

Enrollment Date: _____

Registration Fee Paid _____



ALL STAR GALAXY



Before and After Care Program ~ Northmoor Elementary

211 NE 19th St. - Moore, OK 73160

lisasmith@mooreschools.com ~ 405-761-3066

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Please comment on any other medical information/or special need the child care provider should be aware of:

I authorize staff of the All Star Galaxy to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Additional information between this program and parents or guardians:

(Date)

(Signature of parent/guardian)

Behavioral Agreement

For the safety and well-being of all students and staff, we need the cooperation of everyone to encourage positive behavior.

Workers in the All-Star Galaxy helping students achieve excellence guide them in adhering to the 8 Great Expectations as used in the classrooms daily.

We will expect students to have behavior per these expectations, and appropriate discipline procedures will be used in cases where deemed necessary.

Northmoor Elementary All Star Galaxy Before and After School Care hopes to resolve most problems through a discussion and agreement with the student. If we are unable to resolve the problem, we will need to contact parents. If continued violation of these rules occurs, parents will be called to pick the student up immediately. Additional, continued behavior problems may result in the student no longer being able to attend the program.

I have read these rules, I understand them, and I have discussed them with my student.

Parent Signature

Date

Release From:

- *I hereby grant permission for my child to use all the play equipment and participate in all activities. (If not, limitations have been provided, and a doctor note supplied.)*
- *I understand that I am responsible for any damage done by my child with malicious intent to the equipment.*
- *I understand that if my child is ill or shows signs of illness or communicable conditions that he/she is not to be brought to the before or after school care facilities for care or that, if he/she becomes ill during the time in care that the child must be picked up immediately.*
- *I certify I have received the Northmoor All Star Galaxy Before and After School Care Parent Handbook and agree to all the policies in place.*

Signature Parent/Guardian

Date

Printed Name of Parent/Guardian

Annual Movie/Video Permission

During the 2018-19 school year, we may show PG rated movies in full or as excerpts. Our school requires parental permission for your student to view these movies. The movies we choose to show in the All Star Galaxy will be from the Disney collection.

Be assured that we will use proper discretion when showing these movies.

Thank you for taking the time to read and sign this permission form.

Student Name _____

_____ Yes, I approve my child's viewing of school appropriate movies rated PG.

_____ No, I do not approve my child's viewing of school appropriate movies. I understand alternate activities will be provided for my child while the movie is being watched.

Guardian signature/Date _____

