**Swansboro Elementary**

**After School Adventures Program**

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:**

Name: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

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

**Parent/Guardian/Family Information:**

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Siblings attending this Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release:**

Please list the name and phone number of two (2) people who can be notified if your child need 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.

**(Please list any other person who may pick your child up, and an ID must be shown).**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

**Emergency Medical 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 Before 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please initial below to confirm 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.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavioral Issues:**

If behavioral issues persist, a child may be suspended from the program for 1 to 5 days. If a temporary suspension does not bring about satisfactory improvement, the child then may be removed from the program.

**(Program Policy Handbook** **lists examples of what constitutes a warning, suspension, and immediate dismissal from the program).**

**DISCIPLINE HIERARCHY:**

1ST TIME: WARNING

2ND TIME: 10 MINUTE TIME OUT

3RD TIME: WRITE SENTENCES

4TH TIME: PARENT CONFERENCE

**CONTINUED MISBEHAVIOR:**

1ST SUSPENSION: 3 DAYS

2ND SUSPENSION: 1 WEEK

3RD SUSPENSION: DISMISSAL FROM THE PROGRAM

**I am aware of the process for behavioral issues and agree to the terms provided above.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AFTER SCHOOL ADVENTURES PROGRAM**

**PARENT/GUARDIAN**

**2018-2019 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 14 July 2018, or $50.00 if paid after 14 July 2018, 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 child(ren)’s 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 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 and Wednesday unless alternate dares are selected by the Director on Site

OR

 Monthly in advance due on the 1st Monday of the month

**I understand the Program is not a “drop in” service and to pay the weekly fee.**

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. When payment has not been received for two (2) consecutive weeks a letter will be sent from the County Office notifying you of missed payment. At that time if payment is still not received by the end of the third (3) week the child will then be withdrawn from the program.

I understand 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). **After the 3rd late pickup I am aware that my child(ren) can be removed from the program, or the late payment will be $1.00 for every minute I am late per child.**

 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**