

WCPSS Before 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.

Check those that apply:

- Monday-Friday Program
- PLT Days-Staff Only

Daily Rate Program

- All Mondays
- All Tuesdays
- All Wednesdays
- All Thursdays
- All Fridays

Student ID (required) _____

Student First Name _____

Student Last Name _____

Name Student is to be called _____

Homeroom Teacher _____ Grade Level _____ Track _____

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 (_____) _____ - _____

Cell Phone (_____) _____ - _____

Secondary email _____@_____

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

Parent/Legal Guardian Signature

Date: _____

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



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:

_____	_____
Name of 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 _____

(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**