



Mayor Dwight C. Jones

**CITY OF RICHMOND
PARKS, RECREATION, COMMUNITY FACILITIES
BEFORE AND AFTER SCHOOL PROGRAM**

**REGISTRATION
PACKAGE**

CITY OF RICHMOND
DEPARTMENT OF PARKS, RECREATION AND COMMUNITY FACILITIES
BEFORE AND AFTER SCHOOL PROGRAM
STUDENT REGISTRATION

Program Site		Start Date		End Date	
Child's Last Name		First		Nick name	
Date of Birth (mm/dd/yy)		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		My child needs bus transportation home from program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade	Classroom #	Teacher Name		Previous child care enrollment:	
Home Address			Phone		
			Email address (optional)		
Who does child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____					
Father's Name			Mother's Name		
Home Address		Zip		Home Address	
				Zip	
Home Phone			Home Phone		
Employer	Work Phone		Employer	Work Phone	
Person(s) Agency having Legal Custody of Child			Home Telephone		Business Phone
Home Address					
Business Address					
List any allergies, medical conditions or special accommodations your child might have					
List medications your child is taking					
Physician Name			Phone Number		
Name and address of two people to contact if parents cannot be reached (only local phone numbers acceptable)					
Contact _____			Contact _____		
Address _____ zip _____			Address _____ zip _____		
Phone _____			Phone _____		
Persons who <u>MAY</u> pick up your child					
Persons who <u>MAY NOT</u> pick up your child					
Parent Signature			Date		

* Attach appropriate paperwork, such as custody order, if parent is not authorized to pick up child.

CITY OF RICHMOND
DEPARTMENT OF PARKS, RECREATION AND COMMUNITY FACILITIES
BEFORE AND AFTER SCHOOL PROGRAM
PARTICIPANT BEHAVIOR EXPECTATIONS

We are committed to helping each student reach his or her greatest potential. We are sharing with you the expectations for students and ask for your support in this endeavor.

All Before and After School Program participants are required to follow the Participant Behavior Expectations rules and regulations listed below.

- Respect all persons in the program at all times.**
- Follow instructions from staff at all times.**
- Work cooperatively in small groups.**
- Refrain from touching others and their possessions.**
- Walk through the halls in an orderly and quiet manner at all times.**
- Use soft voices when inside the school building.**
- There will be absolutely no fighting at any time**
- Profanity (cursing) or sexually explicit language will not be tolerated**
- No throwing objects at any time.**
- Confine all eating to designated areas**

Participants who are unable to follow directions may be suspended from the program for up to five days or may be dismissed for the remainder of the school year. Suspensions require a parent conference prior to the child returning to the program.

We understand and will adhere to the Participant Behavior Expectations.

Participant Name (Please Print)

Parent/Guardian Name (Please Print)

Participant Signature

Date

Parent/Guardian Signature

Date

CITY OF RICHMOND
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BEFORE AND AFTER SCHOOL PROGRAM
PARENT AGREEMENT

Student _____
 Print First and Last Name

Site _____

Indicate yes or no with a check in the appropriate box:

	Yes	No	Initials
I understand that I will be notified if my child becomes ill and that I will make every effort to pick him/her up as soon as possible if requested by the Before and After School Program staff. Additionally, children must be picked up at any time when requested by staff due to behavior or inclement weather.			
I understand I will be notified immediately if my child is lost, experiences a serious injury, needs emergency medical care, or dies. Additionally, I authorize the Before and After School Program staff to obtain immediate medical care if any emergency occurs and a parent/guardian cannot be reached immediately. This is not required by state regulation if the parent states an objection of the provision of such care on religious or other grounds. <i>Parent or parent's insurance will be responsible for payment of emergency transportation.</i>			
I will inform the Before and After School site within 24 hours or the next business day after if my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.			
I understand that the Before and After School Program staff is required by §631.248.3 in the Code of Virginia to report suspected instances of child abuse.			
I understand that the Before and After School Program staff may give basic first aid, perform CPR or use the Heimlich Maneuver where necessary.			
I hereby grant permission for my child to be included in pictures connected with the Before and After School Program for program development.			
I hereby grant permission for my child to leave the site under the supervision of a staff member to participate in specialized field trips in an authorized vehicle, bus or van with the Before and After School Program staff.			
I understand that all children must be picked up from the program no later than 5:30 pm. If a child has not been picked up by 5:30 pm and parent/ guardian has not contacted the Before and After School Program, the Richmond Department of Social Services will be notified and the child will be turned over to their care.			
I understand that failure to pick up my child by 5:30 pm will constitute a verbal warning for the 1st offense, a written warning for the 2nd offense and the child's dismissal from the program at the 3rd offense.			
I realize the importance of being accessible to the Before and After School Program and that it is my responsibility to keep the staff informed of new telephone listings. The 1st offense will be a warning, the 2nd offense will result in one day away from the program and the 3rd offense will result in one week away from the program before dismissal proceedings occur.			
I understand that the number of meals prepared each day is based on the attendance from the previous day. If my child is absent, I understand that a snack from a substitute menu will be provided for him/her.			

