

**ABC Afterschool Program (formerly Teton After School)**

Questions? Please email [dtemple@d401.k12.id.us](mailto:dtemple@d401.k12.id.us) (208) 419-6219

**PLEASE RETURN BY MONDAY, OCTOBER 8**

**STUDENT ENROLLMENT APPLICATION**

**See reverse side for Spanish**

Please complete the following information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Boy / Girl

Teacher/School: \_\_\_\_\_

**Days needed:**

Monday      Tuesday      Wednesday      Thursday      Friday

**NAMES OF PARENTS AND GUARDIANS**

Parent(s) / Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have physical limitations? Yes No If yes, please

explain: \_\_\_\_\_

Is your child taking any medicine? Yes No If yes, please

explain: \_\_\_\_\_

Does your child have allergies? Yes No If yes, please

explain: \_\_\_\_\_

Does your child have food allergies? Yes No If yes, please

explain: \_\_\_\_\_

So we may best support your child, is there anything else you would like us to know about?

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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Name

Best Phone Number

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Name

Best Phone Number

### EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize ABC to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

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Doctor

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Parent/Guardian Signature

Date

### HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless ABC, Inc., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of ABC. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

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Parent Signature

Date

## **ABC PROGRAM INFORMATION**

- The program is free and funding relies on community support. Grades K - 3.
- The ABC Afterschool Program will run from October 15 through May 10.
- The program will be held at Driggs Elementary. Children from Victor Elementary and Tetonia Elementary will be transported to Driggs Elementary on a school bus. Parents must make arrangements with their child's school to have their child placed on the school bus to Driggs Elementary.
- Hours are from 3:00 – 5:30 P.M. Monday through Thursday.
- Hours are from 3:00 – 5:00 P.M. on Friday.
- Parents must indicate the days they need the afterschool program for their child/children on the application. It is expected that the child will be here consistently for those days needed.
- ABC is closed on all Teton School District school professional developments, parent-teacher conferences, holidays, snow days, and breaks.
- An afterschool snack will be available for each child.
- We want every child to feel welcome, have fun, and safe. Our program will instill a culture of children being responsible, respectful and ready!
- Parents must complete the check out form. People not listed may not pick up your child UNLESS you have contacted the Director in advance.
- Children may not leave the Driggs Elementary school grounds at any time unless it is a planned field trip or activity.
- If the program is full, children will be put on a waiting list.



## INCOME

Household Size (Check the box)

- 2
- 3
- 4
- 5
- 6 or more

Income (Check the box)

- \$0 - \$30,451
- \$30,452 - \$38,443
- \$38,444 - \$46,435
- \$46,436 - \$54,429
- \$54,430 - \$62,419
- \$62,419 - \$70,411
- \$70,411 - \$78,403
- \$78,404 +

We respect your privacy. Please have your child return the form to the school front office. Your application will be placed in an envelope immediately. Your application will be kept confidential.

## **TRANSPORTATION**

### Arriving

The afterschool program will be held at Driggs Elementary. Children can be bussed to Driggs Elementary from Tetonia and Victor Elementary schools.

Parents must make arrangements with the school to get their child on the bus to Driggs Elementary.

My child will be bussed to Driggs Elementary

They will be coming from:       Victor (Children take bus 29-1)

Tetonia (Children take bus 15)

## **CHECK OUT FORM**

Student's Name: \_\_\_\_\_

The following individuals are authorized to check-out the above named student from ABC activities.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Add additional names if needed.

If anyone is PROHIBITED from contacting or checking-out the student. Specify the individual(s) below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CODE OF CONDUCT

Positive attitudes keep ABC fun. Below are some guidelines children are expected to follow:

- We are Responsible
- We are Respectful
- We are Ready

## BEHAVIOR POLICY

Each child deserves to be in a positive, safe and caring environment. The first behavior issue will be a warning with the child and a notice will be sent home to the parent(s) / guardian.

The second behavior issue will be a conference set up with parents, children and ABC staff member to create a plan to stay within the rules. The third behavior issue will mean the child cannot come to the program. Families may reapply after four calendar weeks.

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Parent / Guardian Signature

Date

## PHOTO RELEASE FORM

I give ABC permission to publicize my child's picture, name, or copies of his/her work in school displays, social media, school papers, local newspapers, radio, video or television, \*\*If no, please explain this to your child and let them know not to be a part of group or individual pictures.

- Yes    No

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Parent / Guardian Signature

Date

## FIELD TRIPS

As parent or guardian, I give my child permission to attend any field trips or excursions planned by ABC.

Students will travel by school district bus or walk. A note will be sent home with your child prior to the trip. I also consent to allow my child to participate in special assemblies, educational programs, and activities made available by ABC.

- Yes    No

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Parent / Guardian Signature

Date

## CONSENT TO SHARE INFORMATION

I give permission to ABC, Teton School District 401 Title One, and the State Department of Education to share confidential information and work together in providing services for your child. This information may include tests, assessments/results, academic progress reports, disciplinary action records, IEP conference notes, and IEP's medical information for medical conditions and medications. This information will remain confidential. All personal records are protected by federal and state laws and cannot be disclosed without this written consent, unless otherwise authorized. I authorize the exchange of information related to my child and realize this consent is valid until revoked in writing.

- Yes    No

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Parent / Guardian Signature

Date

