



EXTRA!

After School Enrichment Program

2021 – 2022 Official Application

This packet must be completed and submitted in its entirety before your child can start the program

PLEASE NOTE: For the 2021 - 2022 school year, if you have a credit from 2019 - 2020, it will be applied to your application fee and/or advance fee, pending the amount of the credit.

Antoinette Reid, Ed.S.

Director of Student Services/Childcare Administrator

Work: (252) 331-1699 | Cell: (252) 339-4518 | Email: areid@ecpps.k12.nc.us

Elizabeth City-Pasquotank Public Schools
EXTRA! ASEP & Camp Wanna Wanna Go Go Application

Date of Enrollment _____ Site Name _____
Child's Name _____ Nickname _____
 (Last) (First) (Middle)
Current Grade _____ Age _____ Race _____ Gender _____ Date of Birth _____
Address _____
 (Street) (City) (State) (Zip)

FAMILY INFORMATION

Child resides with _____

Father/Guardian's Name _____ **Home/Cell Phone** _____
Address _____
 (Street) (City) (State) (Zip)
Email Address _____
 Please be sure to include email address. This is the fastest way to communicate with parents
Employer _____ **Business Phone** _____

Mother/Guardian's Name _____ **Home/Cell Phone** _____
Address _____
 (Street) (City) (State) (Zip)
Email Address _____
 Please be sure to include email address. This is the fastest way to communicate with parents Employer
_____ **Business Phone** _____

Other responsible adult living with child _____
 (Name) (Relationship) (Phone)
Employer _____ **Business Phone** _____

CHILD'S MEDICAL HISTORY

Please check Yes or No to the following questions. If yes, please specify.

1. Does your child have any known allergies? Yes ____ No ____ **If yes, please specify** _____

2. Is your child on any continuous medication? Yes ____ No ____ **If yes, please specify** _____

3. Is your child currently under a doctor's care? Yes ____ No ____ **If yes, please specify** _____

4. Any previous hospitalizations or operations? Yes ____ No ____ **If yes, please specify** _____

5. Any history of significant diseases or recurrent illnesses? Yes ____ No ____ **If yes, please specify** _____

6. Does the child have an IEP or 504? Yes ____ No ____ **If yes, please specify** _____

7. Please describe any other relevant medical information or assistance needed by your child _____

EMERGENCY INFORMATION AND MEDICAL RELEASE

Name of Child's Doctor _____ Office Phone _____

Address _____
(Street) (City) (State) (Zip)

Name of Child's Dentist _____ Office Phone _____

Address _____
(Street) (City) (State) (Zip)

*Name of Preferred Hospital **Sentara Albemarle Medical Center** Phone **252-335-0531**

Address **1144 North Road Street** **Elizabeth City** **NC** **27909**
(Street) (City) (State) (Zip)

***In Pasquotank County, children would be first transported to Albemarle Hospital in Pasquotank County. If your child is typically seen at another hospital and has vital medical information on file there, please list hospital and contact information below.**

Name of Other Hospital _____ Phone _____

Authorization to Seek Emergency Medical Care

I agree that the Elizabeth City-Pasquotank Public School's EXTRA! ASEP and Camp Wanna Wanna Go Go Program's may authorize the physician, emergency responder, or health care provider of its choice to provide emergency care for my child, _____, in the event that neither I nor the child's doctor can be contacted immediately. (Name of Child)

(Parent/Guardian Signature)

(Date)

Medical Insurance Co./Policy Number _____

If unable to reach parent or guardian, please contact the following person(s):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CHECK IN/OUT POLICY

To ensure the safety of our students, a parent/guardian must come into the building to sign out (and "in" for camp) their child before being allowed to leave/stay. If a child is to be released to anyone other than the parent, we must have prior written permission from the parent/guardian. **The pick-up person will need picture ID.**

The following are names of individuals with whom my child may be released:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List anyone with whom your child specifically **may not** be released: _____

Is there a court order of protection on file with the court? _____
(Date of Order) (Name of Person)

****The court order is the only legal process that we have to keep children from being released to a parent.****

SIGNATURE PAGE

Student Name _____

Site (School) _____ Grade _____ Date of Enrollment _____

Receipt of Program Handbook

I acknowledge by my signature below that I have received a copy of the program handbook for the Elizabeth City-Pasquotank Public School's EXTRA! ASEP and Camp Wanna Wanna Go Go programs.

Receipt of Discipline Policy

I acknowledge by my signature below that I have received a copy of the discipline policy for the Elizabeth City-Pasquotank Public School's EXTRA! ASEP and Camp Wanna Wanna Go Go programs.

Receipt of Summary of NC Child Care Law

I acknowledge by my signature below that I have received a copy of the Summary of NC Child Care Law and it has been reviewed with me.

