

PARC Academy & After School Program WPR @ Peter's Rock

Please check which program you are applying for:

☐ **Virtual School** ☐ **After School Only** ☐ **Virtual & After School** ☐ **Zoom Tutoring**

School Currently Attending	Special Needs: Yes _____ No _____	Grade
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Student First Name	Middle	Last	Birthday	Sex
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Address	City	Zip
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Phone Number	Type of classroom enrolled in: Regular _____ Resource _____ Self-contained _____
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Mother's Name	Address	Place of Employment	Phone Number	Cell Number
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Father's Name	Address	Place of Employment	Phone Number	Cell Number
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Guardian's Name	Address	Place of Employment	Phone Number	Cell Number
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Is your child allergic to any foods or medications? Yes _____ No _____ If yes, please list:	Other Health Information Responsible adult who can be contacted if parents cannot be reached at home or work: _____ _____
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Is your child taking any medications? Yes _____ No _____ If yes, please list:	In the event of illness or accident to a child of mine while attending after school which requires medical attention, circle which applies to you regarding medical attention: <u>DO</u> or <u>DO NOT</u> hereby authorize the director or designee to secure medical services for my child, at my expenses, including doctor, hospital, and ambulance services If I cannot be reached promptly by phone or if in the judgment of the director that medical help is immediately required without time to reach me.
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DEPARTURE OPTIONS: Please choose one and initial your name.

_____ Parent will pick up the child(ren).

_____ Other adult will pick up the child(ren). (Adult's name must appear below.)

LIST WHO CAN PICK UP YOUR CHILD FROM THE AFTER SCHOOL PROGRAM

1. _____ Phone _____

2. _____ Phone _____

FIELD TRIP PERMISSION FORM

Field trips will be planned from time to time as part of the After School Program which will entail going to nearby parks, skating, and taking the church van to points of interest. Every possible precaution will be exercised to ensure the safety and welfare of your child. However, the school and its authorized agents shall not be responsible, financially or otherwise, should an accident occur.

_____ has permission to participate in the After School Program WPR's trips, unless I specify that he/she may not attend a particular activity.

MEDIA PERMISSION FORM

We may be approached by the media or other agencies interested in filming, interviewing, or photographing the students for particular community projects or news stories. Please **choose and initial** your name for the following statements:

_____ I give permission for my child to be filmed, interviewed, or photographed.

_____ I do not give permission for my child to be filmed, interviewed, or photographed.

_____ I have received the Parent Handbook which includes the payment policy, program policies, and procedures.

Parent/Guardian Signature

Date

Disclaimer: After School Program WPR carries general liability insurance, as well as coverage for a child's accident at the center. However, we are not responsible, financially or otherwise, should an accident occur at the center that is not due to the fault of the organization.

Director Signature

Date