



Afterschool Program Registration Form

Enrollment is based on availability. Please confirm placement with Site Coordinator before enrolling your child in the program.

Today's Date: _____ School: _____ Start Date: _____
 Please Circle: Afternoon Program Only Morning Program Only Afternoon and Morning Programs

1. STUDENT INFORMATION

Student Name: _____ Gender: Female ___ Male ___
 School: _____ Special Needs: Yes ___ No ___
 DOB: _____ Age: _____ Grade level for the upcoming school year: _____
 Does child have a sibling in the Expanded Learning Program? No ___ Yes ___ If yes: Sibling Name: _____
 Tell us about your child – please include information which would be helpful to staff in understanding and caring for your child: _____

2. PARENT / GUARDIAN INFORMATION

(1) Name: _____ Relationship to student: _____
 Address: _____ / _____
Street Address City, State, Zip Code
 Are you a CCSD Employee? Yes ___ No ___ If no: Employer: _____
 Phone: 1st _____ 2nd _____ 3rd _____
 *Email: _____ Alternate Email: _____
 (2) Name: _____ Relationship to student: _____
 Address: _____ / _____
Street Address City, State, Zip Code
 Are you a CCSD Employee? Yes ___ No ___ If no: Employer: _____
 Phone: 1st _____ 2nd _____ 3rd _____
 *Email: _____ Alternate Email: _____
 Child resides with: ___ Father ___ Mother ___ Both ___ Guardian ___ Other: (Specify _____)
 Family Code Word(s) _____ (optional) ***Please list a long-term accurate email address for invoicing your child's account.**

3. STUDENT PICK-UP INFORMATION / EMERGENCY CONTACTS / CUSTODY RESTRAINTS

___ Bus (not available in all programs) ___ Pick-up Only ___ Walker ___ Other _____
 Persons authorized to pick up my child if I cannot be reached (Photo ID required). May this person make health decisions for your child?
 Name: _____ Phone: _____ Yes ___ No ___
 Name: _____ Phone: _____ Yes ___ No ___
 Name: _____ Phone: _____ Yes ___ No ___
 Custody Restraints / Person(s) who may not pick up child: (Required legal document attached).

4. HEALTH INFORMATION / EMERGENCY CARD

Student Name: _____ DOB: _____ Age: _____ Gender: Female ___ Male ___

Medication / Medical Procedures: (CCSD policy JLCD-Assisting Students with Medications)

Any medication or medical procedure (blood sugar check, tube feeding, etc.) to be administered by Expanded Learning requires a Doctors Order Form separate from any given to the school nurse for use during the school day. Medication must be provided by the parent in the original, sealed, properly labeled container. Doctors Order forms are available from the Expanded Learning Nurse or online at www.ccsdschools.com under the Nursing Services Section.

If you are unable to obtain medication for Expanded Learning separate from that given to the school nurse for use during the day, please contact the Expanded Learning Program Nurse at 843-402-7872 for assistance.

ADD / ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Takes Medication at Home <input type="checkbox"/> Takes Medication during School Day <input type="checkbox"/> Needs Medication after school ADD / ADHD Doctor's Name: _____
Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Environmental/Seasonal <input type="checkbox"/> Food, allergic to: _____ <input type="checkbox"/> Severe / Life threatening allergy to: _____ <input type="checkbox"/> Takes Medication at Home <input type="checkbox"/> Needs Medication at School <input type="checkbox"/> Emergency Medication (EpiPen) Allergy Doctor: _____ Name of Med Date EpiPen Last Used ____/____/____
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Daily Maintenance Medication at Home <input type="checkbox"/> Rescue Inhaler <input type="checkbox"/> Rescue Nebulizer Asthma Doctor: _____
Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blood Glucose Checks <input type="checkbox"/> Oral Medication <input type="checkbox"/> Carb Counting <input type="checkbox"/> Insulin Injections <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Glucagon Diabetes Doctor: _____
Epilepsy (Seizures)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Daily Medication _____ <input type="checkbox"/> Diastat <input type="checkbox"/> Other Needs / Treatment _____ Date of Last Seizure ____/____/____ Seizure Doctor: _____
Mental Health Consideration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____ <input type="checkbox"/> Takes Medication at Home <input type="checkbox"/> Needs Medication at School Mental Health Provider: _____
Sickle Cell Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trait <input type="checkbox"/> Disease <input type="checkbox"/> Takes Medication at Home <input type="checkbox"/> Needs Medication at School Date of Last Hospitalization ____/____/____ Sickle Cell Doctor: _____
Physical Limitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____ <input type="checkbox"/> Limitation <input type="checkbox"/> Assistive Device Required <input type="checkbox"/> Takes Medication at Home <input type="checkbox"/> Needs Medication at School Disability Doctor: _____
Hearing Consideration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Right ___ Left ___ Both ___ <input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Cochlear Implant <input type="checkbox"/> Other
Vision Consideration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other
Feeding Consideration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Swallowing <input type="checkbox"/> G-Tube Feeding at School
Elimination Consideration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diapering <input type="checkbox"/> Catheterization at School
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe: _____
Individual Health Plan (IHP) on file w/ CCSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Concern of the IHP: _____

