

# Red Creek 21 Century - K-5<sup>th</sup> After School Program

## Registration Form – Due by 9/21/2018

Dates/Days: 10/1/18 – 6/6/19 (Monday – Thursday)

Times: 3:30pm – 5:30pm

Grades: All Red Creek Students Kindergarten through 5<sup>th</sup> Grade (2018-19 School Year)

Cost: **FREE!!**

Program Overview:

Snack, Homework Help, Arts/Crafts, Games, Rec Activities and Swimming.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade for 2018-19: \_\_\_\_\_

Student Address: \_\_\_\_\_

### **Parent/Guardian #1 Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Work#: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

### **Parent/Guardian #2 Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Work#: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_



**Transportation Home:**

Students will need to be picked by 5:30pm from the Cuyler Cafeteria.

**Authorized Adult Pick Up/Sign Out:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Swimming:**

I give my child permission to swim in the Red Creek Community Center.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**All Purpose Permission Slip – After School Program**

**(Please Initial Each Area)**

**Transportation:**

\_\_\_\_\_ : I give permission to the Red Creek After School Program for my child to walk or be transported by bus and participate in field trips. (You will receive a separate notification on for field trips).

**Record Keeping:**

\_\_\_\_\_ : I give permission to the After School Program Staff to obtain and review school records and to report required data for the State and Federal Government. I understand that this information will be kept confidential.

**Photo/Video Release:**

\_\_\_\_\_ : I give permission for the After School Program to photograph and video my child during summer camp activities for the possible promotional or informational media publications.

**Discipline Policy:**

I understand that the Red Creek Elementary School Codes of Conduct will apply to the After School Program. The Code of Conduct Discipline Policy will be followed.

1st Offense: Parent/Guardian contact and possible program suspension.

2nd Offense: Program suspension.

3rd Offense: Dismissal from Program.

***We agree to follow the terms and understand the student consequences.***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 2018 After School Program Emergency & Health Information

### Student Information:

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Last                  First                  M.I.

Address: \_\_\_\_\_ Mailing if different: \_\_\_\_\_

Street                  Town/ State                  Zip

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a custody order in place? Yes or No (if yes a copy must be provided)

1st Parent/ Guardian contact: Okay to pick- up? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last                  First                  MI

Address: \_\_\_\_\_ Mailing if different: \_\_\_\_\_

Street                  Town/ State                  Zip

Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Place: \_\_\_\_\_

2nd Parent/ Guardian contact: Okay to pick- up? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last                  First                  MI

Address: \_\_\_\_\_ Mailing if different: \_\_\_\_\_

Street                  Town/ State                  Zip

Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Place: \_\_\_\_\_

### Emergency Contact Information: (Other than parent / legal guardian)

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Additional names may be added on a separate sheet. You may also add or delete any emergency contacts during the school year by notifying the school in writing.**

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian

**CONFIDENTIAL**

**Emergency Medical Information:**

**Please list any health condition which the school nurse should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bee stings/ Food allergies: Doctor/ hospital confirmed allergy? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, what is your child allergic to? \_\_\_\_\_**

**Does your child need to take medication for this allergy? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, what medication does your child take? \_\_\_\_\_**

**Is this medication to be kept in school? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

\_\_\_\_\_

**Diet Restrictions: \_\_\_\_\_**

\_\_\_\_\_

**Medication student is taking : \_\_\_\_\_**

\_\_\_\_\_

**Hospital preferred: \_\_\_\_\_**

**This information may be shared with any necessary staff members.**

***Please Return to Cuyler Elementary Main Office***