

# 2007-2008 SCHOOL-YEAR APPLICATION

## Before-School Enrichment Program Pitt County Community Schools and Recreation



Check Preferred School:  Chicod  
 Stokes

Child's Name: \_\_\_\_\_

Grade 2007-2008: \_\_\_\_\_ School Presently Attending: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street/P.O. Box City Zip Code*

Status: Your child will attend: (See Parent's Guide for details)  \*Part-Time  Full-Time

(Only one change in status allowed per school year. Each change thereafter will cost \$20.00 per change. You are required to give a two week notice if dropping from the program.) \_\_\_\_\_ Parent's Initials

Registration Fees: Amount Enclosed: \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

The following people have my permission to pick up \_\_\_\_\_ (child's name) from the Before-School Enrichment Program if I am not able to do so:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I must send a note in advance when someone other than those listed above will be picking up my child(ren).

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**I have read the Parent's Guide and fully understand the rules and regulations of the program.**  
\_\_\_\_\_  
Parent's Initials

Enrollment is on a first-come, first-serve basis. A **\$20.00 nonrefundable registration fee** must accompany all applications for admission. Make check payable to **Pitt County Schools**. Return **original application** to Pitt County Community Schools and Recreation, 4561 County Home Rd., Greenville, NC 27858, ATTN: After School. For more information, call 902-1975.

**\*PLEASE COMPLETE INFORMATION ON THE BACK OF THIS FORM\***

**EMERGENCY INFORMATION**  
(Must Complete)

Mother:	Place of Work _____	Phone: _____
Father:	Place of Work _____	Phone: _____
Other Emergency Contact:	_____	Phone: _____

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preferred Hospital: Pitt County Memorial Hospital (Please change if other than Pitt Memorial)

List any allergies your child has: \_\_\_\_\_

List any medications your child is taking regularly (if this changes, update form with your teacher): \_\_\_\_\_

After referring to the activities listed in the Parent's Guide, is there any information we should know regarding your child's participation?:  Yes  No

If yes, please explain: \_\_\_\_\_

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**PITT COUNTY COMMUNITY SCHOOLS & RECREATION PARENT CONSENT FORM**

I hereby give my consent for my child \_\_\_\_\_ to participate in the Pitt County Community Schools and Recreation Before-School Enrichment Program. The information provided on both sides of this application is correct and complete. While I realize that all precautions will be taken to guard my child from injury, I will not hold the Pitt County Board of Education, the Community Schools and Recreation Program or program staff responsible for accidents that may occur. I agree that the operator may authorize the physician of his/her choice to provide emergency care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Occasionally, we may take photographs of the children in our program. We may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website.

I hereby   **GIVE**     **DO NOT GIVE**   my consent for my child \_\_\_\_\_ to be photographed for the reasons stated above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date