



Elementary After School Program

Registration Form

Academic Year 2018 – 2019



This form is required to be filled out for each child attending After School Program (PLEASE PRINT):

Child's Name: _____ Birth Date: _____

Parent Name(s): _____

Address: _____

Text/ phone number: _____

Email Address: _____

County of Residence: _____

My child (select only one box):

Will not be participating in the Elementary After School Program at this time.

Will be participating in the Elementary After School Program.

- ❖ I understand that I am to provide my child snacks daily.
(Please do not pack any snacks containing **nuts**, soda, gum, and/or **peanut butter**.) **Initials:** _____
- ❖ I understand that the mandatory and non-refundable ASP fee is **\$50.00** to be paid no later than Sept. 5, 2018
(check payable to MSD-EASP). I understand MSD will not admit students without the required forms and fee even on the first
day of school. For any questions, please contact the Director of After School Programs. **Initials:** _____
- ❖ I understand that the Elementary After school Program is from 2:50 pm to 4:45 pm, and I am to pick up my child by
4:45pm. **Initials:** _____

Check our monthly calendar of events via communication sheet to be aware of the activities your child will participate in. There may be field trips during the year in which you will be informed by letter along with a permission slip. If a specific item/clothing, money, and/or off-campus pick up is needed, a reminder email will be sent on the day before the scheduled activity.

By signing your name you agree you have read and understand all the items outlined above, and give your child permission to participate in MSD's After School Program. Your child must be potty-trained before your child can be enrolled in the After School Program.

Signature of Parent/Guardian

Date

Please add any additional comments you wish to share with us below about your child. This will enable us to provide the necessary support and services.*

**If your child receives Enhanced Services during academic hours, registration for ASP must be reviewed by the student's IEP team to determine supports needed for the student to successfully participate in the ASP.*

Signature of Parent/Guardian

Date

For any questions, please contact the Director of After School Programs and Student Development.

Office of Student Affairs

Cleared to participate in physical activities/SHC paperwork done: Yes No

Payment Received: Yes (Amount: \$_____) Payment Method: Cash Check: # _____

Date of Payment: ____/____/____ OSA Staff: _____



Maryland School for the Deaf

After School Program

Code of Conduct Agreement



- I WILL:**
- Show respect and courtesy to students and staff at all times.
 - Listen and cooperate with staff at all times.
 - Ask staff for support if I have a conflict with other students.
 - Behave safely and to the best of my ability at all times.
 - Follow the activity and instructions as planned and provided.
 - Clean up after myself.
 - Ask staff questions if I do not understand or remember the rules.
 - Respect and use MSD facility and property (toys, games, equipment, etc.) appropriately.

- I WILL NOT:**
- Inflict any physical harm or touch another staff or student inappropriately.
 - Bully other students.
 - Use any technology without permission.
 - Take students or staff's things without their permission.
 - Use offensive language.
 - Use hand gestures of weapons.
 - Leave a room or building without communicating with staff.
 - Bring food containing nuts and/or peanut butter.

If I cannot follow what is to be expected of me according to this Code of Conduct Agreement, your parent(s)/ guardian(s) will be notified. Then, depending on how serious the offense is and my history, any or all of the following consequences may occur:

- Verbal warning
- Sitting out from activity
- Loss of ASP privilege ranging from one day to one semester

I have read the Code of Conduct Agreement and agree to follow it.

Printed Name of Student

Student's Signature

Date

I have discussed the Code of Conduct Agreement with my child and we agree to follow it.

Printed Name of Parent

Parent's Signature

Date