

2023-2024 eSTEAMed Afterschool Registration Application

Child

First _____ Middle _____ Last _____ Gender: Male__ Female__
 School Name _____ Grade _____ Birth date ____ / ____ / ____ Age _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____

Cellphone _____ E-mail _____
Parent/Guardian #2
 First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime Phone _____
 Cell phone _____ E-mail _____

Child lives with: _____

Emergency Contact Information — Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:
 I: _____

Medical Release Information

Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring medication (e.g. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Recurred treatment</u>	<u>Should a paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No



Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?'

Yes Not If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes Not If yes,
explain: _____

Does your child require a special diet?
Yes Not If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the 23-24 eSTEAMed Afterschool Program and the Town of Eatonville, FL will not be responsible for the medical expenses incurred, and that such expenses will be my responsibility as a parent/guardian. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician)

Parent's/Guardian's Initials _____

Please circle how you heard about the eSTEAMed Afterschool Program.

Website _____ Schoril _____ Word of Mouth _____ Flyer _____ Other _____

Video and Photo Release

By my child attending the 23-24 eSTEAMed Afterschool Program, I hereby acknowledge that they will be **photographed**. I understand the photos will be used to keep a journal of activities, to share during stakeholder presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of eSTEAMed Learning, Inc. and the Town of Eatonville, FL. If you would like a proof of your child's photos before being released, they will be emailed to you within 24hrs. You will have 24hrs from the time the email was sent to view and respond.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official 23-24 eSTEAMed Afterschool activities/and or field trips by the mode of transportation agreed to by the eSTEAMed Afterschool Program organizers.

Parent's/Guardian's Initials _____

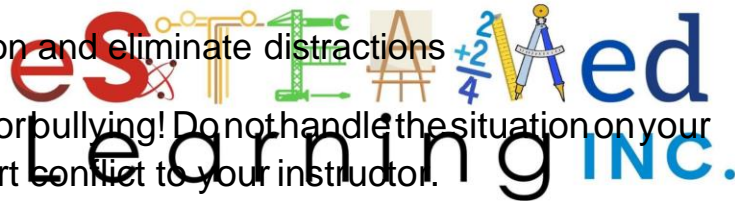
eSTEAMed Learning, Inc and the Town of Eatonville, FL are not responsible for lost or damaged personal property. All scheduled events are subject to change, but not before notification if possible. Parent and child content such as video, photos and quotes acquired during the eSTEAMed Afterschool Program may be used for publicity purposes. By signing you agree to the policies and terms of the 23-24 eSTEAMed Afterschool Program.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

eSTEAMed Afterschool Program Rules

1. Do unto others as you want them to do to you (R-E-S-P-E-C-T)
2. Give everyone an opportunity to express their thoughts during discussions, etc (pay attention until it is your turn to talk)
3. Do not do activities outside of the instructors' instructions or permission
4. Pay attention and eliminate distractions
5. No fighting or bullying! Do not handle the situation on your own. Report conflict to your instructor.
6. Be open to learn and participate in all STEAM project-based learning
7. Ask for permission
8. Stay with your group during activities and field trips
9. Keep your hands and feet to yourself
10. No horse playing or foul language allowed



1st Offense

Student will receive a warning and parent contact will be made verbally by phone or in person to address the offense.

2nd Offense

Student will be omitted from one activity for the day and parent contact will be made verbally by phone or in person to address the offense.

3rd Offense

Student will be omitted from one activity/and or field trip for that week. Parent contact will be made verbally by phone or in person to address the offense.

4th Offense

Parent or guardian will be called to pick the student from the eSTEAMed Afterschool Program and will not be allowed to return until a behavior agreement is made and/or unless the parent is present for supervision.

eSTEAMed Behavior Contract

This document must be signed by parent and child during the 1st week of being in the afterschool program

Learning Inc.

The 23-24 eSTEAMed Afterschool Program will provide a Fun and loving environment. I agree it should be a safe place for learning as well. For the benefit of other students, staff, and myself, I agree to conduct myself in the following respectful manner:

- I will respect myself and others
- I will listen to others including staff and fellow students
- I will control my own behavior and use appropriate language
- I will not cause physical or emotional harm to other students or staff
- I will follow the eSTEAMed Afterschool Program rules and schedule
- I will respect the environment, program equipment, property and other students' belongings
- I will participate in the learning experiences with the intention to learn more
- I will not engage in or threaten abuse of any kind

By checking the circle in front of each rule, I am indicating that I have reviewed this Behavior Contract with my parent(s)/guardians and agree to abide by the rules. I understand that if I fail to follow any of these rules, I could be disciplined and/or sent home from the eSTEAMed Afterschool Program at the discretion of

the Program Director. In the event, that I am sent home, a behavior plan must be discussed between the parent, student, and the program director to be able to return to the 23-24 eSTEAMed Afterschool Program.

Following these rules will help the program be a safe and happy environment for everyone.

Camper Name (Please Print): _____

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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Learning INC.

