

Enrollment Agreement 2018-2019

These forms must be completed and returned to the TVCOG Financial Secretary with registration fee in order to be enrolled in the program.

1. I understand that I am enrolling _____ for the 2018-2019 school year. He/ she will attend **Full-Time or Part-Time** (M-F) \$60 regardless of attendance
2. I understand that the program is open according to the official school calendar. I understand that the program is not open during vacations, inclement weather and other closings. The program will be open for four hours on early dismissal days.
3. I understand that fees for the EACH week of participation will be due on that Friday. All students will receive a monthly invoice. I understand that my child will not be able to attend if payment has not been made in 2 consecutive billing periods.
4. I understand that my child must be picked up by 6 p.m. and that in the event that I am late, a fee of \$1 per minute will be incurred.
5. The program staff will assume full responsibility for my child from the time he/she arrives at the program until they leave the program.
6. I understand that if a medical emergency arises, the program staff will attempt to contact me. If I cannot be reached, I understand that staff will take appropriate measures to ensure my child's safety, including transportation by ambulance to the hospital. I understand that I will be responsible for payment of any fees as a result of this type of situation.
7. Property damage to TVCOG equipment or the building will be the responsibility of the signed parent of guardian of the child.

I agree to the stated policies and procedures both here and as outlined in the afterschool handbook and give permission for my child to participate fully in this program.

Signature of parent/guardian/custodian _____
Date _____ Relationship to child _____

Media Release

I DO/ I DO NOT give permission to have my child appear in any media coverage approved by the TVCOG afterschool. This includes website and Facebook.

Signature and date: _____

After School Registration Form

Name: _____ Male _____ Female _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Grade (Fall 2018): _____

School: _____

Mothers Name: _____ Contact: _____

Fathers Name: _____ Contact: _____

Email: _____ Email my statement to this address : YES NO

Who should be contacted first? Mother Father

Who is authorized to pick up your child? Please Note: Authorized persons must be an adult or an older sibling in high school or above. We will only allow your child to leave with the people you list here.

Name	Relationship to child
Custody restraints/ person(s) that may NOT pick up your child.	

Emergency Contacts:

Name	Best Contact Phone

Health History

This information will help us provide the best care for your child during After School and will help in the event of an emergency. Please provide accurate and thorough information.

Asthma– Does your child carry an inhaler? Yes No

- ADD/ADHD
 - Heart Defect/Disease
 - Diabetes
 - Hypertension
 - Epilepsy
 - Other: _____
-

Allergy Information

Please list any known allergies.

- Food Allergies: _____

- Bee Stings
- Trees, Grass, Pollen
- Other: _____
- Does Your Child Carry An Epi-pen? Yes No

Insurance

Does your family carry medical insurance? Yes No

If yes, what is your insurance carrier? _____

Policy Number: _____

Child and Family Information

Child's favorite snacks: _____

Favorite activities: _____

List any noticeable fears: _____

The most positive characteristics of my child's personality are: _____

Special Concerns: _____

Does your child participate in other group activities? _____ Where: _____

Does your family attend church? _____ Where: _____

Parent's method of discipline: _____

How did you hear about this facility? _____ Referred by: _____

Teays Valley Church of God's After School Program

Disciplinary Policy

TVCOG's After School Program strives to provide a safe, healthy, and fun environment for our children. We have set high standards concerning the behavior of our children. TVCOG offers a wide-variety of choices and activities which call for a

high level of self-discipline from our children, a high level of commitment from our parents and a concentrated effort on the part of staff to maintain this level of behavior. Please discuss this with your child and sign below if you feel this program is appropriate for you.

THREE BASIC RULES FOR THE AFTER SCHOOL PROGRAM:

- 1. Respect for staff
- 2. Respect for others (kids)
- 3. Respect for property and equipment

MINOR INFRACTIONS:

Not listening when staff is speaking, failure to follow instructions, rudeness, name calling, etc. Minor infractions usually receive a warning, a time out, or some other alternative form of correction related to the incident.

MAJOR INFRACTIONS: Include, but are not limited to:

- *FIGHTING (Regardless of reason--if a child throws a punch, kicks, bites, etc.)
- *STEALING (Taking anything that is not theirs, going through others belongings, etc.)
- *PROFANITY
- *WILLFUL DESTRUCTION OF PROPERTY
- *BEING IN UNAUTHORIZED OR UNSUPERVISED AREAS
- *LEAVING THE PREMISES WITHOUT BEING CHECKED OUT
- *DISHONESTY (Including lying to staff)
- *ENDANGERING HIS/HER PERSON OR OTHERS, THREATENING OTHERS
- *BRINGING ANY ITEM CONSIDERED TO BE A WEAPON
- *POSSESSION OF DRUGS, ALCOHOL, OR TOBACCO PRODUCTS

CONSEQUENCES:

WARNING--when a simple reminder will suffice

TIME OUT--when a child needs more than a warning, has already been warned, or repeatedly breaks a rule. Time outs will be limited to 10 minutes for K-2nd, 5 to 30 minutes for older kids.

OFFICE/LOBBY SUSPENSION--is a longer version of "time out." Used for more serious infractions. Parents will be required to meet with the Director--to assist in working out the problem and to help re-enforce the rules of the After School Program

***Students in Time Out and Lobby Suspension are always permitted snack and restroom privileges.*

SUSPENSION OR DISMISSAL--may result from any of the following or upon recommendation of the Director

- *Severity of infraction
- *After other disciplinary procedures have failed
- *If we do not receive the cooperation and support of the parent to correct the problem
- *Parents who are abusive or threaten staff
- *Parents who are repeatedly late in picking up their child after the announced closing time
- *Parents who continually fail to make prompt payment (If there are special circumstances--please see the Director to discuss options BEFORE your payment is late)

COMMITMENT FROM PARENT AND CHILD: We the undersigned have read the above expectations from TVCOG's After School Program and agree to uphold and abide by these rules. We also agree to accept the consequences for breaking the above rules.

Parent/Guardian Signature

Date

Student Signature

Date