

Channel Surfing Registration Form

Please select the Channel Surfing program your child will attend:

Beebe Forestdale Salemwood

Please select the days your child will attend:

Monday Tuesday Wednesday Thursday

Child's Name: _____

Address: _____

Home Phone: _____

Grade 2016: _____ Teacher: _____

Date of Birth: ___ / ___ / _____ Male Female

Please list any special limitations or health information we should know about your child, special medical needs, dietary restrictions and allergies: _____

Parents/Guardians

Name: _____

Address: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Name: _____

Address: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Additional Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Transportation

We must know how children will leave the program. If a child has permission to walk, your signature is required.

My child will be picked up My child will walk home

Parent/Guardian Signature _____ Date _____

Photographs

Pictures, photographs, and video are taken of activities from time to time for the purposes of school-based newsletters, newspaper articles, or other publications. Please sign below your preference for your child's participation.

I am willing I am not willing

Parent/Guardian Signature _____ Date _____

Medical Treatment

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize PCSM to transport my child to the nearest hospital or medical facility and to secure for my child the necessary medical treatment. I authorize trained employees of PCSM to administer first aid and/or CPR if necessary. Yes No

Physician Name: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

Parent/Guardian Signature _____ Date _____

Information Release

In order to assist my child's success in school, I have enrolled him/her in the PCSM program. I realize that increased personal academic growth for my child results from a partnership among home, school, and PCSM or its partner agencies. To support that partnership, I give permission for PCSM to discuss information regarding my child's school performance with my child's teachers.

Parent/Guardian Signature _____ Date _____

Test Score Comparison

PCSM views the after school program as a window of opportunity to enhance basic skills and foster creativity for your child. Your child may be participating in academic activities with qualified teachers to build their skills. In order to understand the benefits of the value-added academic component, we are interested in studying the benefits and successes of each child in our program. One of the ways that we identify student gains is through test scores. May we have permission to view your child's test scores if necessary? These scores will remain confidential with qualified staff.

Parent/Guardian Signature _____ Date _____

Field Trips

Field trips may be scheduled from time to time. If we plan a field trip, it will be in advance, and we will send home a letter with your child describing the trip. We will always have adequate supervision, and follow established safety guidelines on all trips. A separate permission slip will be sent out for any and all field trips.

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE REVERSE

Channel Surfing Guidelines

Channel Surfing is committed to providing a safe and enriching learning environment for our students. Our program strives to promote social, physical, and emotional growth in an educational atmosphere. The primary focus of Channel Surfing is to reinforce academic concepts learned during the school day.

Homework Policy

Each afternoon, it is MANDATORY for each student to work on homework assignments. If a student does not have any homework assignments they will read independently. Throughout each session students will have an opportunity to receive help with their homework and will be exposed to a multitude of exciting activities and experiences.

Behavior Policy

We ask the cooperation of family at home to reinforce proper behavior, and let students know that they must conduct themselves properly throughout the program. We have put together the following guidelines that we ask you to review at home. Once they have been reviewed, please sign below and return with your registration form. We have defined a disruptive incident as one that prevents a teacher from teaching a class or a child cooperating with what is asked of him or her. This includes, but is not limited to, constant talking out, inappropriate language, the hitting of another student or teacher, name calling, and/or showing lack of respect for teachers or peers through actions or words.

- First disruptive incident—director speaks with student
- Second disruptive incident—note home for parent/guardian signature
- Third disruptive incident—student will receive a suspension from the program (length to be determined by the site director). Parent or guardian must meet with the site director before the student can return. A plan to resolve behavior issues will be developed. A suspension notice will be sent home with the dates of the suspension.
- Fourth disruptive incident—student will be suspended for the remainder of the session. A decision will be made as to whether the child can return for subsequent sessions.

Student Signature: _____ Parent Signature: _____

Program Guidelines

- We ask all Channel Surfing students to have respect for yourself and for others, including staff and classmates. Students must keep their hands to themselves, play cooperatively, practice good sportsmanship, always try your best, and use appropriate language.
- There are no cell phones or electronic devices permitted during program time.
- Students are expected to come directly to the cafeteria after school. Students are not allowed to leave the school building before attending Channel Surfing.
- If a student is staying after school with a teacher they are required to bring a note from that teacher.

Attendance Policy

The Channel Surfing staff work hard to plan fun and exciting clubs for your children. In order for our daily clubs to run successfully, it is extremely important for students to attend the program on the days they signed up for. If you know ahead of time that your child will be absent, please send him/her with a note. You may also contact the site director, or call the PCSM office at 781/397-7320.

Parent/Guardian Signature: _____ Phone Number: _____

Channel Surfing 2016/2017 Program Dates

Session 1—September 12 to December 1

Session 2—December 5 to March 9

Session 3—March 13 to June 8