



Extended Day is Farmtastic!

REGISTRATION for 2019-20



PERSONAL INFORMATION

Child's Name _____ (_____)

First/Middle/Last

Name Called

Address _____ City _____ Zip _____

Date of Birth _____ Current Age _____ 2019-2020 Grade _____

FAMILY INFORMATION *Who should we contact first in case of an emergency? (Please Check)*

_____ Mother/Guardian's Name _____ Employer _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ Cell # _____ Email _____

_____ Father/Guardian's Name _____ Employer _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ Cell # _____ Email _____

EMERGENCY INFORMATION

If neither PARENT/GUARDIAN can be contacted, please call:



Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____ Other _____

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____ Other _____

PICK-UP AUTHORIZATION

In addition to the above, please give the names and relationships of any persons to whom the child can be released:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

EMERGENCY CARE INFORMATION

Healthcare Provider: _____ Phone Number: _____

I hereby authorize the site coordinator, principal or designee, into whose care the student has been entrusted, permission to provide and receive health care information about my child with any of the child's medical providers, including Dorchester School District Two nurses. All information will be kept strictly confidential and used only to provide appropriate individual health care services for my child in school or school related event. In case of serious illness/injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent/guardian, authorize the transport of and treatment by the hospital and emergency staff for my child,

_____. Print Student Name

Parent/Guardian Signature: _____ Date: _____



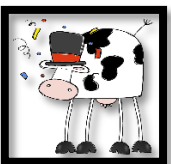
Health History-Check Yes or No

Allergies (specify): _____ Epi-Pen Y N

ADD/ADHD Y N Cancer Y N Cardiac Concern Y N Seizure Disorder Y N

Asthma Y N Diabetes Y N Physical Handicaps Y N Sickle Cell Disorder Y N

Other: _____



Child's Dentist _____ Phone _____

Hospital Preference _____ Phone _____

Insurance Company _____ Policy # _____

Home School Site _____



T-shirt Size: (Circle one) YS YM YL AS AM AL AXL



Extended Day Field Trip Permission Form



Student Name _____

Destination of Trip: Movies, Parks, Museums, and more Date(s): August 12, 2019-June 3, 2020

Method of Travel: District Two School Bus or Walking Chaperones: Site Coordinators and Counselors

As the Parent or Guardian of _____ the Extended Day has my permission to take him/her on **all field trips** from August 12, 2019-June 3, 2020.

- Any misbehavior and /or misconduct in any form will be dealt with in accordance to existing Extended Day rules. Follow the bus driver directions on how to cross the street. Be alert to traffic, look both ways, and always walk in front of the bus.
- Students are individually responsible for any personal items such as cameras, games and any electronic devices brought on the bus.
- Never attempt to pick up anything from under the bus-things can be replaced-children can't.
- In case of emergency, I give my permission for an Extended Day representative to act in the best interest of my child.
- It is understood that every effort will be made to ensure the safety of those who participate in this activity and the undersigned will not hold Extended Day responsible for any possible accident or injury.



*Signature of Parent or Guardian _____ Date _____

Swimming Level for Water Park Permission

My child's swimming ability level: (Check One)

_____ Non-swimmer- Fearful of water. Do not let my child get in the water.

_____ Beginner- Needs floatation device on and around water. Not fearful of water.

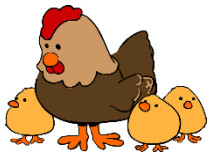
_____ Intermediate-Had swimming instruction. Needs floatation device in deep water.

_____ Advanced-Has skill and confidence in any depth of water. Can swim independently.
No floatation device needed.



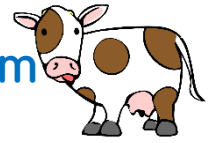
*Signature of Parent or Guardian _____ Date _____

Comment _____



Dorchester School District Two Extended Day Program

Extended Day Policy Form



Our childcare program standards require that we have documentation that each child's parent/guardian understands and accepts our policies on the following issues. Please read the policies listed and sign your name below to indicate that you understand these policies. Registration will not be processed until all forms are signed.

Discipline Policy - Parents are required to read and sign the **Behavior Expectations/Discipline Policy Form**. Corporal punishment is not administered in our program.

Payment Policy – Payment is due in advance **prior** to the weekly sessions. All checks should be made out to Dorchester District Two and paid to the Site Coordinator. For your convenience we accept credit/debit cards and on-line payments at dorchester2sc.csiepay.com.

Please check the number of children you will have in our Extended Day program

- _____ 1st Child – \$ 70.00 per week
- _____ 2nd Child - \$ 65.00 additional per week
- _____ 3rd Child - \$ 60.00 additional per week



Late Payment Policy – A \$7.00 late fee will be added if payment is not received by 6:00 pm on Monday. Your child may not return to extended day unless the week is paid in full.

Insufficient Funds Policy – We use **Nexcheck** (a returned check processing company) in regards to insufficient funds. We will gladly accept your checks. However, in the event your check is returned, your account may be debited electronically for the face amount and fees allowed by our state. If two or more checks are returned for insufficient funds, you will be required to pay by cash, money order, debit or credit card. Failure to reimburse insufficient funds will result in dismissal from the program.

Refund Policy – I understand that no refunds or adjustments are granted for illness, vacation, or when the Extended Day Program is cancelled due to inclement weather.

