Charleston County SCHOOL DISTRICT > excellence is our standard

STUDENTS ARE THE HEART OF OUR WORK!

AFTERSCHOOL PROGRAM REGISTRATION FORM

FOR THE 2021-2022 SCHOOL YEAR

Enrollment is based on availability. Please confirm placement with Site Coordinator before bringing your child to the program.

Today's Date:_____ School:_____ Start Date:_____

Please Check One: ☐ Afternoon Program Only ☐ Morning Program Only ☐ Afternoon and Morning Programs

1. STUDENT INFORMATION

Student Name:_____ Gender : ☐ Female ☐ Male

School:_____ Special Needs: ☐ Yes ☐ No ☐ IEP ☐ 504 Plan

DOB:_____ Age:_____ Grade level for the 2021-2022 school year:_____

Does child have a sibling in the Expanded Learning Program? ☐ No ☐ Yes If yes: Sibling Name:_____

Tell us about your child – please include information which would be helpful to staff in understanding and caring for your child:

_____

2. PARENT / GUARDIAN INFORMATION

(1) Name:_____ Relationship to student:_____

Address:_____/_____
Street Address City, State, Zip Code

Are you a CCSD Employee? ☐ Yes ☐ No If no: Employer:_____

Phone: 1st:_____ 2nd:_____ 3rd:_____

*Email: _____ Alternate Email:_____

(2) Name:_____ Relationship to student:_____

Address:_____/_____
Street Address City, State, Zip Code

Are you a CCSD Employee? ☐ Yes ☐ No If no: Employer: _____

Phone: 1st:_____ 2nd:_____ 3rd:_____

*Email: _____ Alternate Email:_____

Child resides with: ☐ Father ☐ Mother ☐ Both ☐ Guardian ☐ Other: (Specify_____

Family Code Word(s):_____ (optional) ***Please list a long-term accurate email address for invoicing your child's account.**

3. STUDENT PICK-UP INFORMATION / EMERGENCY CONTACTS / CUSTODY RESTRAINTS

☐ Bus (not available in all programs) ☐ Pick-up Only ☐ Walker ☐ Other:_____

Persons authorized to pick up my child if I cannot be reached (Photo ID required). May this person make health decisions for your child?

Name:_____ Phone:_____ ☐ Yes ☐ No

Name:_____ Phone:_____ ☐ Yes ☐ No

Name:_____ Phone:_____ ☐ Yes ☐ No

Custody Restraints / Person(s) who may not pick up child: (Required legal document attached).

4. HEALTH INFORMATION / EMERGENCY CARD

Student Name: _____ DOB:_____ Age:_____ Gender: ☐ Female ☐ Male

Medication / Medical Procedures: (CCSD policy JLCD-Assisting Students with Medications)

Any medication or medical procedure to be administered by Expanded Learning requires a Doctors Order Form separate from any given to the school nurse for use during the school day. Medication must be provided by the parent in the original, sealed, properly labeled container. Doctors Order forms are available from the Expanded Learning Nurse or online at www.ccsdschools.com under the Nursing Services Section.

If you are unable to obtain medication for Expanded Learning separate from that given to the school nurse for use during the day, please contact the Expanded Learning Program Nurse at 843-323-7534 for assistance.

