

Curley After School Program (CASP) Registration Form 2011/12

(please print)

Student Name 1: _____

(please print first, last, middle initial)

Grade: _____

Date of Birth:(mm,dd,yy) _____

Any special needs, special diets, or allergies: _____

Expected program attendance:

	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Student Name 2: _____

(please print first, last, middle initial)

Grade: _____

Date of Birth:(mm,dd,yy) _____

Any special needs, special diets, or allergies: _____

Expected program attendance:

	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Student Name 3: _____

(please print first, last, middle initial)

Grade: _____

Date of Birth:(mm,dd,yy) _____

Any special needs, special diets, or allergies: _____

Expected program attendance:

	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

If you wish to add more children please use duplicates of this page.

Are the children's current physical and immunization records on file at the school?

Yes _____ No _____

I certify that documentation of physical examination and immunizations in accordance with the public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:** _____

Primary Language: _____

Parent/Guardian Information:

Parent/Guardian Name: 1. _____ 2. _____

Home Address: _____

Home Telephone #: _____

Cell Phone #: _____

Business Name: _____

Business Address: _____

Business Telephone #: _____ Ext: _____ Ext: _____

Email address: _____

Signature of Parent/or Guardian Date

Signature of Parent/or Guardian Date

Persons authorized to pick up my children

Please list all persons authorized to pick up your children. Remember that NO child will be released to a person who is not listed below. Pick up person must show ID upon pick up.

1. Name _____
Relation to student _____
Home Phone _____ Cell _____

2. Name _____
Relation to Student _____
Home Phone _____ Cell _____

3. Name _____
Relation to Student _____
Home Phone _____ Cell _____

4. Name _____
Relation to Student _____
Home Phone _____ Cell _____

Signature of Parent/or guardian

Date

First Aid and Emergency Transportation/Care Consent

I hereby give permission for the Curley After School Program to administer emergency first aid to my child/children and/or to transport my child/children to the nearest hospital/emergency care facility in case of an emergency. I understand that by signing this form I give consent for my child/children to receive emergency medical care if necessary.

Name of Physician or health care facility: _____

Address: _____

Telephone: _____

Insurance Company: _____

Policy Number: _____

Emergency Contacts

<u>Name</u>	<u>Telephone</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature of Parent/or Guardian

Date

Behavior Management Policy

The staff adhere to a policy of expectations, rules, and consequences that enable all students at the Curley After School Program (CASP) to have a positive experience.

Expectations:

1. Everyone is expected to participate and complete activities without disruptions to the program.
2. CASP will provide a safe environment for all participants, and in turn, expects that members engage in behavior that maintains the safe environment.
3. Everyone's participation and cooperation are important for a successful program.
4. The CASP is a place for learning and having fun while ensuring respect among members, staff, and parents.
5. Communication among staff, members, and parents is necessary to create a safe environment that allows for learning to take place.
6. The CASP is a unique place where everyone learns from one another and has fun in positive way.

Rules:

1. Students agree to attend activities every day.
2. Students agree to behave in a non-violent way while at the CASP. This includes not fighting, not calling other students or staff names, and not swearing.
3. Students agree to respect the program's property and the property of other students and staff.
4. Students agree to respect CASP staff and other members.
5. Students agree to behave in a way that does not interfere with their learning or other's learning.
6. To keep the program safe, no drugs, alcohol, or weapons will be tolerated.
7. If a student signs up for an activity they must follow through and attend all sessions of that activity.

Consequences: The following steps will be taken if a student does not follow the rules.

1. The student will receive a warning the first time that he/she breaks a rule.
2. The student will spend an appropriate time working away from the group the second time that a rule is broken.
3. The third time that a rule is broken the student will attend a meeting with his or her group leader and/or the program director. During this meeting, both parties will sign a mediation contract. A copy of the mediation contract will be given to the parent and an incident report will be filed.
4. If the disruption involving the student is severe (e.g. fighting), the student will immediately attend a mediation meeting.
5. If the student does not adhere to his or her contract and continues to disregard the rules of the program, he/she may be suspended or expelled from the program.

Student Signature _____

Date _____

Signature of Parent/or guardian _____

(Behavior Management Policy Continued.)

Parent or Guardian Agreement

I hereby give my permission to my children named in the registration form to participate in all activities of the Curley After School Program, (CASP). This includes activities and field trips that may involve walking and travel by public transportation. I understand that appropriate supervision for such trips will be provided. I will not hold the program responsible for accidents or injuries that may occur.

I understand that the CASP is responsible for maintaining a safe education environment and that my child may be dismissed from the program if he/she behaves in a manner that is disruptive or in violation of the program's rules. I further understand that if my child is dismissed from the program or if I withdraw my child from the program after the program has begun, tuition will not be refunded.

I have received, read, and understood the contents of the CASP Expectations, Rules, and Consequences Contract.

Signature of Parent/or guardian

Name

Date

Permission to use photographs/video

Purpose

We ask permission to take photographs and videos in selected classes or activities. These materials will be used for school bulletin boards displays or student galleries.

I, (parent or guardian's name/please print)_____, give the Curley After School Program and teachers the right, and permission to use my child's photographs and videos in the after school program in this way.

Signature of Parent/or guardian

Date