



2007-2008

SCHOOL - YEAR APPLICATION



Pitt County Community Schools and Recreation After-School Enrichment Program

Check Preferred School:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Ayden Elem. | <input type="checkbox"/> Chicod | <input type="checkbox"/> Creekside | <input type="checkbox"/> Eastern |
| <input type="checkbox"/> Elmhurst | <input type="checkbox"/> G.R. Whitfield | <input type="checkbox"/> Pactolus | <input type="checkbox"/> Stokes |
| <input type="checkbox"/> W.H. Robinson | <input type="checkbox"/> Wahl-Coates | <input type="checkbox"/> Wintergreen Int. | <input type="checkbox"/> Wintergreen Pri. |

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

**All Part-Time students must purchase a card at the time of registration in order to begin the After-School Enrichment Program. Please see Parent's Guide for complete details on Part-Time fees.*

(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 After-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

Registration is required for each new school year. Only original applications will be accepted. Applications will be accepted beginning May 1st. Enrollment is on a first-come, first-serve basis. You must register one week prior to the 1st day of school in order for your child to begin on the first day of school. A **\$20.00 nonrefundable registration fee** must accompany all applications for admission. Make check payable to **Pitt County Schools**. Return to Pitt County Community Schools and Recreation, 4561 County Home Rd., Greenville, NC 27858. ATTN: After School. For more information, call 902-1975.

Failure to attend within the first two weeks will result in a drop from our program.

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: _____

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 After-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