

# Kate Sullivan Elementary School's Extended Day Enrichment Programs 2024-2025

PLEASE WRITE LEGIBLY (PRINT) AND COMPLETE FORM

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_ **Race:** \_\_\_

**Gender:** \_\_ Male \_\_ Female **Grade Entering 2024-2025:** \_\_\_ **Teacher's Name:** \_\_\_\_\_

**Mother's /Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**Father's / Guardian's Name** \_\_\_\_\_

Check here if the address is same as above

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**Is this a split house hold:** Yes No | **Are there any custody issues we should be aware of?** Yes No

**If yes, please explain/provide court docs:** \_\_\_\_\_

**Pick-Up Procedures:** To ensure the safety of all children, a government ID or car tag is required for pick-up, regardless of whether the staff personally knows you. Please have your ID or car tag ready at the time of pick-up. This policy is strictly enforced for the protection of your child. We appreciate your cooperation and understanding, and kindly ask that you remain patient with our staff as they verify identification.

**Please write the name of the person(s) authorized to be an emergency contact or to pick-up your child.**

Last Name	First Name	Relation To Student	Number

Please communicate with us regarding any special needs or conditions that your student may have. Please do not assume that the school is responsible for communicating with us about student concerns.

Please list any medication, allergies or limitations requiring special attention i.e. Ritalin, food allergies, ant/bee stings

Does your child have any special needs that we should be aware of?      YES      NO

If yes, please state the need or condition \_\_\_\_\_

My child may be in photographs or video for articles and promotion      YES      NO

My child may watch G & PG rated movies:      YES      NO

If my child has a fever of 100 or higher or if my child is vomiting, I understand that I have to come get them and they will not be able to return for 48 hours      YES

**Please Select One:**      Before School      After School      Both      Drop In

**Discounts:**      LCS      ELC      Sibling

**I have fully read and understand the policies and information outlined in the Program Packet.**



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

# Kate Sullivan Elementary School's Parent Contract

In completing this registration for my child, I understand and agree that:

1. I must pay the cycle fees on or before the due dates regardless of whether my child is in attendance on the due date. I am aware that my child may not attend until payment is made in full. Students that show up without a payment prior to the start of after school will be sent to parent pick or the front office.
2. I must sign my child in/out every day and failure/refusal to do so will result in immediate dismissal from the before and or after school program.
3. I must call the After School office no later than 1:00 p.m. to report if my child will be absent from the program each time he/she is absent.
4. Failure to follow the rules can result in my child being dismissed from the E.D.E.P. If my child displays unacceptable behavior, the Kate Sullivan Principal or After School Director reserves the right to permanently dismiss your child from the Extended Day Program without a refund.
5. A discount of 20% is given to all current Leon County School Board Employees. We are required to have a Xeroxed copy of your LCS badge if this applies to you.
6. I understand that the E.D.E.P. will be closed at 4:00 p.m. on the last day of school before extended breaks. (i.e. the last day before winter break, spring break and school.)
7. I understand that it is my responsibility to sign up for the remind app. **This is mandatory.** See booklet for details.
8. I understand that there may be changes to any of the policies at any time.
9. Students must be signed in and out daily, failure to do so may result in termination.
10. I understand that I am responsible for tuition payment even if the program fails to send a reminder. The EDEP program is not required to send out notifications or make calls; these are done as a courtesy.
11. Communication Responsibility: I am responsible for informing the EDEP program managers of any absences, late/special pick-ups, and late payments.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Kate Sullivan Elementary School's Extended Day to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Kate Sullivan Elementary School's Extended Day Program, including its directors, managers, counselors, staff, participants, volunteers, and any other affiliates, from any and all liability for bodily injury or property damage, whether known or unknown, that may occur or result from the participation of my child in any and all program activities. This waiver applies regardless of whether the injury or damage is a result of negligence or any other cause associated with the Kate Sullivan Elementary School's Extended Day Program. As the parent/guardian of the above-named child, I have read and understood all the terms of this release. I execute it voluntarily and with full knowledge of its significance. Additionally, I have read the program contract and agree to all payment and procedure requirements.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Kate Sullivan Elementary School's 2024-2025 Discipline Policy & Behavioral Contract**

*(Signature required on back)*

Students are expected to exhibit exceptional behavior while in the extended day program. Failure to do so may result in a referral and a suspension of 1-3 days. The director and assistant manager have the discretion to determine the appropriate consequences, which may be more severe for repeat offenses.

