

PENNEKAMP AFTER SCHOOL ENRICHMENT PROGRAM GUIDELINES AND PARENT CONTRACT

- **Reporting to enrichment activities:** All students in grades 1-5 will report to the outdoor lunch area at regular school dismissal. First graders will be picked up the first week of classes ONLY. Although attendance is taken daily by the After School Program staff, the staff is not responsible for children who do not report to class. Afternoon Kindergarten students will be escorted by a Program staff member to the 2:45 Snackivity.
- **Parent pick up:** Please pick up on time at the outdoor lunch area. There is no dismissal from the class location. **A fee of \$1/minute will be charged for pick up after the end of the enrichment class.**
- **Refund Policy:** There are no refunds for missed classes. A \$25 fee will be charged for insufficient payment or for a class dropped after the first week of the session.
- **EDP:** Please notify EDP of after school classes in addition to providing this information on this form.
- **Class confirmation:** Confirmation lists will be available online before the beginning of the session.
- **Photos:** On occasion photos may be taken during classes. Parent signature indicates permission.
- **Canceled classes:** In the event of a class canceled due to last minute unforeseen circumstances, every attempt will be made to schedule a make up or a double class. If this is not possible, a refund for the canceled class will be given.

STUDENT CONTRACT

I will attend class regularly. I will follow procedures for reporting to enrichment program. I will behave appropriately according to all Pennekamp rules and regulations and will follow all guidelines of the program.

AFTER SCHOOL ENRICHMENT PROGRAM DISCIPLINE POLICY

At Pennekamp we are fortunate to be able to provide an enrichment program after school. In order for the program to continue to be a success, it should not be a substitute for after school day care. Your child must want to participate in the classes you have chosen. The instructors are not expected to take time away from the entire class to discipline students who are not following directions or do not wish to be in the class.

Hence, for the benefit of all students, the following policy will be enforced.

First action: A phone call will be made to inform you that your child has created a disturbance in class or has demonstrated other inappropriate behavior. **Second action:** A follow-up phone call will be made by the Program Coordinator or Director if the problem persists. **Third action:** The student will be removed from the program for the remainder of the session without refund. Remember, at Pennekamp, character counts. Please sign below to indicate that you are aware of program policies and have discussed them with your child.

CONSENT TO TREATMENT: Must be submitted each session

I, the undersigned parent /legal guardian of _____, a minor, do hereby consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor, under the direction of the Principal of Pennekamp School, the Coordinator of the After School Enrichment Program, or any of their designees, as per Section 25.8 of the California Civil Code. It is understood that this consent is given in advance of any specific diagnosis or treatment being required. It is further understood that I will assume full responsibility for any such action, including payment of any and all costs. This consent remains valid for the duration of the session unless revoked in writing and delivered to the Coordinator of the Pennekamp After School Program. This consent shall in no way imply that the Pennekamp program or associated personnel will be held liable for any illnesses or injuries sustained while participating in this program.

EMERGENCY CONTACT AND STUDENT INFORMATION

Student name: _____ Date of Birth: _____ Home phone: _____

Parent name: _____ Home phone: _____ Cell phone: _____

Please provide contact info to reach parent during program hours, if different from above: _____

Please list two contacts who may be contacted in the event of emergency if parent cannot be reached:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Date of last Tetanus Booster: _____ Food or medicine allergies: _____ Any other information pertinent to the supervision and safety of your child: _____

My child has permission to walk/bike home after dismissal. Yes No (Please circle)

Name(s) of persons other than parent authorized to pick-up student at dismissal: _____

Physician: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

We have read, understand, and agree to abide by the Parent /Student Contract and Discipline Policy, and Consent to Treatment.

Parent Signature ----- Student Signature -----

Today's Date: _____

REGISTRATION FORM (one form for each child)

Child's Name	Grade	Teacher	Room #	
Parent's Name	Address	Home Phone#	Emergency/cell #	Parent (Best) email

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>	AT DISMISSAL OF PROGRM: My child may walk/bike home alone: Yes/No
1. _____	_____	_____	EDP? Yes No Which days? _____
2. _____	_____	_____	
3. _____	_____	_____	

Registration procedures:

For hard copy registration: Make checks payable to **MBAF:** All information must be complete.

Fee: \$144 per class for an eight-week session (Monday, Tuesday, Wednesday classes)
\$126 per class for a seven-week session (Thursday classes)

Hard Copy: Total: _____ Check # _____