

## One Planet - ENROLLMENT & REGISTRATION FORMS

Name of Student(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Parent or Guardian Printed Name: \_\_\_\_\_

**Please complete for Session I (September 8<sup>th</sup> – November 24<sup>th</sup>)**

	CHECK TO ENROLL FOR BLOCK A (1:30-3:00) <b>NO FEE</b>	CHECK TO ENROLL FOR BLOCK B (3:00-4:15)	# OF CHILDREN	FULL PRICE (\$50 /child)	F/R LUNCH PRICE (\$25/child)	DAY OF THE WEEK TOTAL
MONDAYS						
TUESDAYS						
WEDNESDAYS						
THURSDAYS						
FRIDAYS						
					TOTAL DUE	

Payment Options (Please make check payable to WRVSU - One Planet):

1. Enclose a check or money order for the full amount OR
2. Enclose a check for 50% of the program costs. The remaining 50% is due October 31, 2020

### Financial Assistance Request (Optional) for Block B

My child(ren) qualify for:

Free Lunch                     
  Reduced Lunch                     
  Full Price Lunch

**Step 1: Apply for Child Care Financial Assistance**

We ask families to seek out Child Care Financial Assistance through the Family Place first as this allows your child to attend for free or at a reduced rate, and our program receives reimbursement from the state. To apply, parents/guardians must contact the Family Place at 802-649-3268 or go to <http://www.familyplacevt.org/child-care/>. If you do not think your family will qualify, please talk to your Site Coordinator.

**Step 2: Scholarship Request**

If you do not qualify for Child Care Financial Assistance, please complete the following statement:

We can pay \$ \_\_\_\_\_ /per child.

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

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

**One Planet Afterschool Program  
GENERAL REGISTRATION FORM  
One form per student, please.**

Student name: \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town State Zip

Mailing Address \_\_\_\_\_  
Street Town State Zip

Email (a MUST!) \_\_\_\_\_

Parent Contact Information: Name Home Phone Work Phone Cell Phone

Parent/Guardian 1 \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Do both parents have permission to pick up child at the end of program activities? \_\_\_\_\_

How will your child get home after One Planet? (bus, car pick up, etc.) \_\_\_\_\_

Who else has permission to pick up your child at the end of program activities?

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information**

List 2 local contacts who can be reached in case of an emergency if parents are unable to be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Health/Emotional Issues \_\_\_\_\_

Does your child have an IEP \_\_\_yes \_\_\_no? Does your child have a 504 plan? \_\_\_yes \_\_\_no?

Does your child have an EST \_\_\_yes \_\_\_no?

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

**Permissions      Please check the boxes for which you give permission**

- Permission to treat my child medically if I cannot be reached and transported by ambulance if necessary
- Permission to take and publish pictures/videos of my Child(ren) for any positive and wholesome portrayal of the program to the public
- I give my permission for my child to swim when taken to swimming areas where a lifeguard is on duty.
- Permission to take walking field trips
- I give my permission to the Family Place to share information with One Planet regarding my Child Care Financial Assistance application status and details (if applicable).
- Permission to use topical treatments including antibiotic ointment, benadryl cream, bug spray, sunblock etc.

In order for your child(ren) to participate, parent/guardians must read the following statement and sign below.

I give consent to One Planet to gather information pertaining to my child for statistical purposes including: Free and Reduced Lunch Status, grades, standardized test results, school behavior and academic records, special education plans, health records and attendance records. I understand that this information will only be seen by individuals with a strict "need to know" and otherwise will remain confidential. I also grant permission to the program to survey my child to fulfill requirements of the grant.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_