



**COMMUNITY KIDS AFTERSCHOOL PROGRAM
2018-2019 AFTERSCHOOL REGISTRATION PACKET**

****Please mail/return packet to Avery County Board of Education
Office, 775 Cranberry St. Newland, 28657****

Student Full Name: _____ Student's Current Age: _____
 Grade Entering in Fall: _____ School Attending: _____
 Gender: _____ Date of Birth: ____/____/____ Weight: _____
 Race: _____ Eye Color: _____ Height: _____ Shirt Size: _____
 Parent/Guardian(s): _____

The majority of the time, student lives with (please check):

- | | |
|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother & Stepfather |
| <input type="checkbox"/> Father & Stepmother | <input type="checkbox"/> Mother Only |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Other Relative(s) |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Other |

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-Mail: _____

Parent/Guardian Signature: _____ Date: _____

An additional page is located in the back for any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). Please feel free to let us know any more information you deem necessary.

Afterschool Fees*

There is a \$20 registration fee for afterschool due the first day your student(s) start the program. This is the only fee associated with afterschool. Payments for registration fee will be billed to the guardian/family at the beginning of school. Please do not try to pay the school system.

Funds for Community Kids are provided to WAMY Community Action, Inc. through a grant from the NC Department of Public Instruction/21 Century Community Learning Center Program.

RELEASE FORM

*I give permission for my student to be photographed or videotaped for use in exhibits, displays, facebook, or news releases promoting the Community Kids Afterschool Program.

Yes No

*I give the Community Kids Afterschool Program permission to authorize emergency care for my student in the event that neither I nor the family physician can be contacted immediately.

Yes No

*On rare occasions, an emergency requiring hospitalization and /or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his or her parents or guardians. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardians, the parent/guardian is asked to sign the release form below. In the event of injury or illness to my student, I hereby authorize the afterschool staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

Yes No

*I understand that in the event my student's behavior becomes a danger or a safety concern to his/her self, other participants or staff, I agree to pick my student up at that location immediately.

Yes No

*Some afterschool activities are planned outside of the fenced areas at the playground. I give permission for my student to play outside the fenced area.

Yes No

*I give permission for any Community Kids Afterschool Program staff to administer sunscreen as needed for my student to all exposed body areas to ensure skin protection.

Yes No

* I agree to furnish the Community Kids Afterschool Program a copy of any existing custody order or domestic violence protective order if there is one.

Yes No N/A

*I understand that by signing below I am agreeing to all of the above releases.

* I give permission for the following person(s) to pick up my student and for them to serve as the emergency contact in the case neither parent or guardian can be contacted. If student is to be picked up at the site, the student/ward will be signed out daily by person responsible for pick up.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

*Parent/Guardian Signature: _____ Date: _____

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Medical Conditions: (Please check all that apply) This information is confidential, for use by Camp Director and your child's counselors only.

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergy requiring EPI-Pen | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Allergy not requiring EPI-Pen | <input type="checkbox"/> Physical handicaps | <input type="checkbox"/> High/low blood pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Recent or recovering fractures or surgeries |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Autism | |

If you checked any of the boxes above, please give a brief description below:

****Please note: Community Kids Afterschool Program/WAMY Community Action, Inc. staff are not permitted to administer medicine to campers. Please contact the Program Director if your child requires medication during the day.

In the event that a participant needs minor medical care from Community Kids Afterschool Program or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical conditions, Community Kids Afterschool Program will make every effort to notify the parent/guardian, but the first priority may be providing care to the participant.

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born on _____. I authorize any adult(s) acting as agents (including official volunteers) or employees of Community Kids Afterschool Program(WAMY Community Action, Inc.) and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations,, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the executions.

Custodial Parent/Guardian Signature: _____ Date: _____

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Consent and Waiver of Liability

Community Kids Afterschool Program periodically offers students the opportunity to participate in field trips to a variety of locations. Participation in field trips is completely voluntary. If you have questions regarding a field trip, please do not hesitate to contact the Afterschool Director at 828-773-9986. It is possible that your child could get injured or become sick while on a field trip, By signing this form, you acknowledge and accept such risks. Additional permission slips and information will be provided as field trips come up in afterschool.

In the event of illness, accident, or injury to your child during a field trip, the afterschool staff will take reasonable steps to contact you. If you cannot be contacted, you hereby grant Community Kids Afterschool Program/WAMY Community Action, Inc. to seek medical care for your child. You shall bear the financial responsibility for such medical care.

Travel

Furthermore, you provide consent and authorization for your child to travel with Community Kids Afterschool Program during field trips and other activities that require travel. By granting permission for your child to attend travel outings you agree that Community Kids Afterschool Program staff are in charge of these field trips and have the full right to regulate the behavior of your child and to terminate his/her participation in any trip by causing him or her to return home prematurely, at your expense, should your child fail to abide by the reasonable direction of the Community Kids Afterschool Program staff. By signing this form you understand that there are certain risks that inherent in participation in certain activities that are beyond the control of the participant or WAMY Community Action, Inc, and that immediately prior to any participation you have the opportunity to inspect the vehicles and talk to the drivers and staff and have the choice whether or not to participate in said activity which requires travel.

Waiver of Liability

By signing this form, you voluntarily release and forever discharge WAMY Community Action, Inc/ Community Kids Afterschool Program/Avery County Schools and their officers, directors, employees, staff, and agents, generally from all claims, causes of action, damages, liabilities arising out of, or in any way related to, your child's experience while on the property of Avery County School System and on any Community Kids Afterschool Program field trips, or in the course of travel.

Parent Handbook

By signing this form, you acknowledge that you have received and read a copy of the 2018-2019 Parent Handbook. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the policies.

Custodial Parent/Guardian Signature: _____ Date: _____

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COMMUNITY KIDS AFTERSCHOOL PROGRAM

TRANSPORTATION INFORMATION

Community Kids Afterschool Program offers transportation home for students in need at the following schools: Newland Elementary School, Avery Middle School, Crossnore Elementary School, Freedom Trail Elementary, and Cranberry Middle School. Unfortunately at this time we do not offer transportation at Banner Elk Elementary or Riverside Elementary School.

Please check the appropriate box:

Yes, my student will need transportation services home through Community Kids

No, my student will not need transportation services home through Community Kids

If transportation services are needed, please provide detailed instructions to your home or student's pick-up location.

I understand that if my child rides the van, I am responsible for meeting the van at the designated stop at the designated time. Failure to do so will result in my child being returned to school and possible losing van riding privileges.

Parent/Guardian Signature

Date

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