ADD / ADHD	☐ Yes ☐ No	☐ Takes Medication at Home ☐ Takes Medication during School Day ☐ Needs Medication after school ADD / ADHD Doctor's Name:
Allergy	☐ Yes ☐ No	☐ Environmental/Seasonal ☐ Food, allergic to:_____ ☐ Severe / Life threatening allergy to: _____ ☐ Takes Medication at Home ☐ Needs Medication at School ☐ Emergency Medication (EpiPen) Allergy Doctor: Name of Med: Date EpiPen Last Used ___/___/___
Asthma	☐ Yes ☐ No	☐ Daily Maintenance Medication at Home ☐ Rescue Inhaler ☐ Rescue Nebulizer Asthma Doctor:
Diabetes ☐ **Type 1** ☐ **Type 2**	☐ Yes ☐ No	☐ Blood Glucose Checks ☐ Oral Medication ☐ Carb Counting ☐ Insulin Injections ☐ Insulin Pump ☐ Glucagon Diabetes Doctor:
Epilepsy (Seizures)	☐ Yes ☐ No	☐ Daily Medication_____ ☐ Diastat ☐ Other Needs / Treatment _____ Date of Last Seizure ____ /____ /____ Seizure Doctor:
Mental Health Consideration	☐ Yes ☐ No	Type:_____ ☐ Takes Medication at Home ☐ Needs Medication at School Mental Health Provider: Name of Med:
Sickle Cell Anemia	☐ Yes ☐ No	☐ Trait ☐ Disease ☐ Takes Medication at Home ☐ Needs Medication at School Date of Last Hospitalization ___ / ___ / ___ Sickle Cell Doctor:
Physical Limitation	☐ Yes ☐ No	Type:_____ ☐ Limitation ☐ Assistive Device Required ☐ Takes Medication at Home ☐ Needs Medication at School Disability Doctor:
Hearing Consideration	☐ Yes ☐ No	☐ Right ☐ Left ☐ Both ☐ Hearing Aid(s) ☐ Cochlear Implant ☐ Other
Vision Consideration	☐ Yes ☐ No	☐ Glasses ☐ Contacts ☐ Other
Feeding Consideration	☐ Yes ☐ No	☐ Swallowing ☐ G-Tube Feeding at School
Elimination Consideration	☐ Yes ☐ No	☐ Diapering ☐ Catheterization at School
Individual Health Plan (IHP) on file w/ CCSD	☐ Yes ☐ No	Health Concern of the IHP:
IEP or 504 Plan on file w/ CCSD	☐ Yes ☐ No	Please describe any accommodations:
Other	☐ Yes ☐ No	Please describe:

Every school is required to have 1st Responders trained in CPR and 1st Aid. If major injury to a child occurs, the staff will immediately call for professional help (911 and the Expanded Learning Program Nurse) and will follow their instructions. Parents, designated emergency contacts, or the child's doctor will be notified as soon as possible.

Hospital Choice:_____ Doctor's Name / Phone:_____/_____

Consent for Treatment / Release of Information

I consent for the CCSD Expanded Learning Program Nurse to provide nursing services to my child; release and exchange health and personal identification information to Medicaid for billing purposes (if applicable) which will remain confidential and NOT affect any services my child receives.

I give the Expanded Learning Program Nurse permission to exchange information with my child's healthcare provider. All information will be kept strictly confidential and used only to provide appropriate individualized healthcare services for my child while at school.

Parent / Guardian Signature: _____ Date: _____

Please use this space for any notes or remarks:

5. HOMEWORK AGREEMENT

Expectations for completing homework assignments while at the program vary from parent to parent. This agreement is between you and your child, and indicates if you want your child to do homework. The role of the Expanded Learning Staff is to enforce the agreement that you and your child have made. Once your child completes the amount of homework indicated, your child will be free to participate in the other activities offered by the program. Please indicate which agreement your and your child have made.

☐ My child will do homework for 30 45 minutes each day, Mon – Thurs. ☐ My child will not do homework while at the program. _____ Initials

6. NUTRITION

Good nutrition is vital to children's overall development and well–being. In an effort to provide the best possible nutritional environment for children in our program and encourage the development of good eating habits, the Expanded Learning Program has developed the following nutrition policy. We will:

- follow the child care nutrition guidelines recommended by the USDA and CACFP (Child and Adult Care Food Program)
- follow CCSD Nutrition Standards, which meet federal standards
- limit sweet food items to two (2) times per week (or less)
- not use food as a reward or punishment
- not serve sugar-sweetened beverages

_____ Initials

7. PHYSICAL ACTIVITY

Expanded Learning recognizes the importance of physical activity for young children. All staff will adhere to the policies below to ensure all students are supported and encouraged to engage in a variety of age–appropriate active play.

