

# CCS AFTER SCHOOL PROGRAM

- Respect all students & staff
- Treat others as you would like to be treated
- No play fighting (physical contact)-if it would not be allowed during the school day, it is not allowed in the After School Program
- Place bags nicely on round table, get snack, and sit nicely during snack time. DO NOT get up until the group is finished.
- Everyone must sit in the same area during snack time
- Throw away your wrappers and milk from snack
- If you spill, you will help to clean it up
- Snack time prayer should be done respectfully
- After you are finished cleaning up the snack area, wait quietly by the hallway door with your book bags, or find a place & get your homework out to work on.
- Homework MUST be done before free time except on Fridays.
- Hang up your school bag on the coat rack when we go back to the room, not left on the floor
- Do not leave the group without permission
- No using cell phones while in the program without permission
- Pick up your items after you are done using them and put them away.
- No destroying the toys or items in the After School Program
- No getting into the cupboard or desk drawers without permission
- Everyone gets to play. No excluding people
- Absolutely NO BULLYING

CCS AFTER SCHOOL PROGRAM ENROLLMENT FORM

**Child(ren's) General/Emergency/Release Contacts**

Child(ren's) Full Name(s) \_\_\_\_\_ DOB: \_\_\_\_\_ Age/Grade(s) \_\_\_\_\_

Primary Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer : \_\_\_\_\_ Email: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please enter persons other than parents authorized to call in an emergency and/or pick up your child:**

*Parents or an authorized adult (authorized on the emergency form) who drop off or pick up a child(ren) MUST enter the school and sign in/out the child(ren) on the sign in/out sheet. This sheet is a legal record of when your child(ren) was in extended care, who brought your child(ren), and who picked your child(ren) up. If a person, who is unfamiliar to our staff, even though they have been authorized on the emergency sheet, come to sign in/out a child(ren), they may be asked to present a photo ID. Parents MUST grant permission in writing BEFORE the day of pick up. If a person needs to be added to the child(ren)'s authorization list, the parents are asked to notify the After School Program staff in writing. We want your child(ren) to be safe!!*

Name: \_\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are there any custody agreements, restraining orders, or any other information of which we should be aware? If so. Please describe: \_\_\_\_\_

\_\_\_\_\_

**Child(ren's) Medical Information**

Allergies: Yes\_\_ No\_\_ If yes, to what \_\_\_\_\_

Special Diet: Yes\_\_ No\_\_ If yes, to what \_\_\_\_\_

History of Seizures: Yes\_\_ No\_\_ If yes, when \_\_\_\_\_ Vision Impairment: Yes\_\_ No\_\_

Hearing Impairment: Yes\_\_ No\_\_ Use of Special Adaptive Equipment: Yes\_\_ No\_\_

Are all immunizations up to date and on file with school: Yes\_\_ No\_\_

Describe food or drug allergies, special diet, medications, seizure history, vision, hearing, special equipment, or any other important conditions of which attending medical personnel should be aware of (i.e. heart, respiratory, drug reactions, hearing, or vision, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any conditions or concerns you would like to share with our staff? :

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Informations**

Policyholder \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Please submit a front and back copy of your insurance card to have on file.

In the event I cannot be reached, I hereby give permission to Community Christian School After School Program staff to administer first aid and/or obtain emergency medical care for my child(ren). I expect that a conscientious and extensive effort will be made to locate me or my designee(s). Any expense incurred will be accepted by me.

\_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature**

## Code of Conduct

I understand that the following behaviors make group activities difficult and I will be asked to pick up my child(ren) from the after school program if there is a problem. I understand that if my child has 3 behavior incidents, he or she will be asked to leave the program.

\*\*Physical Harm (person, facility, materials)

\*\*Leaving the group without permission

\*\*Disrespect of Staff or other Students

\*\*Inappropriate Language

\*\*Refusal to follow rules

\*\*Unsafe Behavior

\_\_\_\_\_ Date \_\_\_\_\_

**Student Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**Parent Signature**