

**PANTHER CITY BEFORE and AFTER SCHOOL PROGRAM
at PIEDMONT AVENUE SCHOOL**

15835 Skyline Boulevard

Oakland, CA 94605

PH: (510) 978-3767 / Email: Betyglenn@sbcglobal.net / FX: (510) 569-9701

Registration Form

Student_____ Age_____ Grade_____

Male_____ Female_____ DOB_____ Primary Language_____

Address_____ City_____ Zip_____ Telephone_____

Parent/Guardian_____ Hm Telephone_____

Address_____ City_____ Zip_____ Wk Telephone_____

Email: _____ Cell Telephone: _____

Emergency Contact_____ Hm Telephone_____

Address_____ City_____ Zip_____ Wk Telephone_____

___ **New Student** - Before and/or After School Programs (\$40.00 registration fee).

___ **Returning Student** – Before and/or After School Programs (\$20.00 registration fee).

Program Cost

The cost and service for the **Before School** program is \$6.00 a day if your child is in the a.m. and p.m. programs and \$8.00 a day for the a.m. program only. Morning service is from 7:30-8:45a.m. Monday – Friday. The cost and service hours for the **After School** program is \$12.00 a day, from the time school closes to 6:00p.m. (M, Tu, Th & F) and \$18.00 a day from 1:30p.m. to 6:00p.m. (Wednesdays and other minimum days). The fee must be submitted with the monthly payment calendar, paid on a monthly basis and is due by the fifth of each month. If the fee is not paid by the fifth, a fee of \$20.00 is charged as a late fee and should be included with your payment. New students must include the registration and processing fees (when applicable) and the first month's fee with the completed application.

Agreement

If further information is required by the Panther City Before and After School Program pertaining to my child or his/her history, I will supply it upon request. I certify that all information submitted on this form is accurate. I realize that I will be required to sign a contract concerning my child's enrollment in the Panther City Before and After School Program once space for my child has been verified. I realize that this application cannot be processed if it is incomplete.

Parent/Guardian Signature_____ Date_____

Student Name_____ DOB_____ Grade_____

I give permission for my student to participate in the Panther City **Before** and/or **After** School Program(s).

My child will attend the **Before School** program _____ days per week on the days circled below:

My child will attend the **After School** program _____ days per week on the days circled below:

Before **M** **T** **W** **TH** **F**

After **M** **T** **W** **TH** **F**

Parent/Guardian signature_____ Date_____

Please make checks payable to **Panther City After School Program**. Payment and emergency data sheet must accompany registration. Completed registrations may be returned to **Panther City After School Program** staff at Piedmont Avenue School or mailed to:

Panther City Before and After School Program
15835 Skyline Blvd.
Oakland, CA 94605
Attn: Leopold Ray-Lynch

TERMS OF PARTICIPATION

*Parents are responsible for assuring their children's transportation home after the program (after school). Arrangements must be made prior to attending the program, as school telephones may not be available for student use.

*Students must be enrolled at Piedmont Avenue School.

*Students are expected to have regular attendance in the before and after school programs.

*While it is our goal to have all students actively participating in the program, students may be dismissed if they demonstrate continuous disruptive behavior and/or defiance of authority. Prior to the dismissal of a student, program staff will notify and meet with the student's parent or guardian.

*All of Piedmont Avenue's school rules for behavior and conduct are to be observed and supported in the before and after school program.

*All students are expected to observe and follow Panther City's three rules. They are as follows:
(1.) Respect yourself, (2.) Respect others, and (3.) Respect your community.

I have read and understand these terms of participation, and agree to abide by them.

Student signature_____ Date_____

Parent/Guardian signature_____ Date_____

PANTHER CITY BEFORE and AFTER SCHOOL PROGRAM
Student Emergency Data Sheet

Student _____ DOB _____

Address _____ City _____ Zip _____

Home Telephone _____ Mobile _____

All possible measures are taken to insure the safety and care of your child. In case of an accident or illness, first aid will be given by program personnel and the parent or guardian will be notified. However, school authorities and after school program providers need written authorization from parents or guardians to act in cases of an emergency or if a child has an accident or illness that may require immediate medical attention, and the parent or guardian can not be contacted.

EMERGENCY GUARDIANS WHO I AUTHORIZE TO TAKE EITHER TEMPORARY CARE (illness) OR EXTENDED CARE (in case of a natural Disaster) OF MY CHILD IF I CAN NOT BE REACHED:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Hm Telephone _____ Wk Telephone _____ Mobile _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Hm Telephone _____ Wk Telephone _____ Mobile _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Hm Telephone _____ Wk Telephone _____ Mobile _____

MEDICAL ALERT INFORMATION (Allergies, physical limitations, etc.): _____

Physician's name_____ Address_____ Phone_____

Hospital_____ Address_____ Phone_____

Parent/Guardian Signature_____ Date_____

PARENT ADMISSION AGREEMENT

The parent/guardian will be asked to sign a contract that demonstrates agreement with the policies and procedures of the Panther City Before and After School Program. In short we ask that...

...You must have all persons' (family members, friends, etc.) names on the emergency list in order for Panther City to release your child into their care. Anyone whose name does not appear on the emergency list will not be able to pick up your child from the program. Please include all names on the emergency list that has your permission to pick up your child.

...You pay fees in advance on a monthly basis. Fees are due by the fifth of each month unless other arrangements have been agreed to in writing. All balances that are outstanding by the sixth day of the month will be charged a \$20.00 late fee. There is a \$20.00 processing fee for all returned checks.

...Your child must sign "in" (using his/her full name) upon arrival to the program.

...You keep in touch with us. We consider it a privilege to have a good relationship with each family. We will accommodate all conferences upon request.

...You give us 24 hour advance notification of your child's absence from the program so that children can be accounted for at the start of the program. In case of an emergency, please contact staff before the program starts the day your child is absent.

...You maintain regular communication with the program's staff regarding any information that will help ensure your child's well being at the program. This includes changes in attendance due to school field trips, illness, vacations, early pick-ups, appointments, etc; personal information changes such as home or work phone numbers, address, guardians on the emergency list, physician/dentist, allergies, etc.

I have read and agree to all of the items outlined in the **PARENT ADMISSION AGREEMENT** form.

Parent/Guardian signature_____ Date_____