- Counselors will encourage children to be physically active indoors and outdoors at appropriate times in an appropriate manner.
- Staff will interact and engage with the children during all play to promote safety, good decision-making and active play.
- Counselors will facilitate indoor/outdoor learning centers which promote physical activity, healthy lifestyles, safety, cooperation and healthy social interactions.
- Staff will never use physical activity or exercise as punishment, e.g. doing push–ups or running laps.
- Staff will provide a minimum total or 20 minutes of planned physical activities daily for children 3 years and older.
- Half Day Program (4 hours or less) will have outdoor play for preschool and school age children for a minimum range of 30–45 minutes.
- The program's schedule includes daily, active outdoor play for all children and provides a variety of indoor/outdoor play material to promote physical activity. If outdoor time is decreased due to inclement weather, indoor activity time will be increased to assure the total amount of physical activity remains the same.
- The program encourages and informs parents about their roles in dressing each child in clothing/shoes appropriate for active participation in physical activity and play.
- Caregivers are informed of their role in encouraging children to be physically active indoors and outdoors at appropriate times and in appropriate ways.

_____ Initials

8 FIELD TRIPS AND SWIMMING ACTIVITIES

Field trips are part of the full day and summer programs and follow CCSD approved Field Trip policies. Children are expected to go on all scheduled field trips.

Standard staff–to–child ratios are 1:12 for grades K–1 and 1:15 for grades 2–6. These ratios are within guidelines issued by the South Carolina Department of Social Services (DSS). The ratios will be adjusted as needed for specific activities.

Transportation for field trips is provided by contracted bus services and/or CCSD activity buses. Children are not transported in personal vehicles.

_____Initials

9. INCLEMENT WEATHER

Expanded Learning Programs operate in accordance with CCSD policies regarding early school closing in he event of emergency weather conditions. If school opening is delayed, morning programs are cancelled. _____Initials

10. PARENT / GUARDIAN CONSENT FOR PHOTOGRAPHY AND PG MOVIES

☐ I do give my consent / ☐ I do NOT give my consent to the CCSD Office of Expanded Learning (Kaleidoscope) to photograph my child and to use pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release Charleston County School District from any claims whatsoever which may arise in said regards. _____Initials

☐ I do / ☐ I do NOT give my consent for my child to watch PG rated movies at the CCSD Expanded Learning Program. _____Initials

11. DISCIPLINE

The staff of Expanded Learning is expected to respect the dignity of the children and conduct themselves as adult role models. The program does not use any strategy that hurts, shames, or belittles a child. The program does not use any strategy that threatens, intimidates, or forces a child. Physical contact in disciplining a child is avoided unless it is necessary to restrain a child from harming himself or another.

Corporal punishment is not allowed. The program does not permit the use of food as a reward or punishment. The program does not use or withhold physical activity as a means of punishment.

When correcting a child's behavior, the staff verbalizes and demonstrates to the child what should be said or done rather than focusing on the unwanted behavior. The staff also explains the reasons for the rules children are asked to follow. School rules are in effect during the Expanded Learning programs. The children are expected to respect the staff and each other.

If the staff is unable to resolve on–going or serious behavior issues (such as aggressive, abusive, disturbing, or destructive acts), the Site Coordinator will discuss the problem with the parents to establish a plan for dealing with the problem. If the child's behavior does not change in a reasonable length of time, the Site Coordinator will inform the parents and will schedule a conference. If the problem cannot be resolved, the Site Coordinator will give the parents a notice of dismissal from the program.

I have read and choose to comply with the contents of the policies of the Expanded Learning Program, including those pertaining to emergency transportation and medical treatment, inclement weather, field trips, swimming and discipline.

Parent/Legal Guardian Signature:_____Date:_____

12. STATEMENT OF CHILD'S ABILITY TO PARTICIPATE

I certify that to the best of my knowledge:_____ is in good mental and physical health and is able to
Child's Full Name

participate in the Expanded Learning Program at:_____
School

Parent/Legal Guardian Signature:_____Date:_____

All parents must read and adhere to the Kaleidoscope "potty accident procedures" contained within the Parent Manual.

In order to provide for the care of your child, to ensure the safety of all students and staff, and to properly resource our programs, it is your responsibility to inform us of any special needs or special requirements for your child. Our ability to accommodate and provide for any special needs depends upon an accurate depiction of any and all special needs or special requirements for your child. Additionally, you give permission for your child's school to share pertinent information/records with the Kaleidoscope program as it relates to your child's educational needs. Please call or email the Kaleidoscope Site Coordinator directly if you have any questions.