

CHARLOTTE-MECKLENBURG SCHOOLS
AFTER SCHOOL ENRICHMENT PROGRAM
2014-2015 Registration Form - 1 per child
Please complete all required fields or indicate NA for not applicable
Central office registration ends August 10th

Date Enter _____
Date Drop _____
Receipt # _____

SITE CHOICE: _____ After School Before School Shuttle Stop Workdays only

STUDENT INFORMATION:

CHILD'S NAME _____
(Last) (First) (Middle &/or Nickname)

CHILD'S ADDRESS _____
(Street) (City) (Zip)

Age ____ DOB __/__/__ M/F ____ Fall, 2014 Grade: _____ Daytime School _____

PARENT/GUARDIAN INFORMATION:

1. Name _____ Home Phone _____
Address _____ Mobile Phone _____
E Mail Address _____
Place of Employment _____ Work Phone _____

2. Name _____ Home Phone _____
Address _____ Mobile Phone _____
E Mail Address _____
Place of Employment _____ Work Phone _____

Fees will be paid by Parent/Guardian CCRI City Subsidy Other source _____

PERSONS (age 16 or older) AUTHORIZED TO PICK UP CHILD OTHER THAN PARENT(S):

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Information about your child (List allergies, restrictions, special needs, medication or **NA for not applicable**):

INSURANCE INFORMATION: Insurance **is required** for all children enrolled in the After School Enrichment Program. You may choose to have student accident insurance purchased at school, medical insurance of your own, or both. Please indicate insurance coverage for your child.

- I will enroll my child in the student accident insurance program in the fall.
 I have personal medical insurance coverage for my child.

Insurance company name and policy number _____ Policy # _____
Required *Required*

EMERGENCY CARE INFORMATION:

Child's Doctor's Name _____ Phone _____

Address _____ Hospital Preference _____
Must list a the name of a hospital

If parent/guardian cannot be reached, call:

Name _____ Phone _____ Relationship _____

I agree that the ASEP Site Coordinator may authorize the physician of her/his choice to provide emergency care in the event that neither I nor a family physician can be contacted immediately.

Parent/Guardian Signature _____ Date _____

The \$25 registration fee is required at time of registration. Fees can be paid on-line or attached to paper forms. Registrations will not be processed until payment is received. Payment must be received with 5 business days.

Registration fees are non-refundable.

Mail forms to: ASEP, 1600 Tyvola Road, Charlotte, NC 28210

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Discipline and Behavior Management Policy

Disruptive behavior in the After School Enrichment Program makes it difficult to provide appropriate supervision of your child. Therefore any student who repeatedly disobeys the rules will be referred to the Site Coordinator.

The discipline procedure will be as follows:

1. The first referral will result in a conference among the Associate, Site Coordinator and the child. The Associate will write a note explaining the disruptive behavior and the action that was taken to try to stop the inappropriate behavior. A verbal contract with the child will be reached and the parent will be informed about the incident and agreement.
2. After the second written referral, the Site Coordinator will call the parent. The behavior of the child will be discussed and the parent will be asked to participate in resolving the problem.
3. If a third referral is necessary, the parent will be called by the Site Coordinator, and a conference scheduled. Depending on the severity of the situation, the child may or may not remain in the program until a conference is held and a decision is reached.
4. After the conference, the Site Coordinator and/or Program Assistant or Principal will determine whether or not the child's behavior will result in exclusion from After School Enrichment Program.
5. If a child is excluded s/he might not be considered for re-enrollment.

In the event of an incident involving an assault, a weapon, alcohol, or an illegal substance, the Principal and the Site Coordinator may choose to revert to the CMS Students Rights and Responsibilities Handbook consequences guidelines if necessary to assure a safe and orderly environment for all children.

We Do Not:	We Do:
Spank, bite, pinch, punch, pull, slap, or otherwise physically punish children. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children. Deny food or rest as punishment. Place the children in locked rooms, closets, or boxes as punishment. Allow discipline of children by children. Criticize, make fun of, or otherwise belittle children, their parents, families, or ethnic groups. Shame or punish children when bathroom accidents occur.	Praise, reward, and encourage children. Reason with children and set limits. Listen to the children. Model appropriate behavior. Modify the classroom environment to attempt to prevent problems before they occur. Treat children as people and respect their needs, desires and feelings. Explain things on their level. Provide alternatives for inappropriate behavior. Provide the children with natural and logical consequences of their behavior. Stay consistent in our behavior management.

I the undersigned parent/guardian of _____, do hereby affirm that I have read
Child's Name

and received a copy of the ***After School Enrichment Program Discipline and Behavior Management Policy, NC Daycare Summary of Laws, and the ASEP Family Guidelines***. The Site Coordinator (or other designated staff member) has discussed any questions I had about the Discipline and Behavior Management Policy, NC Day Care Summary of Laws as well as the ASEP Family Guidelines with me.

Date of Enrollment

Parent/Guardian Signature

Date