*Some examples of prohibited behaviors are, but not limited to the following:*

- Inappropriate touching
- Inappropriate language/ profanity
- Violation of privacy towards another student
- Refusal to follow instructions
- Disrespecting an authoritative figure, including staff, manager, director, bus driver, etc.
- Violating cell phone policy including the following:
  - No social media usage, such as TikTok, Facebook, Instagram, Snap chat etc.
  - Inappropriate sites and activities are not allowed.
  - No chat rooms (including games that have chat room access, i.e. Roblox and Mine Craft)
  - No texting (this includes parents, unless given permission by a staff member)
  - No phone calls (this includes parents, unless given permission by a staff member)
  - Cell phones/ mobile devices are not allowed outside of designated class times. We ask that if there is an emergency on your end and you are trying to contact your student, that you contact the extended day program via, remind app, google voice or phone call at 850.488.1834. Please do not call or text your student during extended day hours. Failure to do so may result in suspension.
  - Violent/inappropriate games
  - Cell phones and electronic devices may not be used on the playground.
  - Students may not take a photo or video of other students (due to student privacy laws).
- Fighting/Hitting other students and or staff
- Program disruption
- Vandalism
- Destruction of program/school property
- Taking others belongings with the intention of keeping it
- Teasing, taunting or harassing
- False information/ Dishonesty
- Written or verbal threats
- Possession of a weapon
- Leaving the designated area without permission/ Eloping
- Keeping all bodily fluids to themselves
- Exposure of self / others in an inappropriate manner
- Appropriate dress Code must be followed at all times, ensuring clothing is appropriate and non-disruptive.
- Respect for Property. Students will treat all school property and the belongings of others with care and respect.
- Follow Safety Procedures: Adhere to all safety procedures, including playground rules, fire drills, lockdowns, and other emergency protocols.
- Rough housing, play fighting, and other forms of horseplay are not permitted.
- Maintain silence in designated quiet areas/quiet time.
- Participation in Activities: Engage in and participate positively in all planned activities and events.
- Seek Permission for Borrowing: Always ask permission before borrowing anything from others.

## Kate Sullivan Elementary School's 2024-2025

### Possible consequences for behavior offenses

(Minor offenses handled by staff & supported by director and manager).

*Some examples of consequences are, but not limited to the following:*

*The student, along with their parents/guardians, will agree to a behavior contract outlining specific expectations and consequences for future infractions.*

- **Verbal Warning:** The student may be given a verbal reminder of the rules and expected behavior.
- **Loss of Privileges:** The student may lose certain privileges, such as recess, free time, or participation in classes or special activities.
- **Time-Out/Detention:** The student will spend a specified amount of time in a designated area away from their peers to reflect on their behavior.
- **Writing Assignments:** Students may be required to write lines, essays, apology letter or reflections on their behavior and its impact on others.
- **Parent/Guardian Notification:** Parents or guardians may be informed of the incident and may be asked to meet with the director to discuss the behavior and consequences.
- **In-School Suspension:** The student will be removed from regular classes and placed in a supervised area within the school for a specified period.
- **Out-of-School Suspension:** The student will be suspended from attending the program for a specified number of days, during which they are not allowed to attend the program. This will not apply to the school day.
- **Daily Behavior Report:** The student will receive a daily behavior report to be reviewed and signed by a parent or guardian.
- **Formal Apology:** The student may be required to write or present a formal apology to those affected by their behavior.
- **Parent Conference:** A meeting involving the student, parents or guardians, and relevant staff members to address the behavior, discuss consequences, and create an action plan for positive change.
- **Parent/Student Conference:** A conference between the student parent and director may be had to discuss the behavior and its impact, and to develop strategies for improvement.
- **Referral:** Implementation of a referral where students receive a formal referral for serious or repeated offenses. After three referrals, the student may face suspension or expulsion.
- **Expulsion:** For severe or repeated offenses, the student may face expulsion, resulting in permanent removal from the program. Expulsion is at the discretion of the director and based on the severity of the incident, a student may face immediate expulsion. This decision will be made to ensure the safety and well-being of the staff and students in the program.

#### Parent Section:

I have received a copy of the Discipline Policy and understand the behavior that is required of my child. I understand that my participation in my child's behavior will help him/her be successful during camp. I have read this agreement and I will carry out the following responsibilities to the best of my ability.

- Encourage my child to be a respectful and peaceful member of the school community.
- Discuss the Discipline Policy with my child.
- Participate in parent conferences
- Assist in communicating any special needs my student may have
- Assisting in coming up with a behavioral plan if necessary

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Student Section:

I have been read the discipline policy and understand the behavior that is required of me, and understand the possible consequences that may occur based on my behavior.

Print Name of Student: \_\_\_\_\_

- I have read/ reviewed the expectations and rules with my student.