

Today's Date: ____/____/____



2016 - 2017 Afterschool Literacy Program Enrollment Application

STUDENT INFORMATION: (Please Print Clearly)

1. Student Name: _____ Preferred Name: _____
2. Date of Birth: ____/____/____ Age: _____ Gender: _____ Race/Ethnicity: _____
3. School Attending: _____ Current Grade Level: _____
 - Only 1st - 5th grade students may participate in this program
4. Does your child qualify for free/reduced priced lunch at school? No Yes
 - Families that are eligible for free and reduced lunch must provide proof prior to enrollment.

EDUCATION

5. Does your child participate in any of the following educational programs? (Check all that apply)

<input type="checkbox"/> Special Education	<input type="checkbox"/> Gifted and Talented
<input type="checkbox"/> Exceptional Children's Service	<input type="checkbox"/> Other: _____
6. Does your child have an IEP: No Yes (If yes, please specify): _____

7. Has a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability? No Yes (If yes, please explain): _____
8. What learning challenges should we know about to best assist your child? _____

HEALTH

9. Does your child have health insurance? No Yes (If yes, please complete the information below)

Health insurance carrier: _____ Name of policy holder: _____

Identification Number: _____ Group Number: _____
10. Please list any medication(s) prescribed by a doctor: _____

11. Please list any allergies (including food allergies): _____

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Community Partner

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E-mail: Info@BlackChildDevelopment.org • Website: www.BlackChildDevelopment.org

12. Has a doctor/health professional ever informed you that your child has any of the following medical conditions or disabilities?

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression or anxiety problems | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Behavior or conduct problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Bone, joint, or muscle problems | <input type="checkbox"/> Allergies (allergic reactions) |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other medical restrictions/disability |
| | <input type="checkbox"/> Autism | |

13. Please explain any special procedures that should be followed in the event of a medical emergency:

14. Any developmental delay or physical impairment? No Yes (if yes, please specify):

15. Describe medical and behavioral problem(s) of which the staff should be aware. Please include all fears, and physical conditions: _____

PARENT/ GUARDIAN INFORMATION:
(Please Print Clearly)

1. Name: _____ Relationship to child: _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Cell #: _____ Work #: _____

Home #: _____ E-mail Address: _____

- The best way to contact me is: cell phone home phone work phone email

4. **Emergency Contact (REQUIRED)** - this should be someone other than you.

• Name: _____ Relationship to child: _____

• Phone # 1: _____ Phone # 2: _____

5. Please list other adults authorized to pick up your child(ren):

Name	Relationship to child	Phone #
✓ _____	_____	_____
✓ _____	_____	_____
✓ _____	_____	_____

6. Please initial one of the following to allow your child to take or not to take pictures. All photographs taken will be used for the BCDI-G website, flyers, newsletters, bulletin boards, and community papers.

_____ I allow my child to be included in photos. _____ I do **not** allow my child to be included in photos.



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BCDI
 Black Child Development Institute
 GREENSBORO

PARENT/GUARDIAN AGREEMENTS

Medical Policy

I hereby give permission for my child to be given emergency treatment (including first aid and CPR) by a qualified staff member of the BCDI-G Afterschool Literacy Program. I further authorize and consent to medical, surgical and hospital treatment procedures to be performed by my child's regular physician, or when the physician cannot be reached by a licensed physician or hospital when deemed necessary or advised by the physician to safeguard my child's health if I cannot be contacted. I also give permission for my child to be transported by ambulance or car to an emergency center for treatment.

Parent/Guardian Signature: _____ Date: _____

Discipline Policy

Discipline is approached in a positive manner. All children will be encouraged continuously to exhibit self-control and positive actions. Appropriate behavior is taught and expected, as when children receive positive, non-violent, and understanding interactions from adults and others they develop good self-concepts, problem solving abilities, and self-discipline. In order for our program to be orderly and for learning to take place, it is necessary for children to be aware of the rules they must follow. The BCDI-G Afterschool Program will practice the following: Children are to a) Show respect for each other, b) respect the property of others, c) follow safety rules, d) remember to keep hands to self, and e) demonstrate good behavior throughout the school. When a problem arises, it will first be dealt with by the Afterschool instructors. If the problem persists (after 3 times), the Site Coordinator may intervene. The parent will be contacted if the student continues to not follow directions of the Program.

Parent/Guardian Signature: _____ Date: _____

Homework Assistance

The BCDI-G Afterschool Literacy Program focuses on several different areas of child development with a focus on literacy skills using the Children's Defense Fund Freedom School model. A portion of this model involves one hour dedicated to homework assistance in the afternoon. We will provide a block of time where children will work on their homework with staff assistance, however our primary focus will not be solely on having your child complete their homework. Please work with your child at home to correctly complete all of their homework.

Parent/Guardian Signature: _____ Date: _____

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Operations and Hours

August 29, 2016 - June 9, 2017

The BCDI-G Afterschool Literacy Program operates on the traditional Guilford County Schools schedule. Full-day programming will be offered on Teacher Workdays according to this schedule. We will not have full-day programs for year-round schools or any other programs that operate on a different schedule. Our hours of operation are Monday-Friday 3:00pm to 6:30pm. Pick-up of your child should begin at 6:15pm. Tardiness will not be accepted. **A fee of \$1.00 per minute will be charged for every minute after 6:30pm that your child has not been picked-up.** Furthermore, at least two weeks advance written notice is required when withdrawing a child from the program.

Payments and Fees

Fees for the Afterschool Program are \$45 per week. For families that can provide proof of their eligibility for free and reduced lunch (family must provide proof not simply based upon the school attended) fee is \$25/week. In addition, an activity fee of \$8 will be charged per child when full-day programming is offered (Teacher Workdays).

- Fees: All fees are non-refundable and non-transferable. Fee amounts can be found above.
- Weekly Payments: All payments are due by 6:30pm on Friday. Payment is due the week before your child attends the Afterschool Program.
 - A fee of **\$5.00 per child per week** will be added for payments made after 6:00pm on Mondays. Your child(ren) will be removed by the second week of non-payment of fees due.
- Monthly Payments: Monthly payments are due the 1st of the month prior to service and will be considered to be late by the 5th of the month.
- Returned Checks: Returned checks are charged a \$35.00 service fee. Two (2) returned checks will result in all future payments made in cash or money order.
- Late Fees:
 - A fee of \$5.00 per child per week will be added for payments made after 6:00pm on Mondays. Your child(ren) will be removed by the second week of non-payment of fees due.
 - A fee of \$1.00 per minute will be charged for every minute after 6:30pm that your child has not been picked-up.
- To be enrolled in the program, you must pay the first week prior to starting the program. The first payment can be made in the office of BCDI-G at 1200 East Market Street.
- Families that are eligible for free and reduced lunch must provide proof prior to enrollment.
- Accounts with prior balances will not be able to register a child for this program.

I have read and accept the guidelines above regarding the financial responsibilities for the BCDI-G Afterschool Literacy Program.

Parent/Guardian Signature: _____ Date: _____

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