Field Trip Permission – Camp WWGG only

I understand that field trips will be planned and conducted by camp personnel. I hereby give permission for my child to walk or ride on the designated bus(es) and to participate in all field trips sponsored by the Elizabeth City-Pasquotank Public School's EXTRA! ASEP and Camp Wanna Wanna Go Go programs.

Pick-up Tardiness Policy

Operation hours are until 6:00 p.m. **(7:00 a.m. - 6:00 p.m. for camp)** In the case of tardiness, I acknowledge by my signature below that I will be charged a late fee of \$8.00 per 15 minutes to begin at 6:01 p.m. This fee must be paid at the time the current monthly fee is submitted. Failure to pay the late fee could result in a temporary suspension of service. I also acknowledge that my child may be dismissed from the program due to frequent tardiness. Frequent tardiness is 3 times or more.

(Printed Name of Parent/Guardian)

(Phone Number)

(Signature of Parent/Guardian)

(Date)

(Signature of Director of Student Services/Childcare Administrator)

(Date)

Special Programs:

We are always looking for new and creative ways to engage children. If you have a special talent you would like to share with our students, please contact Antoinette Reid, Director of Student Services at areid@ecpps.k12.nc.us or (252)331-1699.

Staff Use Only

_____ Medical Reports for the above student are on file in the school office or in the central office.

_____ Immunization Records for the above student is on file in the school office or in the central office.

EXTRA!

After School Enrichment Program

Payment Agreement Form

One of the following must be selected; failure to do so will delay the processing of the application and program start date...

I have chosen the weekly option of: (Please circle one - Required)

2 days per week @ \$60 per month

3 days per week @ \$90 per month

5 days per week @ \$150 per month

with the understanding that payments are due on the **first of the month, no later than the 15th of the month.** Failure to make payments in a timely manner may result in suspension of the program until payments are made. Any person who has more than one child receives a 10% discount on each additional child.

Parent/Guardian Name

Parent/Guardian Signature

Elizabeth City-Pasquotank Public Schools

EXTRA! After School Enrichment Program

Behavioral Expectations

Effective Behavioral Expectations create a culture of consistency. They include all students for teaching and use positively stated expectations. They target all forms of behavior (Safe. Respectful. Responsible) and are known by all students and adults.

| Setting Expectations | All Settings (including playground, gym, media center, etc.) | Classrooms | Hallways | Snack Area | Restrooms |
|----------------------|---|---|--|--|---|
| Responsible | <ul style="list-style-type: none"> Follow school/ASEP rules Remind others to follow school/ASEP rules Take proper care of all personal belongings and ASEP/school equipment Be honest | <ul style="list-style-type: none"> Follow teacher directions Make good choices Demonstrate self-control | Walk to the right <ul style="list-style-type: none"> Keep hands, feet, and objects to self | <ul style="list-style-type: none"> Eat promptly Use table manners Clean up behind yourself | <ul style="list-style-type: none"> Flush the toilet Wash your hands Clean up behind yourself Return to "class" promptly |
| Respectful | <ul style="list-style-type: none"> Use polite words Respect all adults (staff, visitors) and peers Use quiet voices | <ul style="list-style-type: none"> Follow teacher directions Be a good listener Be prompt & prepared | <ul style="list-style-type: none"> Hold door open for the person behind you Keep hands, feet and objects to self | <ul style="list-style-type: none"> Allow anyone to sit next to you Speak politely Use "Quiet" voices | <ul style="list-style-type: none"> Respect others privacy Report damages to adult Use quiet voices |
| Safe | <ul style="list-style-type: none"> Follow directions & school/ ASEP rules Maintain personal space | <ul style="list-style-type: none"> Follow program rules & directions Use equipment appropriately | <ul style="list-style-type: none"> Walk to the right Keep hands, feet and objects to self | <ul style="list-style-type: none"> Keep all food to self Eat only your own food Sit with feet on floor, bottom in seat or on bench, facing table/desk | <ul style="list-style-type: none"> Refrain from horseplay Keep feet on floor Keep water in sink Wash hands Put towels in garbage can |

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

Signature of Parent/Guardian: _____ Date: _____

EXTRA!

After School Enrichment Program

Picture Release Form

I, _____, parent/guardian of _____,
Name of Parent/Guardian Name of Child

who attends the EXTRA! After School Enrichment Program or Camp Wanna Wanna Go Go,

_____ Will allow

_____ Will not allow

my child's picture to be used in publications, articles and newsletters associated with the EXTRA! After School Care Program, Camp Wanna Wanna Go Go and the Elizabeth City-Pasquotank Public School System.

Parent/Guardian Signature

Date

Antoinette Reid, Ed.S.

Director of Student Services/Childcare Administrator

Work: (252) 331-1699 | Cell: (252) 339-4518 | Email: areid@ecpps.k12.nc.us