

Center of Excellence 1 After-School Registration Form 2026-27

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: _____

2nd 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:

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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cont'd.

I give permission for the Center of Excellence 1 Program Staff to obtain a copy of my child
_____ Educational report. This report will serve as a part of the students file
Print Childs Name
and be used for measurement purposes to improve reading and behavior.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

I give COE 1 Staff permission to transport my child(ren) while they are participating in the New
Day/COE Program.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

I give my permission to photograph my child for the program activities, for newspaper and
television releases and educational publications. Names may not be used without specific
permission from me.

_____ Yes _____ No

Signature: _____ Date: _____

Attached are our Program Information sheets. Please acknowledge that you have read them by
signing below and returning this sheet to program staff.

Child(ren) Names: _____ Site: _____

I/we have been given and read the Parental Information sheets explaining each of these policies
and procedures listed below:

- Admissions and Registrations
- Health Policy
- Discipline Procedures
- Daily Snack
- Program Activities
 - Pick-up/Sign out Procedure
 - Attendance and Payment Policies

Parent 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 6th 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, and 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 life style. 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

Snack 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 that 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.