Late Pick-Up Policy - I understand that I must pick up my child(ren) by 6:00 p.m. Late pick up fee will be charged after 6:00 p.m. The fee is \$15.00 per 15 minutes per child. After the third late pick up, your child(ren) may not be allowed to continue in the program.

Medical Treatment – Extended Day staff members do not normally administer any medication and will do so only when directed in writing by the child's parent/guardian/doctor and follow DD2 medication procedures. However, in the event of an emergency in which the parent/guardian cannot be contacted, Emergency Medical Staff or the Extended Day staff members may take appropriate action in the best interest of your child.

Accident Insurance - Participants are responsible for their own accident insurance when using the Extended Day Program.

Cell Phones-Extended Day follows the district policy for Elementary Students. First offense - The device will be returned to parent/legal guardian. All other offenses - There will be a fine of \$25.00 or the device will be retained for the remainder of the school year.

Physical Activity Policy – Students should dress and wear appropriate **shoes** that will allow physical activity. Students will engage in physical activity twice a day totaling ninety minutes. (Full policy available upon request and on website.)

Inclement Weather - If DD2 schools close, our Extended Day Program is closed for child care.

Lost Items - I understand that the Extended Day Program is not responsible for any personal items lost or stolen at or during our program.

I have read and understand the above terms and policies:

*Parent/Guardian Signature _____ Date _____



Name of child(ren) attending Extended Day Program: _____





Dorchester School District Two Extended Day Program

Behavior Expectations and Discipline Policy

Extended Day 2019-20



Top objectives in our District Two Extended Day Program are to ensure safety of all children and provide a positive atmosphere for learning and developing skills. Our Extended Day staff will make every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The District Two Extended Day Program does not condone and will not permit by students, parents or staff: ridiculing, threatening, intimidation, using inappropriate loud voice, use of profanity or corporal punishment. If a child or parent's behavior is disruptive and /or unsafe, the child will be subject to suspension or dismissal from the program. Failure of the parent/guardian to attend a conference and cooperate may result in the child's immediate suspension or dismissal from Extended Day.

A child's behavior is expected to be consistent with the following: Use appropriate language at all times; cooperate with staff and follow directions; respect other children and staff, maintain a positive attitude, and stay in the program areas.

The Discipline Policy:

First Offense: Warning, **Second Offense:** Positive Redirection/Time Out, **Third Offense:** Parent Conference, **Fourth Offense:** If the child continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal. (Probation may be required) ***Failure of the parent/guardian to attend conferences and cooperate will subject the child to suspension or dismissal from the program.***

Behaviors that may result in immediate dismissal include, but are not limited to:

- (1) Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
- (2) Fighting
- (3) Vandalism or destruction of school property, after-school property, or property of others
- (4) Sexual Misconduct
- (5) Biting
- (6) Possession of a weapon
- (7) Running away
- (8) Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.

Special Circumstances:

Parents/Guardians are **required** to inform the Extended Day Program **in writing** prior to a child's acceptance in the program of **any special circumstances**, which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, included but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the program coordinator will require a conference with the parent/guardian to discuss issues created by these circumstances. IEP? 504?

***Please initial, indicating that you have read and understand the above: Initial _____ Date _____**

Comments: _____



The use of corporal punishment is not allowed in our Extended Day/Summer Camp Program. Corporal punishment is the use of physical force to the body as a discipline measure. Physical force of the body includes but is not limited to spanking, slapping, biting and shaking. We will not use food as a reward or punishment nor use or withhold physical activity as a punishment.

Extended Day does not discriminate against any individual on the basis of race, religion, sex, color, disability, genetic information, national origin, or any other applicable status protected by local, state or federal law.

I have read, understand and agree with the policies as stated in this document and discussed the expectations of behavior with my child.



***Parent/Guardian Signature:** _____ **Date:** _____

Name(s) of children attending Summer Camp _____





Sunscreen Permission Form

Dear Parent/Guardian,

When we plan outdoor field trips, please apply sunscreen on your child before he/she arrives at camp/extended day. The potential for sunburn during a Low Country Summer is high; therefore, we feel students should reapply sunscreen in the afternoon.

Please check all that apply:



I give permission for personnel of Extended Day or student to apply use of a sunscreen product of SPF-15 or higher. I understand that sunscreen can be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs. I do not know of any allergies my child has to sunscreen. I will provide the following brand/type of sunscreen for my child and print his/her name on the bottle.

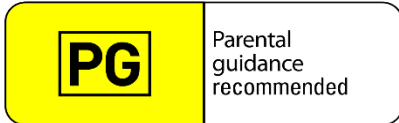


For medical or other reasons, please **DO NOT** apply sunscreen on my child's body.

Parent Signature: _____ Date: _____

Name(s) of children attending Summer Camp (Please share which child may have an allergic reaction).

Comments: _____



Movie Release Form

On occasion, we may travel or watch a movie that is rated PG. In order to watch a PG movie, a permission form must be signed by the parent. These movies include, but are not limited to *Finding Nemo*, *The Lion King*, etc. The movie will be posted prior to watching or if you have specific PG movie(s) that you do not want your child to watch, please list them on this form.

_____ I give permission for my student to participate in watching PG movies.

_____ I do not give permission for my student to participate in any PG movies that may be shown.

Parent Signature _____ Date _____



Comments _____

DD2 Extended Day-People's Choice Award for Best Afterschool Program!