

Clyde Elementary School

After School Application



2013 – 2014



To be completed and placed on file prior to enrollment.

Application Date _____ Date of Enrollment _____

Child's Name _____ Birth Date _____
Address _____ Zip Code _____

Information About The Family

Mother / Guardian Name _____
Address _____ Zip Code _____
Employed by _____

Home Cell Work

Father / Guardian Name _____
Address _____ Zip Code _____
Employed by _____

Home Cell Work

Information About Your Child

Does your child have any known allergies? Yes _____ No _____
If yes please explain: _____
Is your child on any continuous medications? Yes _____ No _____
If yes please explain: _____

Permissions

A schedule of field trips will be provided to parents/guardians detailing dates and locations of all field trips. By signing below, I give permission for my child to attend all field trips and ride the activity bus when he or she attends After School.

Parent / Guardian Signature _____ Date _____

Permissions

I would like to receive messages about After School through text messages?

Yes _____ No _____ Number _____

My child may watch **G** and **PG** rated movies. Yes _____ No _____

May we **photograph** your child? Yes _____ No _____

Parent / Guardian Signature _____ Date _____

Emergency Care Information

Child's Doctor _____ Phone _____

Address _____ Zip Code _____

Child's Dentist _____ Phone _____

Address _____ Zip Code _____

Insurance Carrier _____ Policy # _____

If Parent / Guardian cannot be contacted, please list who can be contacted:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

If Parent / Guardian cannot pick up their child/children, please list any person **18 years old or older that may pick up and sign out your child/children. This person will be required to show a **Photo ID** when they arrive to pick up your child.**

Name _____ Name _____

Name _____ Name _____

Hospital Preference (Please list only **ONE**; Any / Closest is not an acceptable answer.)

Hospital _____

Parent / Guardian Signature _____ Date _____

I understand that payment for **After School** is due every Friday for the amount of days my child/children has attended that week. ****Please initial** _____

I understand that if my child does not follow the rules and/or puts themselves or others in danger or creates an unsafe environment, he/she will be removed from the After School program and sent home immediately. **** Please initial** _____

I understand my child/children may be dismissed from the After School Program at any time for any reason at the discretion of the Director and/or the Principal. This applies to Southwestern and Private Paying children alike. ****Please initial** _____

I, as the operator, agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, the other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent/guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator B. L. Hull Date _____

Signature of Principal Chris B. C.

Name of Center: Clyde Elementary After School Program

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their level.
11. DO use short supervised periods of "time-out".
12. DO stay consistent in our behavior management program.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of child's enrollment: _____

Signature of Parent or Guardian _____ Date _____

I have received and read the Summary of the NC Child Care Law and Rules (Revised 2011)

Sign _____ Date _____

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children
2. DO NOT make fun of, yell or threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

OFF-PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, _____ parent/guardian of
_____ give my permission to
Name of child
Clyde Elementary After School for my child to participate in an off-premise
Name of facility
activity.

Location of off-premise activity: *School Computer Lab*

Purpose of the activity: *Lesson Plan Activity*

Additional information: *No More Than 30 Minutes Per Session*

Parent/Guardian Signature

Date Signed

This authorization is valid from ____ / ____ / ____ to ____ / ____ / ____
(up to 12 months)