



Kaleidoscope Extended Day Program Registration Form

Child's Name : _____

Date of Birth: _____

School: _____ Age : _____

*Please verify placement
eligibility with your site
coordinator.*

Teacher: _____ Grade : _____

Emergency Transportation

If major injury to a child occurs, the staff will immediately call for professional help (911). Parents, designated emergency contacts, or the child's doctor will be notified immediately. If an emergency is such that immediate attention is necessary, the staff has my permission to transport my child to the appropriate medical facility for medical treatment.

Inclement Weather

Occasionally there may be instances where weather conditions can create an emergency situation resulting in the early closing of school and, hence, the extended day program. Limited time, lack of available personnel, and phone lines may make it impossible for us to notify you to make alternative plans over the telephone. Please be advised that the after school programs do not operate in these situations. Kaleidoscope operates in accordance with Charleston County School District policy. It is important that you have a contingency plan, preferably a notice to your child's teacher, describing where and with whom your child is to go in the event of an early school closing.

Field Trips and Swimming Activities

Field trips are part of the full day and summer programs. Children are expected to go on all scheduled field trips. If the field trip involves swimming, I give my child permission to participate in swimming activities.

Discipline

The staff of the Kaleidoscope Program are expected to respect the dignity of the children and conduct themselves as adult role models. The children are expected to respect staff and each other.

Physical contact in disciplining a child is avoided unless it is necessary to restrain a child from harming himself or another. Corporal punishment is not allowed. In correcting a child's behavior, the staff says and shows the child what he or she should be doing rather than focusing on the unwanted behavior. The staff also explains the reasons for the rules the children are asked to follow. School rules are still in effect during the after-school program.

If the staff is unable to resolve on-going or serious behavior problems (such as aggressive, abusive, disturbing, or destructive acts), the site supervisor will discuss the problem with the parents to establish a plan for dealing with the problem. If child's behavior does not change in a reasonable length of time, the supervisor will inform the parents and will schedule a conference that may include the community school director and principal. If the problem cannot be resolved, the director and site supervisor will give the parents a notice of dismissal from the program.

I have read and choose to comply with the contents of the policies regarding emergency transportation and medical treatment, inclement weather, field trips, swimming, and discipline.

Parent/Guardian Signature

Date

General Information: (Completed by Parent or Guardian)

Parent 1 _____

Parent 2 _____

Address _____

Address _____

Zip _____

Zip _____

Employer _____

Employer _____

Phone (Work) _____

Phone (Work) _____

Phone (Home) _____

Phone (Home) _____

Phone (Cell) _____

Phone (Cell) _____

Email _____

Email _____

Parents' Status: Single___ Married___ Divorced___ Separated___

Is there a separation or divorce custody problem which the Program staff should be aware? _____

If yes, please explain _____

Person (s) responsible if parents are unavailable and also allowed to pick up child:

Name _____ (Relationship to Child)

Phone (Home) _____ (Work) _____

Name _____ (Relationship to Child)

Phone (Home) _____ (Work) _____

Name _____ (Relationship to Child)

Phone (Home) _____ (Work) _____

Custody Restraints/Person(s) Who May Not Pick Up Child: (Required legal documentation attached).

Name of Family Physician or Health Resource

Name: _____

Phone: _____

Hospital of Choice _____

Health Information: (Required)

My child has the following health conditions: _____

Could any of these conditions affect participation in the program? _____

If so, please provide details: _____

It is necessary for my child to have the following medications administered while at the program:

The Kaleidoscope Program follows CCSD guidelines concerning procedures and requirements for the administration of medications.

Additional Comments: _____

Please give any further information which you believe will be helpful to staff in understanding and caring for your child:

I verify that my child is in good mental and physical health and is able to participate in all aspects of Kaleidoscope programming activities

Signature: _____
(Parent or Guardian)

Date: _____

Homework Agreement

Expectations for completing homework assignments while at the program vary from parent to parent. This agreement is between you and your child. It indicates how much homework you want your child to complete while at the Kaleidoscope Program on a daily basis. The role of the Kaleidoscope staff is to enforce the agreement that you and your child have signed. Once the daily homework agreement has been met, your child is free to engage in other activities offered by the program. I want my child to comply with the following option for completing homework while at the Kaleidoscope Program:

- My child will do all homework while at the Kaleidoscope Program.
- My child will do homework for 30 minutes a day, Mon-Thurs.
- My child will decide how much homework to do daily.
- My child will not do homework while at the Kaleidoscope Program.

Other: _____

Payments

One advantage that the Kaleidoscope Program offers to parents is program availability on an as-needed basis. We realize that, as working parents, job schedules are as varied as the occupations we choose. We are happy to provide flexible scheduling options in making program services available to you. However, such flexibility poses a potentially serious safety issue for your child.

We MUST know, IN ADVANCE, which children are expected to attend on any given day!
Payments are to be scheduled on a weekly basis.

Late Fees and Termination

The staff realizes that, occasionally, it may be impossible to pick up your child before the program closes. In such circumstances parents should make arrangements with someone who is authorized to pick up the child. Late charge fees are calculated at the rate of \$1.00 per minute after 6:00 pm and must be paid at time of pickup. Please realize that our staff also has family and personal commitments. Your understanding and cooperation in this most sensitive matter is greatly appreciated.

The Kaleidoscope Program reserves the right to terminate services if child placement is not satisfactory. If services have been terminated by the after school program, the child may not attend any other after school programs sponsored by the Community Education Program until any problems have been rectified.

Checklist

I have been given and/or have read the following information and accept the contents as terms of agreement for my child's participation in the Kaleidoscope Club Program:

- Reviewed this form and signed both the bottom of this page and page 1
- Completed Medical Information Page (Page 2 & 3)
- Completed Homework Agreement (Page 4)
- Read statements regarding payments, late fees, and termination (Page 4)
- Received Parent Handbook

Parent or Guardian

Date