

# WCPSS After School Program Student Registration

School Year: \_\_\_\_\_

Student Start Date: \_\_\_\_\_

There is a \$15.00 registration fee per applicant. Please make check payable to the school. Put your child's name on the check.

Student ID (required) \_\_\_\_\_

Student First Name \_\_\_\_\_

Student Last Name \_\_\_\_\_

Name Student is to be called \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address:

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

**Primary** Parent/Guardian First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address is the same as child: yes

no If different:

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Please include all applicable phone numbers, and check one for primary contact:

Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Day Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Primary email to send receipts \_\_\_\_\_@\_\_\_\_\_

Place of employment \_\_\_\_\_

**Secondary** Parent/Guardian First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address is the same as child: yes

no If different:

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Please include all applicable phone numbers, and check one for secondary contact:

Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Day Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Check those that apply:

☐ Monday-Friday Program

☐ Early Release Only ☐ PLT

Days-Staff Only

## Daily Rate Program

☐ All Mondays

☐ All Tuesdays

☐ All Wednesdays

☐ All Thursdays

☐ All Fridays

Cell Phone ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_  
Secondary email \_\_\_\_\_@\_\_\_\_\_

Updated 2015

In case of emergency, notify the following person(s) if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Names of Individuals to Whom the Program Staff May Release the Child as Authorized by the Person Who Signs the Application:

\_\_\_\_\_  
\_\_\_\_\_

Does your student have allergies or chronic illnesses? If yes what are they?

\_\_\_\_\_

Does your student take medications and/or have a medical plan on file with the school? If yes, please explain.

\_\_\_\_\_

Please give any other information that you would like the After School Program staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

\_\_\_\_\_  
\_\_\_\_\_

My signature indicates that I have received, read and understand the information outlined in:

- the *After School Fee Schedule and Payment Schedule*
- the *After School Parent Information*, and
- the *Discipline and Behavior Management Policy*

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Legal Guardian Signature

Distribution: Original signed registration kept in program files; Copy of signed registration given to parent

Updated 2015



*Administration Services Division  
Risk Management*

**CERTIFICATION OF ACCIDENT INSURANCE**

To parent/guardian:

The Wake county Public School system (WCPSS) does not carry accident or medical insurance to cover students' accidental injuries or illnesses. A student accident insurance policy is available on individual basis and covers accidental injuries that occur during school-sponsored activities. Application and purchase information can be obtained from your child's school. In addition, parents' insurance also may provide coverage for injuries to their child(ren). Board policy (6720) addresses the insurance requirements for participating in specified activities.

6720.1 Every student participant in a student activity that requires accident insurance shall be required to:

- A. Furnish proof of membership in the student accident insurance program, or
- B. Furnish proof that compatible coverage is carried in another insurance policy.

6720.2 Student activities requiring student activity insurance coverage are:

- A. Interscholastic athletic programs
- B. Intramural athletic programs
- C. Marching bands
- D. School patrols
- E. Cheerleaders
- F. Groups making overnight trips or excursions

Your child has indicated an interest in participating in a student activity that requires accident insurance coverage. Please check A or B below to indicate the method by which the required coverage will be provided. This form must be signed by parent(s)/guardian(s) and returned to your child's school.

I, \_\_\_\_\_ hereby  
certify that \_\_\_\_\_  
Name of Student

A. \_\_\_\_\_ is adequately covered by accident, health and/or hospital insurance policy that is in effect during the present school year. This coverage is through an insurance policy identified below:

\_\_\_\_\_  
Insurance Company Policy Number

B. \_\_\_\_\_ is enrolled in the WCPSS's voluntary student accident insurance program. I understand that my child is covered upon receipt of the completed application and receipt of the appropriate premium by the WCPSS. Policy provides maximum of \$5,000 payable for any motor vehicle accident and \$100,000 for Basic Coverage or \$250,000 for Standard Coverage payable for accident while on foot on a field trip.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## WCPSS Before/After Childcare Discipline and Behavior Management Policy

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(Name of School)

### Discipline and Behavior Management Policy

The WCPSS Code of Student Conduct applies to all programs operated by WCPSS and occurring on school campuses. The Code of Student Conduct is outlined in the *WCPSS Student Handbook*.

