



## **Discipline Policy**

When a student exhibits unacceptable behavior or attitudes, he/she is instructed as to what is wrong and then directed to a positive alternative approach/behavior. The following are reasons for expulsion:

- Hitting
- Biting
- Foul Language
- Spitting
- Abusive/Threatening Language
- Abuse of property
- Stealing
- Leaving Without Permission
- Disrespecting Authority

\_\_\_\_\_ **Initial**

\_\_\_\_\_ We do not administer any medicine. If medication is necessary while your child is in school, parent must administer it. If a child becomes ill or has an injury, the parent shall be notified immediately.

\_\_\_\_\_ I understand that photographs are taken of children in the after-school program and sometimes these pictures are used later for the purpose of publicity and advertising. I grant permission, as a parent/guardian, for Teach 2 Reach use of pictures in which my child is included and relinquish all title to said photographs, negatives and reproductions.

## **Enrollment Check List**

\_\_\_\_\_ **Admission Agreement**

\_\_\_\_\_ **Health History Form**

\_\_\_\_\_ **Agreement and Release from Liability**

\_\_\_\_\_ **Consent Authorization for Medical Treatment**

\_\_\_\_\_ **Registration Fee \$75.00**

\_\_\_\_\_ **August Tuition \$75.00**

\_\_\_\_\_ **MUST bring personal items (writing utensils and paper)**

\_\_\_\_\_ **After-School Program begins August 26<sup>th</sup>**

**\*\*\*MUST BRING SNACK. SNACKS WILL NOT BE PROVIDED FOR PURCHASE\*\*\***



# Health History Form

It is very important to provide the proper information for your child to attend Teach 2 Reach Enrichment Program. This information is to assist us in providing the appropriate health care for your child. Any changes need to be made please contact personnel.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  Male  Female

Custodial Parent/Guardian: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian or Emergency Contact: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALLERGIES** List all known

Medical allergies (list)

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

Food allergies (list)

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

Other allergies (list) include insect stings, hay fever, asthma, animal dander, etc.

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

Describe reaction and management of the reaction

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

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

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



## **AGREEMENT AND RELEASE FROM LIABILITY** **(To be completed by all parent or guardians)**

I am voluntarily enrolling my child to participate in Teach 2 Reach Enrichment Program. I am aware that Teach 2 Reach program and activities are **potentially hazardous**. I hereby agree to **fully accept any and all risks** of injury, illness and death that may occur as a result of my child's participation in the program. In consideration of my child being allowed to participate in the program, I hereby agree that both my child and I will not claim against, sue, or attached the property of, and **hereby fully release from any and all liability**, Teach 2 Reach Enrichment Program, its associates, and any of it's employees and agents for any injury (including death), illness, damage or loss to me, my child, or my property, including any loss or theft of personal property, **however caused (including but not limited to, whether caused by Teach 2 Reach Enrichment Program, it's employees or agents alleged negligence) and wherever occurring** (including but not limited to, in the classroom or building, parking areas, or sidewalks) that may occur as a result of activity exercise, and use of training equipment before my child participates in the program. I declare my child to be physically sound suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my child's participation in the program. If there is a change in my child's; health status, I am obligated to inform Teach 2 Reach Enrichment Program.

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Name of Participant

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Date

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Print Parent/Guardian Name

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Signature



**CONSENT AUTHORIZATION FOR MEDICAL TREATMENT**  
**(To be completed by all parents or guardians)**

As the Parent of Legal Guardian, I hereby give consent to the director of Teach 2 Reach Enrichment Program to provide all emergency dental or medical care prescribed by duty Licensed physician (MD) osteopath (DO), or dentist (DDS) for \_\_\_\_\_ (participant's name). This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

I hereby authorize the director of Teach 2 Reach Enrichment Program to consent to an X-Ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to \_\_\_\_\_ (participant's name), a minor child under the general or special supervision and upon the advice of a licensed physical and surgeon; or to consent to an X-Ray examination anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a licensed dentist.

I understand that the authorization I have given will be exercised only when in the judgment of the directory it is necessary to do so.

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date