



TRAK

Teaching Readiness And Knowledge
723-3382 or 206-0979



Friday Fun Club Enrollment Form

Student's Name: _____
DOB: _____ Age: _____ Current Grade _____
Mother's Name: _____ Father's Name: _____
Address: _____ Home Phone: _____
City: _____ State/Zip: _____
Dad's place of work: _____ Phone: _____
Dad's Cell _____
Mom's place of work: _____ Phone: _____
Mom's Cell _____
Emergency Contact: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Please keep us updated if your information changes. EMAIL: _____

Information about the TRAK program will be sent home periodically. Schedules will be available on a monthly basis.

I, _____ (Parent/Guardian), of the above named participant do hereby give consent to his/her participation in the TRAK program and waive any claim for liability or damages against the Black Hills Special Services Cooperative/Belle Fourche School District, or any of their employees, or any persons assisting with the TRAK program.

In consideration of the participation of the aforementioned juvenile in programs and activities sponsored in part or solely by Black Hills Special Services or its' subsidiaries, (BHSSC) the undersigned agrees and releases as follows:

- I am the natural parent or guardian of the minor named above who will be participating in an event or activity sponsored in whole or part by BHSSC.
- The juvenile participating in the activity does so at my request with my approval and express permission.
- I understand that **any** activity gives rise to certain risks of personal injury and/or damage, said risks are an integral part of their participation, and cannot be totally avoided.

I waive any claim and release from liability, the officer, directors, employees, or agents to BHSSC/Belle Fourche School District 9-1 for any loss or damage that may arise during my child's participation in activities or events sponsored or conducted by BHSSC.

I agree to indemnify and hold unaccountable BHSSC/Belle Fourche School District 9-1 from any claims or liabilities that may be brought against BHSSC/Belle Fourche School District 9-1 because of the actions of my child while participating in the activity or event causing injury or damage.

Parent/Guardian

Date

STUDENT ARRIVAL/DEPARTURE INFORMATION

On intersession days, program hours are 8:00 am to 11:30 am. Intersession days are marked with an I on the school calendar.

Students need to sign in and out of the program.

Children must be collected by 11:30 am during on intersession days. If, for any reason, this is not possible, please call the site coordinator as soon as possible so arrangements can be made.

Departure

If your child will be riding his/her bike or walking home after Friday Fun Club, please call that day before 10:00 am to inform TRAK staff.

Signature of Parent/Guardian

Date

People who are allowed to provide transportation for my child/children:

Name_____Relationship_____

Name_____Relationship_____

Name_____Relationship_____

Name_____Relationship_____

Name_____Relationship_____

As you know South Park Elementary is a 'peanut aware' facility. We try to honor that during our summer school session also. A list of allowed snacks is available upon request.

MEDIA RELEASE

Name of Child: _____

Age of Child: _____

We may have the opportunity to promote our program through local media, websites, brochures, or other mediums. Pictures of the students are often used in these promotional or informational materials. Your permission is necessary for your child to be photographed for use in such materials. I give permission for my child to be photographed individually and/or in group activities. These photographs may be used in promotional or informational materials (including print, video, or electronic) for the elementary after school program [TRAK]

Parent signature: _____

OR...

I, _____, grant permission for the staff of TRAK to take pictures of my child. These pictures will only be used in memory books for students or on school bulletin boards.

Parent signature: _____

Medical Information/Release

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medication: _____

Note: If your son/daughter needs any medication administered during program hours, a bottle with prescription/administration information will be required. Also please see care plan for allergies if needed.

List any know allergies [insect stings, food, drugs]

List any dietary restrictions:

In case of emergency, every effort will be made to contact the parents or the person listed as 'emergency contact'. If TRAK is unable to reach either, I agree to the following:

- I authorize BHSSC/Belle Fourche School District, its' agents, and employees to obtain and consent to any medical treatment which, in the discretion of BHSSC, may appear to be reasonably necessary or which may arise during the course of my child's participation in the program activity or event.
- I agree to be responsible for all costs and expenses that may arise out of medical treatment obtained on my behalf, or on behalf of my child and as authorized by this consent.
- I agree to indemnify and hold harmless BHSSC/Belle Fourche School District from any claims or liabilities that may be brought against brought against BHSSC/Belle Fourche School District because of any actions of my child while participating in the activity or event causing injury or damage.

Name/age of Child:

Parent/Guardian Signature

Date

Discipline Policy:

A reasonable effort will be made to maintain discipline and order in the classroom and the school system to protect the students from conditions harmful to learning, health, and safety. All disciplinary action will be conducted in a positive, non-humiliating, non-threatening, non-harmful, safe manner that offers alternative solutions to the action taken by the student. After student(s) have calmed down, staff member should sit down and calmly discuss the situation and lead the student to alternative actions. Notation will be made and filed in student's confidential file.

In order to run a safe and productive program, the "1, 2, 3 Strikes You're Out" policy is used. If a strike is given there could be a temporary suspension from the program which will be determined by Miss Cassie and Julie Hatling. The length of the suspension will be based on the offense that led to the strike.

This policy maintains that each student will have three chances to correct any non-rule following behavior as follows:

1st Referral: Parent will be notified by the instructor and the transgression will be reported and filed in the student's cumulative folder. A referral could result in a temporary suspension that will be determined by Miss Cassie and Mrs. Hatling. The suspension will be communicated to the parents/guardians.

2nd Referral: Parent and student will be asked to meet with the instructor and the site coordinator to discuss the first and second transgression and to make a plan to avoid any future misbehavior. The notes from this meeting will be documented and filed. A referral could result in a temporary suspension that will be determined by Miss Cassie and Mrs. Hatling. The suspension will be communicated to the parents/guardians.

3rd Referral: Student is out. Parents will be notified and asked to take student home. Student will no longer be welcome in the program.

Referrals include, but are not limited to inappropriate language, destruction of property, and or physical abuse to another student or instructor.

My signature on the line below indicates that I have read and understand the attached letter explaining the summer program discipline policies.

Signature

Date

This sheet must be returned before students can attend Friday Fun Club.