

Date Enrollment Form Received:

The L.E.A.D. Program Afterschool 2021 - 2022
Enrollment Form and Emergency Medical Information Grades 2 - 5
Please be sure to fill out BOTH SIDES of this form

Student Name _____ DOB ___/___/___ Grade ___ Gender ___

Address _____

Parent/Guardian Phone _____ Student Phone (if any) _____

Child's Teacher _____ Does the Student have an IEP or a 504 Plan? Y ___ N ___

Are Parents Divorced/Separated? ___ If yes, with whom does the student live? _____

Is either parent deceased? ___ If yes, which parent and when? _____

If applicable, please list the name of the step-parent _____

Mother/Guardian information	Father/Guardian information
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

Attendance Policy

P.M. Dismissal Procedures

To ensure the safety of your child at dismissal time, we ask that you or a *designated adult (listed on the reverse side of this form)* enter the building to sign your child out. We reserve the right to request photo identification in order to keep your child safe,

No student will be permitted to sign himself/herself out without written permission of a parent/guardian.

Please circle which day(s) your child will attend the L.E.A.D. Program.

2-5 Morning Reading Intervention 7:00-8:25 (T-W-F)

Tues./AM

Wed./AM

Thurs./AM

2-5 Afterschool Homework Help/Intervention/Enrichment/Clubs 2:45 – 5:25 (M-Th)

Mon./Wed. PM (Math/PBL)

Tues./Thurs. PM (Reading/Clubs)

- I will send a note to my child's teacher on days that he/she will not be attending the L.E.A.D Program as normally scheduled.
- I do not hold Newcomertown Schools or the MVESC liable for my student's whereabouts once they have signed out of the L.E.A.D. Program for the day.

Parent/Guardian Signature: _____

Date: _____

MUST LIST THREE INDIVIDUALS WHO ARE AUTHORIZED TO PICK UP THE STUDENT

*The Ohio Department of Education requires a minimum of three individuals listed below.

Name and Relationship	Name and Relationship	Name and Relationship
Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone
Work Phone	Work Phone	Work Phone

DO NOT RELEASE – The following people are not allowed to take my student (court papers required)

Name/Relationship _____ Papers received on _____

Name/Relationship _____ Papers received on _____

***State Licensing requires that we have the following information for each student.**

Preferred Physician _____ Preferred Dentist _____

Does student have any food, medication, or environmental allergies? ____ **If yes, please list and explain:**

EMERGENCY MEDICAL AUTHORIZATION

The L.E.A.D Program **HAS PERMISSION** to secure emergency transportation for my student in the event of illness or injury. The emergency transportation service will determine the facility to which my child will be transported

OR

The L.E.A.D. Program **DOES NOT HAVE PERMISSION** to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment.

Initials _____

Initials _____

ACKNOWLEDGEMENT OF POLICIES & PROCEDURES

_____ **Parent Initials:** My child has permission to participate in the L.E.A.D. Afterschool Program.

_____ **Parent Initials:** I have received a Parent Handbook describing the policies & procedures governing the L.E.A.D. Program, funded by the Muskingum Valley Educational Service Center. I am now aware that I may be eligible to receive gas vouchers if my child participates in Newcomerstown’s Free/Reduced Lunch Program. **I understand that Gas Voucher Applications are made available by the Site Coordinator upon request.**

_____ **Parent Initials:** I acknowledge that Newcomerstown’s Elementary staff members may share information with the L.E.A.D. Program staff regarding my child’s academic needs in order to facilitate personalized & quality reading and math intervention/enrichment activities.

_____ **Parent Initials:** The L.E.A.D. Program has my permission to photograph or to video tape activities that may include my child for the purpose of promoting the program. (Example: Newsletter, flyers or news articles)

_____ **Parent Initials:** I give permission for my child to use computer equipment and the internet, acknowledging the inherent risk of the internet. Every effort will be made by the Newcomerstown Local Schools and the Muskingum Valley Educational Service Center to protect children from harmful content, including the use of software that blocks offensive content. Unacceptable uses of the computer and/or network by students will result in revoking of access privileges.

_____ **Parent Initials:** I understand that it is my student’s responsibility to attend the L.E.A.D. Program on the designated days listed on front of this form. I also understand that a parent/guardian, or other individuals listed above will enter the building and check my student out each day he or she attends. I understand the importance of being at the school **by no later than 5:15 p.m.** to take my child home. If an emergency arises and it is impossible to be at the school by 5:15, I will contact the school to notify them that I will be arriving late.

Parent/Guardian

Signature _____ **Date:** _____