

IOPCS Aftercare Program Registration

Family Name _____

All students enrolled in IOPCS must be registered in the aftercare program. Any student not picked up at dismissal time will be signed into the aftercare program and will need to be signed out of the program before 6pm. If aftercare is not prepaid, the family will be billed \$10.00 per student for each day the student is signed into the program.

CLUB MEMBER INFORMATION

STUDENT NAME _____	GRADE _____	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	HEALTH CONCERNS – Provide details on the back of this page <input type="checkbox"/>
STUDENT NAME _____	GRADE _____	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	HEALTH CONCERNS – Provide details on the back of this page <input type="checkbox"/>
STUDENT NAME _____	GRADE _____	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	HEALTH CONCERNS – Provide details on the back of this page <input type="checkbox"/>
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PARENT AND EMERGENCY CONTACT INFORMATION

This information is confidential and used only by staff to reach you in case of emergency.

Mother: _____ Cell: _____ Other: _____
Father: _____ Cell: _____ Other: _____
Home Address: _____
Emergency Contact: _____ Cell: _____ Other: _____

AUTHORIZED PICK UP INFORMATION

Aftercare staff will release students to parents, emergency contacts, and anyone listed on the authorized pick up list below (ID will be required) :

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

PARENTS PERMISSION AND SIGNATURE:

As the parent or legal guardian of the above named child(ren), I approve of my child(ren) participating in program activities and agree not to hold Infant of Prague After School Program staff or volunteers responsible and/or liable, and hereby release them from liability for losses of any personal property and for any injuries or accidents suffered by my child(ren) at the Infant of Prague After School Program or in connection with membership in the organization.

I have read and understand the Aftercare Program policies listed on the reverse side of this page.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Infant of Prague After School Program to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. Furthermore, I will allow for use of photographs, in which my child may appear, for publicity purposes in conjunction with the Infant of Prague after School Program.

Signed: _____

Date: _____

Parent or Guardian Signature

AFTERCARE PROGRAM POLICIES

- All policies in the IOPSC student handbook apply during aftercare program hours
- Parents will be called and asked to IMMEDIATELY pick up any student not adhering to IOPCS behavioral expectations as outlined in the IOPCS student handbook.
- A light snack will be provided. Students are welcome to bring their own snack from home.
- Students will be expected to work on homework or silent read during the designated homework time. Aftercare Program staff will try to assist with any homework questions. Students in the younger grades who may not have assigned homework will be expected to engage in a quiet activity (puzzle, coloring, etc.) during the designated homework time.
- Weather permitting, the Aftercare Program attendees will be outdoors on the IOPCS playground and athletic field area every day for a portion of the aftercare hours. If students are picked up during the outdoor time, adults are asked to approach one of the aftercare staff to sign out the student. Students are not allowed to leave the area without being signed out.
- Students should be picked up at the aftercare door (dark green door under the fire escape).
- Students must be signed out by a parent, emergency contact, or authorized person listed on the front of this form. IOPCS Aftercare Program staff have the right to ask for ID from any individual they do not recognize.
- All students must be picked up by 6:00pm. In the event of an emergency, parents are expected to telephone the school (910) 455-0838 ext. 309 to alert the Aftercare Program staff.

HEALTH INFORMATION

Please list any serious health problems or medical conditions which may impact the student attending the aftercare program. (Examples: Asthma, Allergies, Daily Medications, Etc.)

STUDENT NAME**HEALTH CONCERN**

INSTRUCTIONS FOR AFTERCARE STAFF

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