



**Economic  
Opportunity  
Program, Inc.**

*Strengthening the fabric of our community*

**Center of Excellence 1 After-School Registration Form 2023-2024**

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Medical Conditions or Allergies: **(DR. NOTE IS REQUIRED FOR ALLERGY MED.)**

Parent/Guardian: \_\_\_\_\_

Cell Phone of Parent/Guardian: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Income: \$17,240 or less      \$17,241 –\$ 27,150      \$27,151 – \$35,160  
   \$35,161–\$43,950      \$43,951- \$49,550      or over \$50,000

**PLEASE NOTE: PROOF OF INCOME IS REQUIRED FOR FUNDING**

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_

Race: Black    White    Hispanic    Bi-Racial    Asian/Pacific Is.    Indian/Alaskan

Child Lives With:    Mother    Father    Both Parents    Other

Family Size: \_\_\_\_\_

Please list the Names of People Authorized to Pick-up your child:

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I give permission for my child to receive professional medical treatment in an emergency while in the care of the Center of Excellence 1 staff:      Yes    No

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I consent to the enrollment of the child listed above.

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



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# **Parent Information**

## **Program**

The goal of the Center of Excellence 1 Program is to provide high quality after school services for children Pre-K (4years old) through 6<sup>th</sup> grade (12 years old). The program provides child-centered activities that encourage self-esteem building, decision-making skills, social skills and prevention education. The program follows the school schedule from the time students are released until 5:45pm.

The staff prepares bi-weekly lesson plans that include a wide range of supervised activities. We try to encourage the children to participate in as much of the planning as possible. Activities include:

- Arts and Crafts
- Recreation
- Homework and Reading Time
- Education\Other Educational Opportunities (e.g. science)
- Healthy Lifestyles
- Cultural Enrichment
- Daily Snacks
- Special Projects and Events
- Field Trips

\*All activities are designed to promote self-esteem, responsibility, decision-making skills, appreciation and respect for self and others.

## **Enrollment**

Enrollment is on a first-come first-serve basis. The program does not discriminate on the basis of race, gender, religion, national origin, or lifestyle. You will be notified by letter if your child is put on the wait list status.

## **Records**

It is very *important* that you keep your child's information up to date. If you move or change phone numbers, you need to notify us *immediately*. We also need to know if your child begins or stops medications.

## **Parent Participation**

Parents are welcome to observe our program at any time. The staff welcomes your comments and is available to discuss any aspect of the program with you. Your questions, concerns, comments, and/or suggestions are very important to us. Please feel free to contact the Program Coordinator at 734-6174 ext. 323.

## **Center of Excellence 1 Closing**

Center of Excellence 1 will be closed whenever the school is closed, vacation days, no school days or when afterschool programs are cancelled due to inclement weather.

## **Attire**

Please dress your child according to the weather. This can include but is not limited to sneakers, boots, jackets, hats and gloves for outside activities and suntan lotion if needed.

## **Snack**

Snacks will be provided daily to your child from the school district.

## **Health Policy**

If your child becomes ill while at the program, the Parent/Guardian will be contacted and will become responsible for picking up the child. If the Parent/Guardian cannot be reached persons listed as emergency contacts will be called.

## **Medications**

Regulations prohibit staff from administering medication to your child. Please try to arrange your child's medications schedule so that you give it at home, or the school nurse will administer it in school.

## **Discipline**

Staff makes every effort to help your child learn positive behaviors. Positive guidance and reinforcement are stressed to promote desirable behavior. In the event that your child consistently displays challenging behavior or repeatedly fails to respond to instructions, the following actions will occur:

1. Talk with the child and give verbal redirection
2. Time out
3. Loss of privileges for repeated disruptive behavior
4. Engage parent to develop an intervention plan

## **\*\*Important\*\***

Any child causing physical harm or posing a safety threat to themselves or another child or staff, may be considered for suspension on a time limited basis. The program coordinator will determine the amount of time in concert with parents.

## **Absence**

If your child is absent for an extended period of time, please notify the office at 734-6174 ext. 323. Any child who misses three consecutive days of the program, without a call, may be placed on the waiting list.

## **Pick-Up**

Pick-up time is 5:45 pm. We understand that on occasion emergencies do occur however, it is important that you pick-up your child on time. Parents are required to sign their child out upon picking them up. Repeated late pick-up may result in your child being terminated from the program.

## **Authorized Persons**

Please keep an updated list on file of those persons authorized to pick-up your child. We cannot release your child to someone who is not on the list. Authorized persons are required to sign-out your child and may need to provide appropriate picture identification.