

Completion of this form does not guarantee services. Space in the program may not be available. The program director will confirm if your child has a spot in the program.

Student ID # \_\_\_\_\_

Enrollment Option \_\_\_\_\_

### Sumner County Schools Extended Day Programs

#### STUDENT INFORMATION (Please print.)

Student Name \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Mother/Guardian Name \_\_\_\_\_

Mother/Guardian Driver's License/Date of Birth \_\_\_\_\_

Mother/Guardian Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian Email Address (for receipts/statements) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Father/Guardian Driver's License/Date of Birth \_\_\_\_\_

Father/Guardian Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father/Guardian Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian Email address (for receipts/statements) \_\_\_\_\_

In whose custody is the student: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other  
If "Other" is marked, please explain: \_\_\_\_\_

Primary Contact \_\_\_\_\_ Are custody papers on file with the school? \_\_\_ Yes \_\_\_ No

#### EMERGENCY CONTACT/PICK UP INFORMATION (If parent/guardian cannot be reached or is unable to pick up child, the following people may pick up child or provide assistance.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is there anyone who we should be aware of who should not be coming to the school because of legal matters: \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Medication taken \_\_\_\_\_

Does child have a: \_\_\_\_\_ 504 plan \_\_\_\_\_ IEP \_\_\_\_\_ Behavior plan

Sumner County Schools Extended Day Programs  
Behavior Policy regarding Suspensions and Expulsions

The mission of SCS Extended Day Programs is to provide a safe, wholesome, and enriching environment for children. When a student makes good choices and exhibits appropriate behavior, he/she will receive praise and positive rewards. However, when students show inappropriate behavior, program directors and staff will provide discipline through guidance such as warnings, conferencing, redirection, time away from preferred activities, etc.

To provide consistency for all students, the behavior policy for SCS Extended Day Programs will be as follows:

1. First offense: Student will receive a warning in regard to the inappropriate behavior or a verbal reminder of the appropriate choice to make.
2. Second offense: Student will be redirected to the appropriate behavior and/or have time away from the preferred activity.
3. Third offense: Student will have a defined time in a "Think About It" area and will have a conference with the program director. The student will be asked to explain the actions and come up with a solution that would have been more appropriate than the choice made. At this time, parent/guardian will receive a behavior incident report. A parent/guardian and student signature will be required.
4. If/When a child receives three incident reports within the year, the child will be suspended from the program for a minimum of one day. If the inappropriate behavior continues, then more days of suspension or possible dismissal from the program may occur.
5. A hit-to-hurt incident will result in an automatic suspension of three days. However, to continue to keep your child's spot in the program, the days of suspension will be days that fees are charged.
6. The SCS Extended Day Programs Handbook outlines many of the behaviors that may lead to suspension and dismissal/expulsion from the program. The decisions on how to address each situation lies with the Program Director and/or Principal. A parent/guardian's signature on the *Acknowledgment of the Policies and Procedures* of the program means you understand the expectations of behavior for a child to participate in the before/aftercare program and remain enrolled.

I have read and understand the behavior policy for the Extended Day Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Acknowledgment of SCS Extended Day Programs' Policies and Procedures**  
***Please initial each item and sign/date at bottom of document***

\_\_\_\_\_ I understand that I am responsible for paying my child's fees every week. I know that my child may be dismissed from the program for failure to pay, and a collection agency may be used to collect unpaid fees. ***Anyone registering a child in a program must provide a driver's license and date of birth for enrollment to occur.***

\_\_\_\_\_ I know the opening time for the extended day program, and that it closes at 6:00 p.m. My child should be picked up and signed out by 6:00, or I will be responsible for paying any late fees incurred.

\_\_\_\_\_ If my child is picked up late more than twice, he/she may be dismissed from the program.

\_\_\_\_\_ I have been offered the opportunity to visit the program's facility.

\_\_\_\_\_ I understand an adult on my registration form must drop off/pick up my child each day. My child must be signed in and out of the facility. My child will not be released to anyone unless that person is on the registration form, or I send written communication (note, email, text, or Remind message) to the program director. The director must acknowledge the communication to confirm the release.

\_\_\_\_\_ I give permission for my child to attend field trips. I will be notified of all field trips in writing in advance.

\_\_\_\_\_ I understand the program staff will make all reasonable attempts to not release my child to anyone whose behavior may place him/her in immediate or possible risk. If a person attempting to pick up a child displays erratic behavior or appears to be under the influence of alcohol or drugs, I understand the program staff will contact 911 or local law enforcement.

\_\_\_\_\_ I understand the behavior, rewards, and consequences section of the handbook and that my child may be suspended or dismissed from the program if he/she displays continued inappropriate behavior as outlined in the handbook.

\_\_\_\_\_ I give permission for my child's name or picture to be used in the program's (parent/guardian access only) social media sites such as Facebook or news sites.

\_\_\_\_\_ I will explain to my child that cell phones are not to be used while in the program. I will also inform my child that technology may only be used on special days that will be identified by the program director.

\_\_\_\_\_ I understand the health and safety procedures in the handbook and am providing medical authorization and information when signing this document. I give permission for the program staff to seek medical care for my child in my absence.

\_\_\_\_\_ I have received the TDOE Summary of Child Care Program Guidelines.

Phone number where you may usually be reached: \_\_\_\_\_

Primary care physician's name and phone #: \_\_\_\_\_

**I understand and acknowledge each of the items above.**

**Student name:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_