**Praise and positive reinforcement are effective method of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.**

We:

1. DO praise, reward and encourage the children
2. DO reason with and set limits for the children
3. DO model appropriate behavior for the children.
4. DO modify the classroom environments to attempt to prevent problems before they occur
5. DO listen to the children
6. DO provide alternatives for inappropriate behavior to the children
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO Ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-outs".
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.
2. DO NOT make fun of, yell at, or threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave the children alone unattended or without supervision.
7. DO NOT leave the children in locked rooms, closets or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun or otherwise belittle children's parents, families, or ethnic groups.

## WCPSS Before/After Childcare Discipline and Behavior Management Policy

### Discipline Procedures:

It is important that children respect themselves, other people and property. Discipline should be viewed in a very positive manner with appropriate activities, mutual respect, adequate planning, and consistent supervision contributing to a climate in which self discipline can flourish.

The Coordinator will set aside time during the first week to develop and discuss guidelines, procedures and rules with the children. These will be reviewed as necessary throughout the school year.

Occasionally children will need to be removed from a situation when they cannot act appropriately. The Coordinator should be contacted to assist with these situations in order to minimize disruption to the childcare program. The student may be taken to the office or another place to regain his/her composure.

If problems with a child seem to arise frequently, the parent will be notified and a conference scheduled to discuss these concerns. Persistent and/or severe misbehavior may result in the child being withdrawn from the program.

#### **“Time-Out”**

“Time-out” is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time-out” space, usually a chair, is located away from classroom activity but within the teacher’s sight. During “time-out”, the child had a chance to think about the misbehavior, which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

I, the undersigned parent or guardian of \_\_\_\_\_  
(Child’s full name), do hereby state that I have read and received a copy of the facility’s Discipline and Behavior Management Policy and that the facility’s direct/coordinator (or other designed staff member) had discussed the facility’s Discipline and Behaviors Management Policy with me.

Date of Child’s Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: one copy to parent(s)  
Signed copy in child’s facility record.

# WCPSS Before and After School Programs

## Statement of Receipt

### 1. THE BEFORE/AFTER SCHOOL PARENT INFORMATION 2. THE DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

I, \_\_\_\_\_, the parent, legal guardian,

or full-time custodian of \_\_\_\_\_ certify that  
I have

received a copy of **Parent Information** that contains important information and  
policies

of the Before/After School Program and the **Discipline and Behavior  
Management**

**Policy.** They have been discussed with me, and I have no further questions  
concerning

their content.

\_\_\_\_\_ Parent's/Legal Guardian's Signature

\_\_\_\_\_ Date of Child's Enrollment

\_\_\_\_\_ Site Coordinator's Signature

**Distribution: One copy to parent/guardian  
Signed copy in child's file**

Fuquay-Varina Elementary School

Discipline and Behavior Addendum

Fuquay-Varina Elementary School's Before and After School Care Programs strive to provide a bully free and safe environment for our students. As previously stated in the WCPSS Before/After Childcare Discipline and Behavior Management Policy, it is important that children respect themselves, other people and property. When a student/child is misbehaving and not responding to standard discipline techniques and/or exhibiting inappropriate behavior, an initial "Time-Out" will take place to discuss the incident and/or inappropriate behavior. The incident/behavior will be noted in the Behavior Log and the parent/guardian will be notified of the "Time-Out" and what was discussed with the student/child. Continuing incidents/behaviors will result in the following steps being taken:

1. After the initial "Time-Out", the next incident/behavior will be noted in the Behavior Log and the parent/guardian will be notified. A parent/student conference will be held with Administration and/or the Before or After Care Coordinator.
2. If another incident/behavior occurs, notations will be made in the Behavior Log, the parent/guardian will be notified, and a second parent/student conference will be held with Administration and/or the Before or After Care Coordinator. A consequence to match the incident/behavior will be implemented.
3. After the next incident/behavior, a temporary suspension of one to three days from the program will be implemented. If your student/child is suspended from one program and is enrolled in both, he/she will not be able to attend either program during the suspension. After the initial suspension should the incident(s)/behavior(s) continue, the student/child will be permanently suspended from the Before and After School Care Programs.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Outreach and Engagement

