

RICHARDSON SKILLS FOR SUCCESS

2017-2018 Student Enrollment Form

Child who will be attending Skills for Success this year (please fill out a separate form for each child attending):

1. _____ Sex _____ Teacher _____ Grade _____
Home Address _____ Apt./Space _____ City _____ Zip _____
Home Phone _____ Emergency Phone _____
Contact Email _____

Responsible Guardian(s): Birth Parents Foster Parents Other _____

Name _____ Day Phone _____ Ext. _____

Name _____ Day Phone _____ Ext. _____

Is any child listed above the subject of a custody order or agreement? Yes No

If so, a copy of the order or agreement must be provided.

Persons over 18 that can be contacted in case of an emergency and your child can be released to: (3 required)

Siblings under 18 CANNOT pick up students.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

NOTICE: Skills for Success will only let those listed above sign out your child unless presented with written permission from signer of this document or court order showing custodial entitlement.

Please list any health conditions or dietary restrictions: _____

Upon dismissal from afternoon Skills for Success (4:30 p.m.), my child will: (please pick 1 option)

Picked-up **Only** Go to the Y.E.S. Program **Only** Walk home **Only**

Pick Up **or** send to Y.E.S. if I am not there right at **4:30 dismissal**

Please indicate what day(s) your child will be attending afternoon Skills for Success (you can choose all days offered for that grade level):

Child _____ Mon. (K,1,2) Tues. (K,1,2) Wed. (3, 4, 5, 6) Thurs. (3, 4, 5, 6)

Club: _____ Day: _____ Grade: _____

I have read and understood the policies and procedures of the Flowing Wells Skills for Success program.

I will add the S4S phone # (520-442-8921) to my contact list.

I will communicate with the Skills Coordinators (in writing) if contact information changes.

Messages left on the S4S cell phone will be checked daily from 2:30 until 4:45. Same day dismissal changes will need to be called into your child's teacher or the Richardson Office (520-696-8500).

AUTHORIZED SIGNATURE _____ **Date** _____

Sign and Return

RICHARDSON SKILLS FOR SUCCESS

Parent/Guardian Agreement

By signing this agreement, I understand and agree to the following:

1. I understand that **my child may only attend S4S if he/she attends school** during the regularly scheduled school day.
2. I understand that **when my child attends school, he/she will be expected** to attend their full S4S scheduled day of 4 rotations. Once my **child's attendance rate goes below 70%, he/she may be suspended** from the S4S program.
3. I understand that **a family member or I will not remove my child at dismissal** on their S4S day **without signing out in the Office**. My child(ren) **will have a one day suspension from the S4S program on the second occurrence. After the third occurrence, my child(ren) will be suspended from the program for such action.**
4. I understand that my **child will be dismissed to S4S on scheduled days** unless written or verbal parental/guardian consent is communicated to the **regular classroom teacher and the S4S site coordinators prior to 2:00**. **Messages left on the S4S cell phone will be checked daily from 2:30 until 4:45. I will call the Richardson Office for same day dismissal changes.**
5. I understand that I am **responsible for knowing my child's participation schedule** (as I have received a calendar and a S4S grade level schedule) and will not be given reminders throughout the year.
6. I understand that **regular dismissal procedures and pick up times will be followed on days that my child does NOT** participate in the S4S program. Children **NOT picked up on time from their non-S4S days** may risk suspension from S4S.
7. I understand that **my child is not to attend S4S if he/she is experiencing any of the following symptoms:** fever, rash, vomiting, diarrhea, severe coughing, pink eye, head lice, chicken pox, or other contagious diseases. If my child becomes ill while attending Skills for Success, I will be contacted and asked to arrange to have my child picked-up.
8. I understand that when my child attends afternoon S4S, **he/she will participate from 2:10 p.m. – 4:30 p.m. Clubs may have different dismissal times**. **My child may only be picked-up prior to 4:30 p.m. in emergency situations.**
9. I understand that the S4S coordinators are not always in the Office and **I will call the S4S cell phone (520-442-8921)** for any communication after 2:30 each day.
10. I understand that **my child may choose to have an afternoon snack**, which is provided by S4S. Snacks consist of at least two of the four food groups such as fruit, crackers, and dairy products.
11. I understand that the **S4S program and staff is not permitted to dispense medication**. If my child needs medication, he/she should report to the nurse during school hours.
12. I understand that **if my child engages in disruptive behavior** that causes harm to himself/herself, other students, program property, or staff, he/she may first get a time-out, then a parent, child, and staff meeting, followed by a short suspension, and finally expulsion from S4S.
13. I understand that a **permission slip must be completed for my child to attend any field trip** sponsored by S4S.
14. I understand that if my child(ren) is not a walker or Y.E.S. participant, **I must be at S4S to pick-up my child(ren) no later than 4:40 p.m. (closing time)(3:30 for early Clubs) or I will be charged \$1.00 for every minute past 4:40 (3:30) p.m. on the first occurrence and \$2.00 for every minute on the second occurrence. After the third occurrence, my child(ren) will be suspended from the program.** I understand that all late fees must be paid in cash or money order within 24 hours for my child to continue in the S4S program.
15. I understand that **I will pick my child up from the afternoon Skills for Success program, unless I give written notification and permission** to the S4S staff.
16. I understand that if **I withdraw my child from Skill that I must do so in writing**.
17. I understand that **I will be notified of any accident involving my child** within 30 minutes by phone or other means. Should emergency treatment be needed, staff will attempt to contact the parent first. If staff is unable to reach a parent, an emergency contact will be called. If deemed necessary by paramedics or other medical personnel, the child will be taken to the most appropriate emergency center.
18. **I am to inform staff if my telephone, address, or other information has changed.**
19. **I give consent that any photograph, videotapes, films and/or audio recording made of my child** by Flowing Wells School District are the property of the said organization and may be used for publicity, training, publication, grant applications, or any other use deemed appropriate by F.W.S.D.

Parent/Guardian Signature _____ Date _____

Site Coordinator Signatures _____ Date _____

_____ Date _____

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Parent/Guardian Signature _____ Parent/Guardian Copy _____ Date _____

Site Coordinator Signatures _____ Date 2017-2018 School Year

_____ Date 2017-2018 School Year

Parent/Guardian Copy