I agree to abide by those policies stated therein.

I agree to pay a non-refundable registration enrollment fee per child of \$45.00 if paid by 15 July 2016 or \$50.00 if paid after 15 July 2016 to enroll in the After School Adventures Program. I understand that the only reason a registration fee will be refunded is if the program is canceled for lack of registration at my school site. I understand that if I remove my child from the program, and then desire to re-enroll my child in the program, I will have to pay the non-refundable registration enrollment fee again.

I agree to pay the After School Adventures Program fees, as set forth in the Program Policy Handbook and registration agreement, for the contracted hours of service:

\_\_\_\_\_ Weekly in advance due on Monday or the first  
operating day of the week  
OR  
\_\_\_\_\_ Monthly in advance due on the 1st Monday of the month

I agree to pay the contracted fees for service per week whether my child attends the program or not and understand that no refunds will be made for illness or other absences. I understand that The After School Adventures Program will close at 6:00 PM and contracted fees pay for service until that time. If my child remains past 6:00 PM, I agree to pay a late pick-up fee at the rate of \$5.00 for each 15-minute increment of time per child (see the policy handbook). I agree to be billed for overtime charges and the fee will be paid before my child attends the program the next week. I understand that full day care on specified teacher workdays is optional. If my child attends the After School Adventures Program on a specified teacher workday, I agree to pay the additional fee for full day care as stated in the Program Policy Handbook.

I understand that the After School Adventures Program will operate according to the calendar schedule provided in the Program Policy Handbook and I agree to provide alternative care for my child on those days when the program is not in operation.

I understand that the After School Adventures Program does not provide insurance for my child and that it is my responsibility for providing adequate health/accident coverage for my child.

I understand that field trips may be scheduled from time to time as part of the After School Adventures Program, which may include transportation aboard an Onslow County School bus. I understand that every possible precaution will be exercised to assure the safety and welfare of my child. I understand that it is my responsibility to educate my child about bus safety and appropriate

behavior on the bus. I agree to allow my child to participate in field trips, of which I will be notified, and asked to return a signed permission slip, in advance of the scheduled event.

I grant permission for my child to be included in any newspaper, radio, or television publicity to include audio or videotaping and still pictures associated with the After School Adventures Program for said publicity or for the purpose of program evaluation.

Signature:

Date:

