# Kaleidoscope Afterschool Program Registration Form

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





Enrollment is based on availability. Please confirm placement with the Site Coordinator, <u>before</u> bringing your child to the program.

Today's Date:	School:	
1. STUDENT INFORMATION:		
Student 1 - Name:		Special Needs: Yes No
School:		Teacher:
	: Grade:	
Allergies/Food:	Chronic Illnes	ss/Medication:
Tell us about your child:		
Student 2 - Name:		Special Needs: Yes No
School:		Teacher:
DOB: Age	: Grade:	Gender
Allergies/Food:	Chronic Illnes	ss/Medication:
Tell us about your child:		
2. PARENT/GUARDIAN INFORM	AATION	
•		p to Student:
		p to student.
		Work Phone:
	Cell Phone:	
Email:		
	nool District Employee? Yes	No No
•	· · · · · · · · · · · · · · · · · · ·	
		p to Student:
		Work Phone:
	Cell Phone:	
Are you a Charleston County Sch	nool District Employee? Yes	No
Child Resides with:Father	Mother BothGuard	lianOther: (specify)
is there a separation or divorce	Lustody problem which the progr	ram staff should be aware? Please explain briefly:
Custo du Doctusista (Document )	and the state of t	
Custody Restraints/Person(s) wr	to may not pick up child: (Require	ed legal documentation attached).
3. STUDENT PICK-UP INFORMA	TION:	
Bus Pick-up Only	_ Walker	
	– ny child(ren) if I cannot be reached	d: Photo ID is required.
Namo	Phone	·

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

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4. EMERGENCY CONTACT INFORMATION		
In the event of an emergency, please list to event that you cannot be reached.	wo people we may contact w	ho can make decisions concerning your child in the
Name:	Home Phone:	Work Phone:
Name:		Work Phone:
5. HEALTH INFORMATION:		
My child has the following heath condition	ns that staff should be aware o	of:
If any of these could affect participation in	the program, please provide	details:
Medication and Dosage(s):		
Name of Family Physician or Health Resou		
Physician	Phone	
Dentist	Phone	
Hospital Choice		
My child has an Individual Health Plan (IHF	P) on file with CCSD. YES N	0
Please give any further information which	you believe will be helpful to	staff in understanding and caring for your child:
		I t Aid. In the event of an emergency, the school staf de to contact a parent, guardian, or a designated
Hospital Choice	Doctor's Name	
= :	=	ld's healthcare provider. All information will be kep healthcare services for my child while in school.
Parent / Guardian Signature:	Date	2:
I certify that to the best of my knowledge		ood mental and physical health and is able to partici
pate in the After School Program at		·
		 Date:

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#### 6. NUTRITION

Kaleidoscope follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program)/CCSD Nutrition Standards which meet federal nutrition standards, for all foods we serve.

#### 7. HOMEWORK AGREEMENT:

Expectations for completing homework assignments while at the program vary from parent to parent. This agreement is between you and your child, and indicates how much homework you want your child to complete while at the Kaleidoscope Program on a daily basis. The role of the Kaleidoscope staff is to enforce the agreement that you and your child have signed. Once the daily homework agreement has been met your child is free to engage in other activities offered by the program. I want my child to comply with the following option for completing homework while at the Kaleidoscope Program.

\_\_\_\_ My child will do all homework.

\_\_\_\_ My child will do homework for 30 minutes a day, Mon-Thurs.

\_\_\_\_ My child will decide how much homework to do daily.

\_\_\_\_ My child will not do homework while at the program.

#### 8. PARENT/GUARDIAN CONSENT FOR PHOTOGRAPHY:

I give my consent to the Charleston County School District Kaleidoscope Program to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release Charleston County School District from any claims whatsoever which may arise in said regards. \_\_\_\_ Yes \_\_\_\_ No

#### 9. FEES:

Fees are structured by Monthly, Daily, and Full Day Enrollment Choice. Family invoiced at beginning of the month (August and June prorated amounts) for services to be provided during the upcoming calendar month. All months, September-May will be billed at same rate. Parents may pay weekly.

An application must be submitted for requesting an economic scholarship. The application, including household income and other information must be reviewed and approved by the Community Education Director using ABC determination table.

CCSD and multiple child discounts available.

Contact your Afterschool Program Site Coordinator or CE Director for complete fee details and requirements.

## **10. EMERGENCY TRANSPORTATION:**

If major injury to a child occurs, the staff will immediately call for professional help (911). Parents, designated emergency contacts, or the child's doctor will be notified immediately. (deleted info on staff transport )

## 11. INCLEMENT WEATHER:

Kaleidoscope operates in accordance with the Charleston County School District Academic Calendar, and CCSD policies regarding early school closing in the event of emergency weather conditions.

## 12. FIELD TRIPS AND SWIMMING ACTIVITES:

Fieldtrips are part of the full day and summer programs. Children are expected to go on all scheduled fieldtrips. If the field-trip involves swimming, I give my child permission to participate in the swimming activities. \_\_\_\_\_ Initial Kaleidoscope follows CCSD approved Kaleidoscope Field Trip policies.

Children are expected to go on all scheduled field trips. Staff to child standard ratios are 1:12 for grades K-1 and 1:15 for grades 2-6. These ratios are within guidelines issued by the South Carolina Department of Social Services. Transportation for field trips is provided by contracted CCSD bus services, Community Education buses, and/or activity buses. Children are not transported in personal vehicles. If a field trip involves swimming, I give my child permission to participate in swimming activities. All swimming activities are monitored by life guards provided by the field trip location. Signing this form indicates permission for all Kaleidoscope field trips.

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### **13. DISCIPLINE**

The staff of the Kaleidoscope Program is expected to respect the dignity of the children and conduct themselves as adult role models. The children are expected to respect the staff and each other. Physical contact in disciplining a child is avoided unless it is necessary to restrain a child from harming himself or another. Corporal punishment is not allowed. The program does not permit the use of food as a reward or punishment. The program does not use or withhold physical activity as a means of punishment. In correcting a child's behavior, the staff says and shows the child what he or she should be doing rather than focusing on the unwanted behavior. The staff also explains the reasons for the rules the children are asked to follow. School rules are still in effect during the after-school program. If the staff is unable to resolve on-going or serous behavior problems (such as aggressive, abusive, disturbing, or destructive acts), the site-supervisor will discuss the problem with the parents to establish a plan for dealing with the problem. If child's behavior does not change in a reasonable length of time, the supervisor will inform the parents and will schedule a conference that may include the community school director and principal. If the problem cannot be resolved, the director and site supervisor will give the parents a notice of dismissal from the program.

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I have read and choose to comply with the contents of the including those pertaining to emergency transportation and swimming, and discipline.	
Parent/Legal Guardian Signature	Date