### Release, Waiver of Liability, and Assumption of Risk Agreement and Consent for use of Photographs and Video ("Release")

In consideration of the opportunity for the student (hereinafter referred to as "Participant") to participate in the Morehead Planetarium and Science Center's activities indicated below (hereinafter referred to as the "Activities"), the undersigned parent or guardian consents to the participation. All references to "I," "me," or "my" in this document shall be understood to include both the Participant and his or her parent or guardian.

Activities (Please indicate):

- ☐ Mobile Planetarium
- ☐ Mobile Laboratory and/or Classroom Laboratory
- ☐ Classroom and Afterschool Enrichment

I agree to behave in a responsible and safe manner during my participation in the Activities. I realize that any behavior judged by Morehead staff to be inappropriate, dangerous or disrespectful will not be tolerated and will prohibit my participation in the Activities.

I consent to Morehead staff or other staff of the University of North Carolina at Chapel Hill photographing or filming my participation in the Activities. I hereby grant The University of North Carolina at Chapel Hill the right and permission to copyright, publish, exhibit and distribute such photographs or video for use in any of its educational, informational or promotional publications, or multimedia (video, audio) presentations, including advertising, or for any other purpose related to its education mission in any medium including, but not limited to, electronically via the Internet. I also waive the right to approve the final product(s) in which such photographs or video may appear.

- ☐ I waive the release for photographing and filming my child. I do not consent to have my child photographed or filmed.

I understand that I am not required to participate in the Activities. I am aware of the risks and hazards associated with the Activities and acknowledge that my participation in the Activities is entirely voluntary. In consideration of the opportunity afforded me to participate in the Activities, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill and its trustees, officers, employees and agents (the "University") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury that I may sustain while participating in the Activities, except for damages caused by the University's negligence.

In the event of any illness or injury, I hereby authorize Morehead staff, or other employees or agents of The University of North Carolina at Chapel Hill, to obtain emergency medical treatment for me as deemed necessary, and I hereby assume

responsibility for the financial costs of such treatment. Should it become necessary, I also grant permission for emergency CPR to be administered to me by a certified person, or for first aid to be administered to me by a Red Cross certified person. I hereby release and forever discharges the University from any claim whatsoever that arises or may hereafter arise on account of any first aid, medical treatment, or service rendered. I will take



appropriate precautions or medications to treat or reduce the likelihood of exacerbating any pre-existing health conditions or allergies.

I have read and understand this Release and agree to be bound by its terms and conditions. This Release shall be binding and enforceable against Participant and Participant's successors, assignees, heirs, guardians and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

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Name of Participant

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Name of Parent or Guardian

(If Participant is under 18)

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Signature of Parent or Guardian

Date

(If Participant is under 18)

**Homework Contract (only grades 1-5)**

Fuquay-Varina Elementary School After School Programs

Dear Parents and Students,

We hope our children will enjoy our After School Program. We would like for our students' time here to be both fun and productive. Our purpose is to provide recreation and leisure activities that are enjoyable for the children in a carefully supervised and caring atmosphere. With today's busy schedules, there doesn't seem to be enough time in the afternoon for our children to get home and get everything done – especially HOMEWORK!

If you would like for your child to work on his or her homework during the After School Program, please check one of the options below and sign this form. Please return to the coordinator as soon as possible.

Homework time for our students is MONDAY-THURSDAY, 4:15 – 5:00 pm.

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☐ Yes, I would like for my child to work on homework during the designated time.

☐ No, my child does not have to do his/her homework during the After School Program.

☐ My child may make the decision on different days whether or not to do his /her homework.

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Child's name

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Parent's signature

Date

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Child's signature