 Print Parent Name

 Parent Signature

 Date

PARENT AGREEMENT

I give permission for my child to participate in the Character Counts curriculum, a social development program focusing on the “Six Pillars of Character” which includes <i>Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship</i> .			
I will provide an official copy (report card) of my child’s reading and math grade levels at each school reporting period.			
I give permission for my child to participate in age appropriate health and wellness programs to include physical activity and nutrition. In addition, I will provide a current certificate of immunization and physical exam record as part of the registration process.			
I understand that my child must be toilet-trained before registering for the Before and After School Program. Falsification of information will result in immediate termination from the program.			
I hereby grant permission for my child to be physically restrained if he/she becomes a safety risk to self or others. I further understand that I will be notified accordingly and required to immediately pick up my child and he/she may be terminated from the program.			
CANCELLATION POLICY			
The Before and After School Program will not be held during <u>City of Richmond holidays, Richmond Public School holidays or Richmond Public School closings. The program will not be held when schools, due to inclement weather, are closed, dismiss early, have delayed openings, or Schools’ Administration cancels all after school activities.</u>			

I UNDERSTAND THAT MY CHILD WILL NOT BE ADMITTED INTO THE BEFORE AND AFTER SCHOOL PROGRAM UNTIL ALL APPROPRIATE PAPERWORK AND FEES HAVE BEEN SUBMITTED.

Print Parent Name

Parent Signature

Date

CITY OF RICHMOND
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BEFORE AND AFTER SCHOOL PROGRAM
CONFIDENTIAL ENROLLMENT DATA SHEET

Student Name _____ School _____

I Student Demographics

1. **Date of Birth** _____
Month - Day - Year
2. **Gender:** Female Male
3. **Grade Level:** Kindergarten 1st grade 2nd grade 3rd grade 4th grade 5th grade
4. **Racial/Ethnic Heritage: (Check One)**
 African-American/ Black Caucasian/ White
 Hispanic/Latino Asian/ Pacific Islander
 Native American Other, Please Specify _____
5. **Who lives in your household? (Include after-school participant. Check all that apply)**
 Mother Father Spouse Other

 Children: Number of Children under 18: _____ Number of Children over 18 _____

 Other non-relatives: Number of non-relatives: _____ Relationship _____

Total number of individuals residing in household: _____
6. **How was your child selected for participation in the Before and After School Program?**
 Part of a class/group that was selected Teacher/counselor referral
 Parent/referral Agency staff referral
 Other, Please specify _____
7. **Does your child receive any lunch assistance?** Partial free Full free No

II Reading Information

8. **Did your child participate in the Before and After School Program last year?** Yes No
9. **What types of reading influences are in your home? (Check all that apply)**
 I read to my child
 I buy books for my child
 I take my child to the library
 I set an example by reading myself
10. **Why is your child participating in this program? (Check all that apply)**
 To make friends Serves as a babysitter while I am busy
 Safe environment Enhance child's academic skills/ reading
 Build Character Other, Please Specify: _____

CITY OF RICHMOND
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BEFORE AND AFTER SCHOOL PROGRAM

TRANSPORTATION PERMISSION FORM
(For participating locations)

I hereby grant permission for my child _____ to be transported home on a school bus from the Before and After School Program. I understand that transportation is provided by Richmond Public Schools and my child will be under the supervision of a school bus driver. Disruptive behavior on any school bus may cause suspension or termination of the privilege to ride the bus.

My child will be transported home from _____ (Site) during the current school year.

Waiver: I authorize Richmond Department of Parks, Recreation and Community Facilities staff and volunteers to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the city of Richmond Department of Parks, Recreation and Community Facilities staff and volunteers from any and all liability and cost associated with the program. I further understand that my medical insurance carrier or I will be responsible for any expenses arising from said emergency or treatment.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

CITY OF RICHMOND
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BEFORE AND AFTER SCHOOL PROGRAM
SWIMMING PERMISSION FORM

I hereby grant permission for my child _____ to take part in swimming activities with the Before and After School Program. I understand that all swimming activities will be supervised by the Before and After School Program staff and certified lifeguards.

_____ will participate in swimming activities
Site Name

at _____ on _____
Pool Date

from the hours of _____ to _____.

My child's swimming skills are:

___ Excellent – Has more than two years of swimming lessons and excels

___ Good – Has had swimming lessons and/or swims good without floatation device

___ Moderate – Has some swimming abilities

___ Poor – Little or no swimming abilities

___ I do not know my child's swimming abilities

Comments: _____

Waiver: I authorize Richmond Parks, Recreation and Community Facilities staff and volunteers to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the city of Richmond Department of Parks, Recreation and Community Facilities staff and volunteers from any and all liability and cost associated with the program.

I further understand that my medical insurance carrier or I will be responsible for any expenses arising from said emergency or treatment.

Parent/ Guardian Name (Please Print)

_____ Date _____
Parent/ Guardian Signature

CITY OF RICHMOND
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BEFORE AND AFTER SCHOOL PROGRAM
PARENT VOLUNTEER FORM

I would like to volunteer for the Before and/or After School Program.

Before School Program	Yes		No	
After School Program	Yes		No	
I can do work at home	Yes		No	

I am available on the following days and times of the week:

Monday	Tuesday	Wednesday	Thursday	Friday

I would like to assist with:

- Arts & Crafts _____
- Dance & Music _____
- Field Trips _____
- Games _____
- Homework _____
- Science / Environmental _____
- Sports _____
- Nutrition & Fitness _____
- Other _____

Name (Please Print)

Email Address

Home Phone

Work/Cell