



K.I.D.S AFTERSCHOOL PROGRAM

Registration Application

Student Information	
Name	
Street Address	
City, State, ZIP Code	
Date of Birth	
Age	
Grade	

Parent Information	
Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Emergency Contact Information	
Primary Contact:	
Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Secondary Contact:	
Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	

Dismissal Information

Safety is our top priority in the Afterschool Program. Therefore, unless your child is a walker or bus rider, no child enrolled in the afterschool program will be released from the program without: (a) parent/guardian signature, or (b) the signature from one of the three individuals listed in the pick-up section or as emergency contact, or (c) Permission from the parent/guardian for your child to sign himself/herself out before they leave the school. **Please check all that are applicable.**

- | | |
|---|--|
| <input type="checkbox"/> My child will walk home | <input type="checkbox"/> My child will take the bus, leaving at this time _____. |
| <input type="checkbox"/> My child will be picked up | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> My child has permission to sign himself/herself out before they leave the school | <input type="checkbox"/> My child will leave before 6pm on these days, _____

_____ |

Pick up Information

Please list the adults who are allowed to pick up your child from the program. (If your child is a walker and there is ANY chance that he/she might ever need to be picked up, please list an adult who will be allowed to pick up your child.)

Primary Pick-up Person:

Name	
Relationship to Student	
Home Phone	
Cell Phone	

Secondary Pick-up Person

Name	
Relationship to Student	
Home Phone	
Cell Phone	

Additional Pick-up Person

Name	
Relationship to Student	
Home Phone	
Cell Phone	

Allergies and Medications

Please list any allergies (seasonal, pet, etc), food allergies, dietary restrictions, and medications.

ALLERGIES (seasonal etc) : _____

FOOD ALLERGIES or Restrictions: _____

MEDICATIONS: _____

SPECIAL NEEDS/INSTRUCTIONS: _____

Disabilities

Please list any physical, educational, emotional/behavioral disabilities.

Family Information

Please provide the following family information. All information will be kept confidential. (please check)

- Single Parent Household I am eligible to receive FREE or REDUCED price lunches (please check even if you do not receive them, but are eligible too)

Program Data Collection

The K.I.D.S Program is funded through the US Department of Education: Title One Programs, 21st Century Community Learning Centers grant. As a requirement of this grant, we need to collect the following academic information about your child, from the School/School District: Report Cards, Test Scores, School Attendance, and the Amount of Missing Homework Assignments.

All information is kept confidential.

Please initial below that you are aware of and agree to let us collect this information about your child from the School/School District.

Parent/Guardian Initials

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are accurate and complete. I understand that by completing this application, I am enrolling my child in the Living Classrooms: K.I.D.S Afterschool Program. Thank you for completing this application and for your interest in Living Classrooms.

Name (print)

Signature and Date

Our Mission Statement

Living Classrooms strengthens communities and inspires young people to achieve their potential through hands-on education and job training, using urban, natural, and maritime resources as "living classrooms."

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

STAFF ONLY

Date application was received _____ Site Location FDIA STF

Enrolled Waiting List

Specified Health/Safety Needs Yes _____ No _____ Remarks: _____



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Parent Agreement Form

Please read the following information carefully. For your child to participate in the Afterschool Program, you must sign at the bottom indicating that you understand and agree to all of the following.

BASIC INFORMATION AND RULES

- 1. ENROLLMENT:** Enrollment is limited. Our hope is to have enough room for all children wishing to participate. After receiving your completed application, the Site Coordinator will call and notify you of whether your child will or will not be enrolled in the program. Students whose application is received after the program is full (parents) will be notified and added to the waiting list.
- 2. ATTENDANCE: Regular attendance is mandatory. Program participants are required to attend 2-3 times a week.** Students who have consistent absences may be dropped from the program. Children are expected to stay for the entire program each day. Early pick-ups limit the educational value of the program and disrupt other students learning. **We ask that parents refrain from picking up their child before 5:30 pm.**
- 3. ACADEMIC ENRICHMENT:** Academic enrichment consist of Homework and Academic Cultural Education (ACE). Homework and ACE are done twice weekly. All students are required to participate during homework and ACE. In the absence of homework, students are required to complete an additional academic enrichment activity (worksheets, educational games, etc) provided to them by Living Classrooms staff.
- 4. STUDENT PICK-UP:** Unless your child is a walker or a bus rider, children participating in the afterschool program must be signed-out by the parent/guardian or someone designated on the registration form, unless you have given Living Classrooms permission for your child to sign himself/herself out of the program. Your child must be picked up promptly at the end of the afterschool program each day (by 6:30 pm). If your child has not been picked up by the end of the program, the Afterschool staff will try to contact you and/or those designated by you to sign-out your child, and/or those individuals designated as emergency contacts.
- 5. DISCIPLINE:** Participation in the afterschool program is a privilege. Participating children must follow the rules of the school/site location and Living Classrooms (**as detailed in the Guide for Parents and Students**). Disruptive, disrespectful, or other prohibited behavior is reason for disciplinary action. Parents will be contacted by the Site Coordinator or Program Director if your child's behavior is not meeting program guidelines. Consistent misbehavior is reason for possible dismissal from the program. We encourage you to discuss concerns about your child's behavior with the Site Coordinator or Program Director.
- 6. PARENTAL SUPPORT:** Though our Afterschool staff is committed and qualified, your help is needed to make our afterschool program the best it can be. You are an important partner in our program's success. Please support your child in meeting program expectations, attending community events, and chaperoning fieldtrips when possible. Also, it is crucial that you keep your emergency contact information current at all times. **Please alert staff to any special needs or requests related to your child's health and/or safety.**

I have read and understand all of the above information. I agree to follow all of the rules applicable to me and to help my child understand and follow the rules applicable to them.

Parent/Guardian Signature _____ Date _____



K.I.D.S AFTERSCHOOL PROGRAM

Student Permission Slip

I hereby grant my permission for (state name of minor) _____,
age _____ in grade _____ to take part in an educational program sponsored by the Living
Classrooms Foundation, Inc.

Living Classrooms Foundation assumes responsibility and liability for property damage and injuries due to its negligence, and the school system/organization assumes liability for property damage and injuries due to its negligence. I acknowledge that the Living Classrooms Foundation reserves the right to video, photograph, record any activity or place on the Internet any pictures (without the name of the child) associated with this educational program.

RESPECT: Above all else, students, teachers and all participants should show respect for each other, the educators, and their environment. This will ensure a fun, safe and educational program for everyone. Living Classrooms Foundation reserves the right to remove any individual whose behavior may be deemed inappropriate or unsafe.

Date

Parent/Guardian

School/Site location

Phone #