

**After
School**

2008-2009 SCHOOL - YEAR APPLICATION

**After
School**

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"/> Ridgewood | <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 2008-2009: _____ 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

| |
|--------------------------|
| Registration Fees |
| \$ _____ Cash Enclosed |
| \$ _____ Check Enclosed |
| _____ Check Number |

**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.*

Parent's Initials (Only one change in status allowed per school year. Each change thereafter will cost \$25.00 per change. **You are required to give a two week notice if dropping from the program.**)

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

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

Only original applications will be accepted. Enrollment is on a first-come, first-serve basis. A **\$25.00 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.

Parent's Initials I have read and understand the Community Schools & Recreation After-School Enrichment Program Discipline Policy.

Parent's Initials I have received a copy of the N.C. Summary of Child Care Laws.

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

List any allergies your child has:

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