Afterschool Program Registration Form

**Boys With A Purpose is dedicated to building strong young men of discipline, integrity and character. Through our Life Skills Curriculum, we are helping to changing the lives of young men every day.**

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| Boys With A PurposeAfter School Program Registration Form | | | | | | | | | | |
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|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | |  | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | |
| **STUDENT PICK-UP INFORMATION – CUSTODY RESTRAINTS** | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Name Phone | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Name | | |  | Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  |  | | | | | | |
|  | | |  | Secondary Emergency Contact | | | | | | |
| City, ST ZIP Code | | |  |  | | | | | | |
| Email: | | |  | **LATE PICKUP FEE $ 1.00 PER MINUTE** | | | | | | |
| Medical Information | | | | | | | | | | |
| ADD / ADHD - \_\_\_\_\_\_ Takes Medication at home \_\_\_\_\_ Takes Medication at School \_\_\_\_\_\_ | | | | | | | | | | |
| Asthma \_\_\_\_ Takes Medication at home \_\_\_\_\_ Rescue Inhaler \_\_\_\_\_\_ Rescue Nebulizer \_\_\_\_\_\_  Allergy \_\_\_\_ Environmental \_\_\_\_ Food \_\_\_\_ Severe life-threatening \_\_\_\_\_ Takes Medication at home / School \_\_\_\_\_  Mental Health \_\_\_\_\_\_ Takes Medication at home \_\_\_\_\_ Takes Medication at School \_\_\_\_\_ | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | |
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| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
| I give permission for my child to go on to the College of Charleston with the Boys With A Purpose Organization. I release Boys With A Purpose and individuals from liability in case of an accident during activities related to the After School Program, as long as normal safety procedures have been taken. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | |  |  | | | | |
| Witness Signature | | | | |  | Date | | | | |

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| Afterschool Program Schedule – Wednesday, Thursday, Friday 3:00-6:00 | | | | | | | | | | | |
| **Please indicate your child’s enrollment - Circle Days - Wednesday Thursday Friday** | | | | | | | | | | | |
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|  | | | |  |  | | | | |  | |
| **Registration & T-shirt fee – 40.00** | | | |  |  | | | | | | |
| **Enrollment Agreement – For safety reasons we must know in advance if your child is expected to attend on any given day.** (**No extra cost will be added for days missed**) | | | |  | **PARENT / GUARDIAN CONSENT FOR PHOTOGRAPHY AND SOCIAL MEDIA/ PG MOVIES**.  I give my consent for the Boys With A Purpose Afterschool Program to photograph my child and use pictures and or stories in connection with any of their work.  \_\_\_\_\_\_Initials  I **do not** give my consent for the Boys With A Purpose Afterschool Program to photograph my child and use pictures and or stories in connection with any of their work.  \_\_\_\_\_\_Initials | | | | | | |
|  |  |  | |  |
| STATEMENT OF CHILD’S ABILITY TO PARTICIPATE | | | | | | | | | | | |
| I certify that to the best of my knowledge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good mental and physical health and is able to  participate in the Afterschool Program at the College of Charleston.  Parent / Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Discipline model for the Afterschool Program | | | | | | | | | | | |
| When correcting a child’s behavior, the staff of Boys With A Purpose consent to always respect every child within the care of our program. The staff will ensure that all rules and expectations are known to every child prior to their participation in the program. Every child will be treated with dignity and respect by all staff. Staff members will restrict physical contact with all children except if the child is attempting to harm himself or others. Parents will be notified of all issues or behavior problems as soon as they occur. Corporal punishment is not allowed in our Afterschool Program. | | | | | | | | | | | |
| **FIGHTING – ZERO TOLERANCE POLICY** | | | | | | | | | | | |
| Fighting amongst students is not permitted in the Afterschool Program. Students will be removed from the program for fighting, bullying and or inappropriate behavior towards students or staff. | | | | | | | | | | | |
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| I have read and choose to comply with the contents of the policies of the Afterschool Program, including those pertaining to emergency transportation and medical consent, field trips and discipline. | | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| Parent’s/Guardian’s Signature | | | | | |  | | Date | | | |
|  | | | | | | | | | | | |
| **For Staff Use only: Registration fee paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |  | | **Cash \_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_** | | | |
|  | | | | | |  | |  | | | |
| **PROGRAM DIRECTOR:**  **KENNETH JOYNER: 443-989-8887** | | | | | |  | |  | | | |