



# ENRICHMENT ACTIVITIES

## INFORMATION GUIDE - 2011 – 2012

*If After School care is required, you must register with ASCP rather than the Enrichment instructor.*

**An Enrichment Activity Registration Form may be obtained from the Instructor or the Shelby County Schools website.**

<http://www.shelbyed.k12.al.us/communityed.htm>

### REGISTRATION PROCEDURES

All students (K-5th), taking an Enrichment class must register with Community Education.

- Separate registration form and fee for each child.
- Fill out both sides of form, completing every line.
- Attach \$25 nonrefundable fee payable to the instructor.
- Return completed form with fee to the instructor.
- Please DO NOT give to the school office.
- Child will be assigned a Community Education ID # when the registration is processed at the administrative office that will be given to the instructor. The Comm. Ed. # may be used for any 2011 – 2012 Enrichment class.

### PURPOSE

Community Education offers many different enrichment activities at the different schools. Please check the web site for the offerings.

### PERSONAL BELONGINGS

- Community Education is not responsible for personal items.
- Please clearly label all personal items.
- Children are not to bring important, expensive, or dangerous items.
- Check the school's Lost and Found for lost items.

### CHECK-OUT PROCEDURES

Safety of the students is a joint instructor/parent responsibility. Please observe the following procedures:

- An authorized signature and a check out time are required before a student leaves the building.
- Showing of identification is required if the sign out person is unfamiliar to the instructor.

*(Failure to follow these procedures may result in the student's dismissal from the enrichment activity.)*

### Late Pick-Up –

If your child has not been picked up by the end of the Enrichment Class, the instructor has the option of taking your child to ASCP and charging you a late fee to cover the \$10 drop-in charge along with any instructor charges.

### PARENTAL INPUT

Parental input is encouraged.

Admin Office Phone # -- (205) 682-5958

### EMERGENCY / INCLEMENT WEATHER PLANS

Enrichment classes follow the guidelines set by the Shelby County Board of Education for all emergency situations. Listen to local radio and television stations for weather conditions and closings, as it is not always possible to contact all parents.

The Enrichment classes will NOT be held in the event of any emergency closing or inclement weather dismissal, prior to 3:00 (during school hours).

If bad weather or an emergency should occur after 3:00 (during ASCP hours), please make arrangements for immediate pick-up. Every attempt will be made to reach you by telephone.

### Students are expected to obey the rules:

- Remain with assigned instructor at all times.
- Remain in designated class area.
- Show respect for instructor and other students.
- Keep their hands to themselves, not touching others or others' belongings.
- Not use profanity or display obscene gestures.
- Follow the rules and regulations of the Shelby County Code of Conduct..

### Parents are expected to:

- Not approach or discipline any child in the class.
- Not use abusive language.
- Pick up child if notified of illness.
- Present picture ID, if requested.
- Sign out child each day.
- Pick up child by end of class.
- Be responsible for all fees, payable by due dates.  
*(Students can be dismissed due to parents' actions.)*

It is imperative that parents and instructor work together to establish a safe environment.



Community Education -- Shelby County Schools



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REGISTRATION FORM

2011-2012

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CHECKLIST TO BE FILLED OUT BY ADMIN OFFICE

- \_\_\_ Date received:
\_\_\_ Registration complete (Yes or No)
\_\_\_ Registration fee pd by instructor
\_\_\_ # is E
\_\_\_ # sent to instructor
\_\_\_ Registration Form sent to site
\_\_\_ Registration copy for Admin office

Class(s) \_\_\_\_\_

> Child's school site for 2011-2012 \_\_\_\_\_ Enrichment Site \_\_\_\_\_

> Child's Full Name \_\_\_\_\_ Grade for 11-12 \_\_\_\_\_

> Name to be called \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

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

city zip

> Mailing Address (if different) \_\_\_\_\_

city zip

MOTHER

FATHER

LEGAL GUARDIAN

> Name: \_\_\_\_\_

> Home Phone #: \_\_\_\_\_

> Place of Work: \_\_\_\_\_

> Work Phone #: \_\_\_\_\_

> Cell #: \_\_\_\_\_

> Email address: \_\_\_\_\_

> Name(s) of custodial parent(s) \_\_\_\_\_

> If Legal Guardian, what is your relationship to the child? \_\_\_\_\_

PICK-UP INFORMATION:

Please list persons, other than parent, who are authorized for pick-up, or who can be called in case of an emergency and parent cannot be reached. Children will not be released to anyone who is not listed below.

Table with 3 columns: NAME, RELATIONSHIP, PHONE #'s

- Please list anyone who is NOT permitted to pick-up your child:
-- What is the relationship of this person to your child?
(PLEASE NOTE: Parental pick-up restrictions will require legal documentation to be on file.)
Please list any information regarding your child that the staff may need to know:

Name of school and office \_\_\_\_\_



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## PARENTAL PERMISSION

- I  DO,  DO NOT give permission for my child to view PG movies.
- I  DO,  DO NOT give permission for my child to play on school and Comm. Ed. Equipment.
- I  DO,  DO NOT give permission for my child's picture to be taken and published. (*brochures, media*)

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## MEDICAL / EMERGENCY INFORMATION & RELEASE

**ATTENTION PARENTS:** It is imperative that all spaces below are filled. Registration is not complete if all spaces are not filled in. Please use "n/a" if something does not apply to your child.

**NOTE:** If children have medications or supplies in the health room for use during school hours, these items are **NOT** available to the After School Care Program. If a child is in need of any medications or supplies during After School Care hours, the parent will need to supply these items to the After School Care Program, along with authorization and prescriber forms.

### MEDICAL INFORMATION:

Medical Problems / Physical Activity Restrictions: \_\_\_\_\_

Allergies / Diet Restrictions: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Any medications to be administered during ASCP?  yes  no

-- If yes, give name of medication and time to be administered: \_\_\_\_\_ time \_\_\_\_\_

Doctor's Name and Number: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

### MEDICAL RELEASE and PARENT / GUARDIAN ACKNOWLEDGEMENT OF ASCP POLICIES, PROCEDURES, RULES & REGULATIONS:

I understand that if my child has medications or supplies in the health room for use during school hours, these items are not available to the After School Care Program. If my child is in need of any medications or supplies during After School Care hours, I will supply these items to the After School Care Program.

I have received, read, understand, and agree to be bound by the policies, procedures, and guidelines as stated in the current year's *COMMUNITY EDUCATION INFORMATION GUIDE*. I understand the discipline policy, the payment procedures, and I understand that my child will not be able to attend ASCP if fees are not received by due dates.

In the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian. In the event I/we cannot be contacted, my authorized signature below gives my/our permission to Shelby County Public Schools to secure prompt treatment.

*NOTE: Failure to sign does not relieve parent / guardian and / or student from compliance.*

I understand and will comply with all ASCP and Shelby County Schools policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Education  
Shelby County Schools



Enrichment Office: Phone # -- (205) 682-5843 or (205)-682-5941 Fax # -- (205) 682-5955

