Check those that apply:

* Monday-Friday $114.58

**Daily Rate Program**

* All Mondays $22.00
* All Tuesdays $22.00
* All Wednesdays $22.00
* All Thursdays $22.00
* All Fridays $26.58
* Early Release Fridays $74.25

Monthly Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leesville 2014-2015 After School Program Application**

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Name the Child Is To Be Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s NCWise #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s Guardian’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

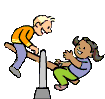
Mother’s/Guardian’s Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, notify the following person(s) if parents/guardians cannot be reached:

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

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

**Names of Individuals to Whom the Program Staff May Release the Child as Authorized by the Person Who Signs the Application (We check ID)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: first choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ second choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have allergies or chronic illnesses? If yes what are they?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student take medications and/or have a medical plan on file with the school? If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give any other information that you would like the Before School Program staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, I authorize the Before School Program staff to obtain medical attention for my student in the event that I cannot be contacted immediately. My signature indicates that I have read and understand the procedures for the Before-School Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

**Office Use Only:**

* Registration Fee
* Office Copy
* OSP
* ID Card
* Medical
* Emergency Dismissal Plan

# Leesville Elementary School Discipline and Behavior Management Policy

The WCPSS Code of Student Conduct applies to all programs operated by WCPSS and occurring on school campuses. The Code of Student Conduct is outlined in the *WCPSS Student Handbook.*

|  |
| --- |
| **Praise and positive reinforcement are effective method of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.** |

|  |  |
| --- | --- |
| We: | We: |
| 1. DO praise, reward and encourage the children | 1. DO NOT spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children. |
| 2. DO reason with and set limits for the children | 2. DO NOT make fun of, yell at, or threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children. |
| 3. DO model appropriate behavior for the children. | 3. DO NOT shame or punish the children when bathroom accidents occur. |
| 4. DO modify the classroom environments to attempt to prevent problems before they occur | 4. DO NOT deny food or rest as punishment. |
| 5. DO listen to the children | 5. DO NOT relate discipline to eating, resting or sleeping. |
| 6. DO provide alternatives for inappropriate behavior to the children | 6. DO NOT leave the children alone unattended or without supervision. |
| 7. DO provide the children with natural and logical consequences of their behaviors. | 7. DO NOT leave the children in locked rooms, closets or boxes as punishment. |
| 8. DO treat the children as people and respect their needs, desires, and feelings. | 8. DO NOT allow discipline of children by children. |
| 9. DO Ignore minor misbehaviors. | 9. DO NOT criticize, make fun or otherwise belittle children’s parents, families, or ethnic groups. |
| 10. DO explain things to children on their levels. |  |
| 11. DO use short supervised periods of “time-outs”. |  |
| 12. DO stay consistent in our behavior management program. |  |

**Discipline Procedures:**

It is important that children respect themselves, other people and property. Discipline should be viewed in a very positive manner with appropriate activities, mutual respect, adequate planning, and consistent supervision contributing to a climate in which self-discipline can flourish.

The Coordinator will set aside time during the first week to develop and discuss guidelines, procedures and rules with the children. These will be reviewed as necessary throughout the school year.

Occasionally children will need to be removed from a situation when they cannot act appropriately. The Coordinator should be contacted to assist with these situations in order to minimize disruption to the childcare program. The student may be taken to the office or another place to regain his/her composure.

If problems with a child seem to arise frequently, the parent will be notified and a conference scheduled to discuss these concerns. Persistent and/or severe misbehavior may result in the child being withdrawn from the program.

# “Time-Out”

“Time-out” is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time-out” space, usually a chair, is located away from classroom activity but within the teacher’s sight. During “time-out”, the child had a chance to think about the misbehavior, which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children. (Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College)

**Discipline Acknowledgement**

I, the undersigned parent or guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s full name), do herby state that I have read and received a copy of the facility’s Discipline and Behavior Management Policy and that the facility’s direct/coordinator (or other designed staff member) had discussed the facility’s Discipline and Behaviors Management Policy with me.

Date of Child’s Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**WCPSS Before and After School Programs**

**Statement of Receipt**

1. **THE BEFORE/AFTER SCHOOL PARENT INFORMATION**
2. **THE DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY**
3. **Summary: North Carolina Child Care Law and Rules**

(These are available on the les website)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent, legal guardian,

or full-time custodian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that I

have received a copy of **Parent Information** that contains important information and policies of the Before/After School Program, the **Discipline and Behavior Management Policy, and the Summary: North Carolina Child Care Law and Rules.**

They have been discussed with me, and I have no further questions concerning their content.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Legal Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Child’s Enrollment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Coordinator’s Signature

**Distribution: One copy to parent/guardian**

**Signed copy in child’s file**