EXTRA!

After School

Enrichment Programs

Official Application

This stapled packet must be completed and returned before your child can start the program

Deneal Banks, Director

(252) 337-6616 or (252) 339-4518

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)

E-mail 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)

E-mail 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 <u>may</u> be released:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List anyone with whom your child specifically **<u>may not</u>** 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. (7:00am-6:00pm for camp) In the case of tardiness, I acknowledge by my signature below that I will be charged a late fee of $7.50 per 15 minutes to begin at 6:00 p.m. I also acknowledge that my child may be dismissed from the program due to frequent tardiness.

_____ _____

(Printed Name of Parent/Guardian) (Phone Number)

_____ _____

(Signature of Parent/Guardian) (Date)

_____ _____

(Signature of Childcare Administrator) (Date)

Special Programs:

Please contact Deneal Banks, Director of the After School and Camp WWGG Programs by e-mail at dhbanks@ecpps.k12.nc.us or call (252) 337-6616 if you have a special talent you are willing to share with our students. We are always looking for new and creative ways to engage children.

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Staff Use Only

_____ Medical Reports for the above student is 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! ASEP

"Payment Agreement Form"

One of the following must be signed.

I have chosen the weekly option of; (Please circle one)

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

Or

I will be receiving help from social services and my voucher is attached. A child will not be allowed to participate in the program until a voucher has been rendered and parent fee set (if applicable).

_____ _____

Parent/Guardian Name Parent/Guardian Signature

Discipline and Behavior Management Policy
Adopted June 2010

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 **DO**:

*praise, reward, and encourage the children.
*reason with and set limits for the children.
*model appropriate behavior for the children.
*modify the classroom environment to attempt to prevent problems before they occur.
*listen to the children.
*provide alternatives for Inappropriate behavior to the children.
*provide the children with natural and logical consequences of their behaviors.
*treat the children as people and respect their needs, desires, and feelings.
*ignore minor misbehaviors.
*explain things to children on their levels.
*use short supervised periods of "time-out"
*stay consistent in our behavior management program.

We **DO NOT**:

*spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
*make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
*shame or punish the children when bathroom accidents occur.
*deny food or rest as punishment.
*relate discipline to eating, resting, or sleeping.
*leave the children alone, unattended, or without supervision.
*place the children in locked rooms, closets, or boxes as punishment.
*allow discipline of children by children.
*criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

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. (This policy is the last page in your parent handbook!)

Signature of Parent/Guardian: _____ Date: _____

EXTRA!

After School Enrichment Program

Deneal Banks (252) 337-6616
1200 S. Halstead Blvd. dhbanks@ecpps.k12.nc.us

Picture Release Form

I, _____, parent/guardian of _____,
Name of Parent 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! Programs or Camp Wanna Wanna Go Go and the Elizabeth City-Pasquotank Public School System.

_____ _____
Parent/Guardian Signature Date