

AFTER SCHOOL CARE ENROLLMENT APPLICATION
2024-2025

Student Full Name _____ Date of Birth _____

Student's Current Age _____ Current Grade _____ Male ___ Female ___

Ethnicity _____

Current School _____

Parent/Guardian Name (1) _____

Address _____

City _____ State ___ Zip _____ Phone _____

Email Address _____

Parent/Guardian Name (2) _____

Address _____

City _____ State ___ Zip _____ Phone _____

Email Address _____

Student Lives With: Both Parents ___ Mother ___ Father ___ Guardian ___

Emergency contacts besides parents. Must list three.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Reading Nook _____

Photography Permission Form

The Reading Nook requests your permission to use and publish your child's pictures (video and photographs) and writings during the 2024-2025 school year. These pictures or writings will be used for public relations and information in newspapers, television, magazines, and websites.

Please indicate permission status and sign below.

_____ My child's pictures or writings may be published during the school year.

_____ My child's pictures or writings may not be published during the school year.

Parent/Guardian Signature _____ Date _____

Pick Up Permission Form

The following people are authorized to pick up my child. Please list names and telephone numbers. Children will not be allowed to leave with anyone not listed without written permission from the parent/guardian.

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

If my child is not picked up on time, the following person or persons may be called for pickup.

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Parent/Guardian Signature

Date

Internet Permission Form

Please print the information below:

Student's Last Name _____ First Name _____

Parent/Guardian's Name _____ Student's Grade _____

Internet access will be available to students throughout the school year. We believe the Internet offers vast, diverse, and unique resources to students and teachers. Our goal in providing this service is to promote educational excellence in our school by facilitating resource sharing, innovation, and communication. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages, but ultimately parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information resources.

Internet Usage Rules

- Students are responsible for good behavior on school computers
- The internet is provided for students to conduct research
- Individual users of the Internet are expected to abide by the generally accepted rules of Internet etiquette. The following are not permitted:
 - Sending or displaying offensive messages or pictures
 - Using obscene language
 - Harassing, insulting, or attacking others
 - Damaging computers, software, or computer networks
 - Violating copyright laws

In the event a student engages in any unacceptable behavior using the Internet, his/her Internet access privileges will be revoked and other disciplinary measures may result. Any assigned work will be completed using traditional texts and resources.

As the parent or legal guardian of the minor student signing below, I grant permission for the student named to access Reading Nook computer services such as the Internet. As a child, I agree to follow the rules regarding the use of computers.

Student's Signature

Parent's Signature

Date

Reading Nook

Personal Medical History

Student Name _____ Sex _____ Age _____

Address _____ Home Phone _____

Male Parent/Guardian _____ Cell Phone _____ Work Phone _____

Female Parent/Guardian _____ Cell Phone _____ Work Phone _____

Emergency Contact Other Than Parent/Guardian _____ Cell Phone _____

Please check all that apply:

Food Allergies	Neurological Disorder
Drug Allergies	Migraines
Insect Allergies	Rheumatic Fever
Asthma	Surgeries
Chicken Pox	Ulcers/Digestive Problems
Congenital Defects	Visual Problems
Seizure Disorder	Glasses (yes) (no)
Diabetes	Orthopedic Problems
Hearing Problems	Serious Accidents
Heart Condition	Speech Difficulty
High Blood Pressure	Other

Description of Other _____

Doctor's Name _____ Doctor's Phone _____

Hospital or Treatment Center _____

Daily Medication Yes ____ No ____ If so, drug name _____

Description of handicaps and recommendations: _____

WAIVER AND RELEASE OF LIABILITY

Your child is in excellent hands while at the Reading Nook. However, we must have this signed waiver for insurance purposes.

DISCLAIMER: The Reading Nook, LLC, is not responsible for any injury, sickness of any kind, or loss of property to any person while on Reading Nook property.

This **WAIVER AND RELEASE OF LIABILITY** was executed this _____ day of _____, 20____ at Brookhaven, Lincoln County, State of Mississippi by _____ (releaser) in favor of the Reading Nook, LLC, and its employees.

Parent Signature

Owner Signature

Reading Nook _____

CREDIT CARD AUTHORIZATION FORM

We require a valid credit/debit card to be on file for all children in our After School Care Program in case of delinquent payment. This will only be used in the event your payment is past due. Payment is due on the day of attendance.

Name on card: _____

Address: _____ Zip Code: _____

Card Number: _____

Security Code: _____ Expiration Date: _____

