

Ogden Before/After School Program

2014-2015

This form must be filled out completely and signed before your child will be allowed to attend after school programs.

Student's Name _____ Grade ____ Teacher's Name _____

_____ My child will be picked up by 6:00 p.m. **Parents or authorized person(s) must come into the mobile unit to pick up their child(ren).**

The following person(s) has my permission to pick up my child(ren) after school. Please list **ALL** persons who might be picking up your child(ren).

Name(s)

Phone

_____ My child can walk home from the After School Program.

Student Information: (Please print and complete all questions)

First Name: _____ Middle: _____ Last: _____

Gender: Female _____ Male _____ Birthdate: ____ / ____ / _____ Age _____

Home phone _____

Address: _____

City: _____ State: _____ Zip: _____

Ethnicity: (circle all that apply)

African-American Asian Caucasian Hispanic
Multi-Racial Native American Other _____

_____ My child is from a military family.

_____ Check if your child in on an IEP

_____ Check if your child receives free/reduced lunch

Emergency Contact Information

Mother / Stepmother / Guardian (circle one)

Name _____

Home phone _____

Place of work _____

Work or cell phone _____

E-mail _____

Father / Stepfather / Guardian (circle one)

Name _____

Home phone _____

Place of work _____

Work or cell phone _____

E-mail _____

Children will not be dismissed from After School Programs early unless a written note or phone call has been received by the staff.

Emergency Contacts: (other than parent or guardian who has permission to pick up child from clubs)

Name _____ Phone _____ Cell _____

Relationship to child: _____

Name _____ Phone _____ Cell _____

Relationship to child: _____

STUDENT CONTRACT

TO BE READ and SIGNED BY STUDENT AND PARENT

Students **MUST** have an enrollment form and health form filled out and on file in order to attend. The student and parent's signatures are **required** at the bottom of this form. **Please review this page with your child.**

1. Total participation is required to be a part of this program. All students are asked to come ready and willing to be an active participant in the chosen activity.
2. ALL STUDENTS WILL ALSO PARTICIPATE IN 15-30 MINUTES OF HOMEWORK/ODYSSEY EACH DAY.
3. Self-controlled discipline is part of the requirement to be in the After School Programs. All students are asked to follow the leader's instructions and procedures. The Six Pillars of Character are the guidelines for positive behaviors. All students are asked to follow the guidelines.
4. **Regular attendance is a requirement** for all students participating in the program. If a student is sick, he/she is automatically excused. We ask that you please send a note or call the school office or Mrs. Harrell if your child is to be excused from clubs. If a student chooses to quit a club, **they may not transfer to another program until the next session. Please notify Mrs. Harrell if your child chooses to no longer participate in a club(s).**

Parent Information: (please read, initial, and sign below)

1. I give permission for my child to participate in the activities of the After School Program. In case of emergency I understand that every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event my contact(s) or I cannot be reached, I give permission to the After School Program to secure proper medical treatment, including hospitalization and any required surgery, for the member.
Initial: _____
2. I understand that I am responsible for payment of any medical bills created by injury to the student during after school activities. **Initial:** _____
3. I give my consent for photographs/video, in which my son/daughter may appear, to be used in promotional materials for the After School Programs **Initial:** _____
4. A member cannot leave the school premises or activity without express permission or direction communicated to staff member from a parent/guardian. **Initial:** _____
5. I understand that I may be subject to a late fee if I am unable to pick up my child at designated closing time. **Initial:** _____

If your child is leaving immediately after school (3:45) or leaving before regular dismissal time (5:30), we ask that the parent/guardian sign out in the mobile unit. This assures that all students are safe and we know of their whereabouts. STUDENTS BEING PICKED UP WILL NOT BE DISMISSED UNLESS PARENTS COME TO THE MOBILE UNIT TO GET THEM.

FOR THE SAFETY OF ALL CHILDREN,

ANY PERSON WHO IS PICKING UP A CHILD IS ASKED TO SIGN OUT WITH A STAFF MEMBER. If the person is unknown to the staff or not listed on the permission form, parents will be called and identification required. PLEASE INFORM ALL PERSONS INVOLVED WITH YOUR CHILD TO ADHERE TO THIS POLICY.

Parent Signature _____

Student Signature _____

Health Form

(To be completed by Parent or Guardian)

Student's Name _____ Female ___ Male ___

Physician Name _____ Phone _____

Is child covered by insurance? Yes _____ No _____

Health History:

Does your child have asthma ___ No ___ Yes Convulsions ___ No ___ Yes

Diabetes ___ No ___ Yes

Other chronic or long-term illness (ex: ADHD) ___ No ___ Yes

If illness, explain _____

Medications _____

Allergic Reactions: (Please list and explain any reactions)

Foods _____

Drugs/Medications _____ Insects _____

Plants _____ Animals _____

Hay Fever _____ Others _____

Any restrictions in activities

Restrictions While Participating in After School Events:

Special Diet or Dietary Restrictions

Special Activity Restrictions

Past History of Serious Injuries or Illnesses

Special Considerations Staff should know about _____

Parent's Authorization: In case of emergency I understand every effort will be made to contact our family's physician and me. In the event, I cannot be reached, I give permission to the Ogden After School Program to secure proper medical treatment for my child. I give permission for my child to engage in all activities except as noted above.

Signature of Parent or Guardian

Date