Every school is required to have 1st Responders trained in CPR and 1st Aid. If major injury to a child occurs, the staff will immediately call for professional help (911 and the Expanded Learning Program Nurse) and will follow their instructions. Parents, designated emergency contacts, or the child's doctor will be notified as soon as possible.

Hospital Choice: _____ Doctor's Name / Phone _____ / _____

Consent for Treatment / Release of Information

I consent for the CCSD Expanded Learning Program to provide nursing services to my child; release and exchange health and personal identification information to Medicaid for billing purposes (if applicable) which will remain confidential and NOT affect any services my child receives.

I give the Expanded Learning Program Nurse permission to exchange information with my child's healthcare provider. All information will be kept strictly confidential and used only to provide appropriate individualized healthcare services for my child while at school.

Parent / Guardian Signature _____ Date _____

5. ENROLLMENT OPTIONS

Please indicate your child's enrollment:

Weekly: ___ Circle days (3, 4 or 5 days) Mon Tues Wed Thu Fr -OR- Daily: ___ Circle days (2 days max) Mon Tues Wed Thu Fri

Enrollment Agreement: For safety reasons, we must know, in advance, which children are expected to attend on any given day. Weekly and/or daily fees are paid a week in advance. There is a \$1.00 per minute late pick-up charge per child for students picked up after program ending times (normally 6:00 p.m.).

We invoice a week in advance. Site Coordinators must be notified by parents/guardians the week prior if your child's schedule will change. Prices are subject to change. Enrollment is on a first come, first served basis. Enrollment is open to all CCSD elementary age/grade students, space permitting.

6. FEES / PAYMENTS

If there is any change in my request for days, I will notify the Site Coordinator. I understand that no refunds will be given for absences due to illness or vacation. I also understand that I have the option to register for Early Release/Full Days. In the event that there are not enough pre-registered children for Early Release/Full Day programs, the site's Expanded Learning Kaleidoscope program will either be cancelled or combined with other programs. _____ Initials

Fees are billed weekly and must be kept current. We track attendance for safety reasons. No financial adjustment will be given for days missed or early departure. Daily fees will be higher on early release days and full days, consult the Pricing Sheet or your Site Coordinator for rates. _____ Initials

CCSD employee and multiple child discounts are available. Limited economic scholarships may be available for qualifying families to receive reduced rates. To qualify, the parent/guardian must submit an application to the Site Coordinator. Approval is based on ABC Determination Table guidelines. If your site is ABC approved, you must bring proof of your DSS application before any reduced rate options become available.

Expanded Learning (Kaleidoscope) will issue account balance credits for school days missed for natural disasters or inclement weather.

Fees must be paid on time. Delinquent accounts will result in termination of program services. There will be a \$10 late fee for all payments after the due date.

We encourage our parents/guardians to pay online through the RevTrak link on the Kaleidoscope page of the CCSD Schools web site.

I understand the Fees and Payment Information and agree to them. _____ Initials

7. HOMEWORK AGREEMENT

Expectations for completing homework assignments while at the program vary from parent to parent. This agreement is between you and your child, and indicates if you want your child to do homework. The role of the Expanded Learning Staff is to enforce the agreement that you and your child have made. Once your child completes the amount of homework indicated, your child will be free to participate in the other activities offered by the program. Please indicate which agreement you and your child have made.

