

United Parish Early Learning Center
BEFORE / After School Program

Registration *2023-2024*: School Year
Child Information

Student's Name: _____
School: _____
Grade in Fall: _____
Home Address: _____
Bus Number they ride if not attending program: _____

Check Days Needed:

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Parent/Guardian Information:

Parent/Guardian: _____	Parent/Guardian: _____
Relationship to child: _____	Relationship to child: _____
Home Address: _____	Home Address: _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Phone: _____	Business Phone: _____
Hours at work: _____	Hours at work: _____
Email address: _____	Email address: _____

Can either parent(s)/guardian(s) pick up at any time: YES / NO

Are their individuals who should NOT have contact with your child? YES / NO

Child Information:

Sex: M / F Date of Birth: ___/___/___ Primary Language: _____

Allergies/Special Diet: _____
Chronic Health Conditions: _____
Special Limitations/Concerns: _____

Is student on an IEP or 504 plan? Yes ___ No ___

***Parents must supply an updated Medial Action Plan and necessary medication prior to the start of the school year and your child starting the program.

I give permission for a staff member to administer the EpiPen needed for my child's allergy or medical condition.
Parent/Guardian Initials: _____

I give permission for my child's allergy or medical condition to be shared with all staff members that come in contact with my child. Parent/Guardian Initials: _____

I authorize the staff in the UPELCASP program that is trained in the basics of First aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the UPELCASP to transport my child to the nearest medical care facility by ambulance and to secure necessary medical treatment for my child.
Parent/Guardian Initials: _____

Additional Information:

Child's Physician/Clinic: _____

Address: _____

Health Insurance Coverage: _____ Policy Number: _____

Additional Pick up Information: In case of emergency or unforeseen circumstances, I give permission for any of the following individuals to be contacted and my child/children may be released to them. At least one local contact is required that is in the Upton area or within 15 minutes of the United Parish Church of Upton.

Full Name: _____ Full Name: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Relationship to child: _____ Relationship to child: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Check the following:

_____ My child may be photographed/videoed at UPELCASP.

_____ My child may not be photographed/videoed at UPELCASP.

(At no time will your child's full name be used in conjunction with their picture unless prior consent has been given.)

I would like my child to participate in the Homework Club: Yes ___ No ___

(Homework/behavior agreement must be completed and returned by everyone.)

Please provide passwords for online homework so we can assist your child with logging on. IE: go math, IXL, Wonders, Lexia, Raz-Kids, Kid A-Z.

Program: _____

Program: _____

Username: _____

Username: _____

Password: _____

Password: _____

Please read and initial to acknowledge that you understand and agree with the following:

I understand and agree with the above policies and procedures. Parent/Guardian Initials: _____

I have read the UPELCASP Handbook. Parent/Guardian Initials: _____

I agree to follow all policies and procedures as stated in the Handbook. Parent/Guardian Initials: _____

Parent/Guardian Signature: _____

United Parish Early Learning Center After School Program Homework /Behavior Agreement

I, _____, being the parent of _____ agree that my child must follow all school rules while in attendance at the after school program. A time slot has been set aside each day in order for your child to take advantage of finishing their homework before going home. We offer this time so that your child may relax and have free time at home. If you child opts not to participate in homework time, they are not to disturb those who are working. An alternate activity will be offered to those who choose not to do their homework. If your child does not obey the rules of the after school program, the program has the right to suspend the child from the program. If your child has been told the rules and agrees to this contract they must sign below and return this form along with the registration paperwork. Your child must be respectful, kind, display good manners and always keep hands to themselves. They are to be respectful to all staff at all times.

A Code of Rights and Responsibilities for After School Students

- We all have a right to a peaceful and orderly environment.
 - We do not pester, stalk, bully or dare other students. We do not use bad language or indecent gestures.
 - We do not "hover" continually in someone's space or jump into an activity without asking first.
 - We do not cut in line, play out of turn, or take more than your share.
 - While indoors, we do not shout, scream or run.
 - We DO use phrases like "Please", "Thank You", "May I", "Excuse Me" and wait our turn for all activities.
- We should respect everyone's right to feel good about themselves.
 - We do not call anyone by negative names or intentionally insult people.
 - We do not make insulting remarks about a person's race, religion or size.
 - We do not cause someone else to be uncomfortable; we ARE kind to others and try to mention their better qualities.
- We should respect everyone's right to feel safe from harm or harassment.
 - We do not hit, punch, kick, bite or prod anyone for any reason.
 - We do not imply violence or threaten violence. (That means we do not bully or scare people on purpose.)
 - We do not touch anyone who does not wish to be touched.
 - We DO try to manage conflicts peaceably or ask for staff help with any difficult situations.
- We should respect other people's property.
 - We do not take or "Borrow" property without permission.
 - We do not break or damage someone else's property including school property on purpose.
 - WE DO take care of our equipment, games, and supplies and help to keep our school neat and clean.

Children will be expected to abide by this code.

Infractions, depending on their severity, frequency or intention could result in a warning, a time out, a parent call or pick-up, suspension or removal from the program. Tuition paid will not be refunded if a child is asked to leave for disciplinary reasons. When an infraction occurs, it is our goal to work with the child and parent to prevent further behavior problems; however we must always consider the safety of the other children in the program.

____ I have read, or my parents have read me the rules listed above. I understand that while I am attending the program I must treat the staff and my classmates with respect. I will not use offensive language and will not hurt anyone on purpose. I also expect to be treated with respect and when someone violates my rights I expect the staff to listen to my concerns and take action.

Child's Signature _____

____ I have read the code of rights and responsibilities list above. I have reviewed them with my child and I am willing to work with the staff if and when a violation occurs. I am also aware that repeated violation of the rules may result in removal from the program.

Parent's Signature _____