

ENROLLMENT FORM

2021-2022

Summer Program runs

Lincoln School HR Teacher: _____ Rm #: _____ Monday - Friday mornings: 9am-12pm

Child's Name: _____ Grade: _____

Age: _____ Date of Birth: _____ Gender: _____

Home Address: _____ Zip: _____

Home Telephone: _____ Primary Language: _____

Email Address: _____

Optional: (Please check all that apply): American Indian/Alaskan Native _____ Asian _____ White _____
Native Hawaiian/
Pacific Islander _____ Black/African American _____ Hispanic/Latino _____ Other/Multiracial _____

Parent/Guardian Information:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

Cell Phone: _____

Cell Phone: _____

Work/Business: _____

Work/Business: _____

Work/Business Phone: _____

Work/Business Phone: _____

Adults Authorized to Pick Up Your Child: (List all adults who have your permission to pick up your child. To ensure your child's safety, these adults will be required to provide a photo identification when picking up your child.) Check off those who are Emergency Contacts (Please pick at least 3). **WE CANNOT RELEASE YOUR CHILD TO ANYONE NOT LISTED HERE.**

Name: _____ Phone: _____ Emergency Contact? _____

Name: _____ Phone: _____ Emergency Contact? _____

Name: _____ Phone: _____ Emergency Contact? _____

Name: _____ Phone: _____ Emergency Contact? _____

Name: _____ Phone: _____ Emergency Contact? _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PERMISSION TO WALK TO ST. ANDREW'S

I give permission for my child to walk from Lincoln School to St Andrew's Church for St Andrew's After School Programs. It is understood that the children will be accompanied by two staff members.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

FIRST AID AND EMERGENCY MEDICAL CARE

I authorize staff in this program who are trained in the basics of first aid to give my child basic first aid and/or CPR when appropriate. In the event of any emergency, 911 will be called and the emergency contact persons will be alerted in the order listed after attempts to parents/guardians have been made.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to take or arrange for transport of my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

ADDITIONAL INFORMATION

Allergies (food, insect bites)/special diets: _____

Special limitations or concerns: _____

Please list any prescribed medications. Do any influence behavior/If so, how? _____

Please list any other individuals living in the household (Children/Adults) and their relationship to student:

Name & Relationship: _____

PERMISSION FOR PHOTOS/VIDEOS/PUBLICITY

From time to time, we would like to take photos or videos of the children participating in the program. These might be displayed in the program, in our church hall, in our parish newsletter, as publicity in newspapers or on social media. You have the right to choose not to allow your child to be photographed/video-graphed. I give consent to St Andrew's After School Programs to take photos/videos of my child as described above.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

We want to get to know your child. Tell us about their interests, challenges, personality - anything that you know about your child that will help us have the most successful interactions and plan for activities that would be of interest. THANK YOU!

BEHAVIOR COVENANT OUR AGREEMENT BETWEEN THE CHURCH, PROGRAM STAFF, PARENTS AND CHILDREN

Our Primary Goal is to keep your child both physically and emotionally safe. We accomplish this by setting out the following:

OUR PROGRAM COMMANDMENTS

Love the Lord your God with all your heart and with all your soul and with all your mind.
Do unto others as you would have them do unto you.

OUR SAFETY RULES

St Andrew's will maintain a safe environment for the children. There will always be an appropriate number of adults to supervise the children.

Children are expected to be respectful of each other, all adults, themselves and the building, equipment and materials. If a child consistently displays disrespectful behavior, the parent/guardian will be called to meet with the teacher.

Children are expected to remain on church property during the course of the program unless they are on a field trip. If a child leaves church property unaccompanied by an adult for without permission of a teacher or guardian, the police will be called and a parent or guardian will be called to come and pick up the child. It will be up to the discretion of the church and the program as to whether the child will be allowed to return to the program.

Children are expected to remain within the play and work areas that are assigned to them by their teachers. When a child leaves these areas without permission of a teacher, the child will be asked to return to the appropriate area. If he or she does not do as the teacher asks, the child's parent/guardian will be called. If this happens 3 times, the child will be asked to leave the program.

When children are off church property under the supervision of St Andrew's staff, either to walk from Lincoln School or on a walking field trip, children must be able to follow the directions of the teacher (stay in line, cross streets in crosswalks). If a child is unable to maintain safe behaviors, the child will be asked to leave the program.

I have read and understand these rules.

PARENT/GUARDIAN (NAME PRINT): _____ DATE: _____

PARENT/GUARDIAN (SIGNATURE): _____ DATE: _____

FIELD TRIP/WALKING

I give the program staff permission to take walking field trips no farther than a mile from the church.

PARENT/GUARDIAN (NAME PRINT): _____ DATE: _____

PARENT/GUARDIAN (SIGNATURE): _____ DATE: _____

CHILDREN'S AGREEMENT

I WILL RESPECT THE ADULTS AND CHILDREN WHO ARE A PART OF THE ST ANDREW'S PROGRAM

WHEN I AM INSIDE, I WILL FOLLOW MY TEACHER'S RULES AND BE RESPECTFUL OF THE MATERIALS SET OUT FOR OUR USE.

WHEN WE ARE OUTSIDE AND WHEN WE ARE ON WALKING FIELD TRIPS, I WILL STAY WITH MY GROUP AND FOLLOW MY TEACHERS' DIRECTIONS

I WILL NOT LEAVE THE CHURCH PROPERTY UNLESS I AM WITH AN ADULT WHO IS RESPONSIBLE FOR MY CARE

CHILD'S NAME & SIGNATURE: _____ DATE: _____