___ My child will do homework for 30–45 minutes each day, Mon – Thurs. ___ My child will not do homework while at the program. _____ Initials

8. NUTRITION

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutritional environment for children in our program and encourage the development of good eating habits, the Expanded Learning Program has developed the following nutrition policy. We will:

- follow the child care nutrition guidelines recommended by the USDA and CACFP (Child and Adult Care Food Program)
- follow CCSD Nutrition Standards, which meet federal standards
- limit sweet food items to two (2) times per week (or less)
- not use food as a reward or punishment
- not serve sugar-sweetened beverages

_____ Initials

9. PHYSICAL ACTIVITY

Expanded Learning recognizes the importance of physical activity for young children. All staff will adhere to the policies below to ensure all students are supported and encouraged to engage in a variety of age-appropriate active play.

- Counselors will encourage children to be physically active indoors and outdoors at appropriate times in an appropriate manner.
- Staff will interact and engage with the children during all play to promote safety, good decision-making and active play.
- Counselors will facilitate indoor/outdoor learning centers which promote physical activity, healthy lifestyles, safety, cooperation and healthy social interactions.
- Staff will never use physical activity or exercise as punishment, e.g. doing push-ups or running laps.
- Staff will provide a minimum total of 20 minutes of planned physical activities daily for children 3 years and older.
- Half Day Program (4 hours or less) will have outdoor play for preschool and school age children for a minimum range of 30–45 minutes.
- The program's schedule includes daily, active outdoor play for all children and provides a variety of indoor/outdoor play material to promote physical activity. If outdoor time is decreased due to inclement weather, indoor activity time will be increased to assure the total amount of physical activity remains the same.
- The program encourages and informs parents about their roles in dressing each child in clothing/shoes appropriate for active participation in physical activity and play.
- Caregivers are informed of their role in encouraging children to be physically active indoors and outdoors at appropriate times and in appropriate ways.

_____ Initials



10. FIELD TRIPS AND SWIMMING ACTIVITIES

Field trips are part of the full day and summer programs and follow CCSD approved Field Trip policies. Children are expected to go on all scheduled field trips. Standard staff-to-child ratios are 1:12 for grades K-1 and 1:15 for grades 2-6. These ratios are within guidelines issued by the South Carolina Department of Social Services (DSS). The ratios will be adjusted as needed for specific activities.

Transportation for field trips is provided by contracted bus services and/or CCSD activity buses. Children are not transported in personal vehicles.

Student's T-shirt size (Child) _____ Extra Small _____ Small _____ Medium _____ Large _____ Extra Large

If a field trip involves swimming, I give my child permission to participate in swimming activities and (check one) do _____ / do NOT _____ require my child to wear a life vest in the pool.

Field trips are subject to availability and may be constrained due to funding limitations. _____ Initials

11. INCLEMENT WEATHER

Expanded Learning Programs operate in accordance with CCSD policies regarding early school closing in the event of emergency weather conditions. If school opening is delayed, morning programs are cancelled. _____ Initials

12. PARENT / GUARDIAN CONSENT FOR PHOTOGRAPHY AND PG MOVIES

I do give my consent / I do NOT give my consent to the CCSD Office of Expanded Learning (Kaleidoscope) to photograph my child and to use pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release Charleston County School District from any claims whatsoever which may arise in said regards. _____ Initials

I do / I do NOT give my consent for my child to watch PG rated movies at the CCSD Expanded Learning Program. _____ Initials

13. DISCIPLINE

The staff of Expanded Learning is expected to respect the dignity of the children and conduct themselves as adult role models. The program does not use any strategy that hurts, shames, or belittles a child. The program does not use any strategy that threatens, intimidates, or forces a child. 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. The program does not permit the use of food as a reward or punishment. The program does not use or withhold physical activity as a means of punishment.

When correcting a child's behavior, the staff verbalizes and demonstrates to the child what should be said or done rather than focusing on the unwanted behavior. The staff also explains the reasons for the rules children are asked to follow. School rules are in effect during the Expanded Learning programs. The children are expected to respect the staff and each other.

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

I have read and choose to comply with the contents of the policies of the Expanded Learning Program, including those pertaining to emergency transportation and medical treatment, inclement weather, field trips, swimming and discipline.

Parent/Legal Guardian Signature: _____ Date: _____

14. 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

Child's Full Name

participate in the Expanded Learning Program at _____

School

Parent/Legal Guardian Signature: _____ Date _____

15. PAYMENT INFORMATION

If paying by check please make your check out to **Expanded Learning**.

For office use only: Registration fee paid: \$ _____ Cash Check # _____