DIA X Enrollment Form 2018-2019

# Please complete forms for each student attending DIA X. Forms are due at the time of registration with corresponding payments.

**For Office Use Only**:

 **Date**: Accepted Waitlist **Payment**: $300/year $35/month Reduced

# 1.STUDENT INFORMATION

Student Name:

Gender: Female

Male

DOB: Age: Grade:

T-Shirt Size:

Does child have a sibling in the DIA X? No Yes If yes: Sibling Name:

Does your student have special needs or accommodation requirements? Yes No

If yes, please describe:

#  2. PARENT/ GUARDIAN INFORMATION

 Name: Relationship to Student

Address: /

Street Address City, State, Zip Code

 Are you a DIA Employee? Yes No

 Phone:

 Name: Relationship to Student

Address: /

Street Address City, State, Zip Code

Are you a DIA Employee? Yes No Phone:

Child resides with: Father Mother Both Guardian Other: (Specify)

**3. STUDENT PICK UP/ EMERGENCY CONTACTS**

 Pick-up Only Walking Other Persons authorized to pick up my child if I cannot be reached (Photo ID required) May this person make health decisions for your child?

Name: Phone: Yes No

Name: Phone: Yes No

 **4. HEALTH INFORMATION/ EMERGENCY CARD**

Student Name:

DOB: Age: Gender: Female

Male

**Medication / Medical Procedures:** (CCSD policy JLCD-Assisting Students with Medications)

Any medication or medical procedure (blood sugar check, tube feeding, etc.) to be administered in the Afterschool Program requires a Doctors Order Form separate from any given to the front office for use during the school day. Medication must be provided by the parent in the original, sealed, properly labeled container. Doctors Order forms are available online at [www.ccsdschools.com](http://www.ccsdschools.com/) under the Nursing Services Section.

|  |  |  |
| --- | --- | --- |
| **ADD / ADHD** | * Yes
* No
 |  Takes Medication at Home  Takes Medication during School Day  Needs Medication after school ADD / ADHD Doctor’s Name: |
| **Allergy** | * Yes
* No
 |  Environmental/Seasonal  Food, allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Severe / Life threatening allergy to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Takes Medication at Home  Needs Medication at School  Emergency Medication (EpiPen)Allergy Doctor: Name of Med Date EpiPen Last Used \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **Asthma** | * Yes
* No
 |  Daily Maintenance Medication at Home  Rescue Inhaler  Rescue Nebulizer Asthma Doctor: |
| **Diabetes**  **Type 1** **Type 2** | * Yes
* No
 | * Blood Glucose Checks  Oral Medication  Carb Counting
* Insulin Injections  Insulin Pump  Glucagon Diabetes Doctor:
 |
| **Epilepsy (Seizures)** | * Yes
* No
 |  Daily Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Diastat  Other Needs / Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Seizure \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Seizure Doctor: |
| **Mental Health Consideration** | * Yes
* No
 | Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Takes Medication at Home  Needs Medication at School Mental Health Provider: |
| **Sickle Cell Anemia** | * Yes
* No
 |  Trait  Disease  Takes Medication at Home  Needs Medication at School Date of Last Hospitalization \_\_\_ / \_\_\_ / \_\_\_ Sickle Cell Doctor: |
| **Physical Limitation** | * Yes
* No
 | Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Limitation  Assistive Device Required Takes Medication at Home  Needs Medication at School Disability Doctor: |
| **Hearing Consideration** | * Yes
* No
 | Right \_\_\_ Left \_\_\_ Both \_\_\_  Hearing Aid(s)  Cochlear Implant  Other |
| **Vision Consideration** | * Yes
* No
 |  Glasses  Contacts  Other |
| **Feeding Consideration** | * Yes
* No
 |  Swallowing  G-Tube Feeding at School |
| **Elimination Consideration** | * Yes
* No
 |  Diapering  Catheterization at School |
| **Other** | * Yes
* No
 | Please describe: |
| **Individual Health Plan (IHP) on file w/ CCSD** | * Yes
* No
 | Health Concern of the IHP: |

Every school is required to have 1st Responders trained in CPR and 1st Aid. If major injury to a child occurs, the staff will immediately contact call for professional help (the Afterschool Program Nurse and 911) and will follow their instructions. Parents, designated emergency contacts, or the child’s doctor will be notified immediately.

 Hospital Choice: Doctor’s Name / Phone /

# Consent for Treatment / Release of Information

I consent for the Dual Immersion Academy Afterschool Program to provide nursing services to my child; release and exchange health and personal identification information to Medicaid for billing purposes (if applicable) which will remain confidential and NOT affect any services my child receives.

I give Dual Immersion Academy permission to exchange information with my child’s healthcare provider. All information will be kept strictly confidential and used only to provide appropriate individualized healthcare services for my child while at school.

Date

Parent / Guardian Signature

**5. TUITION**

Tuition for each participating student is charged at $35/month or $300/school year. Parents/Guardians may choose the fee schedule that fits their needs the best and must indicate their preference at the time of registration. Reduced tuition is available upon the completion of an Income Eligibility Form and qualification under federal income guidelines. Contact your Afterschool Program Manager for an application.

The yearly fee is billed at the time of registration and payment must be turned in with application. The monthly fee will be billed monthly and payment must be made by the 5th of every month. No financial adjustment will be given for days missed, early departure, or withdrawal from the program.

# Fees must be made on time. Delinquent accounts will result in termination of program services. There will be a $10 late fee for all payments made after the due date.

# I understand the Fees and Payment Information and agree to them Initials

# 6. HOME WORK AGREEMENT

DIA X will offer every participating student homework help and academic support. Both will be conducted Monday-Thursday from 3:30-4:15 p.m. DIA X personnel are committed to working closely with teachers to provide specialized help and will be diligent in aiding students with the completion of their assigned homework. However, DIA X will not be held responsible for the incomplete work of any student picked up before or during homework hour.

**I understand the Homework Agreement and agree to it Initials**

 **7. PARENT/GUARDIAN CONSENT FOR PHOTOGRAPHY AND PG MOVIES**

* **I do give my consent** /  **I do NOT give my consent** to DIA X to photograph my child and to use pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release Dual Immersion Academy from any claims whatsoever which may arise in said regards. Initial
* **I do /  I do NOT give my consent** for my child to watch PG rated movies at the DIA X Program **Initials**

#  8. DISCIPLINE

The staff of the Afterschool Programs is expected to respect the dignity of the children and conduct themselves as adult role models. The program does not use any strategy that hurts, shames, or belittles a child. The program does not use any strategy that threatens, intimidates, or forces a child.

Physical contact in disciplining a child is avoided unless it is necessary to restrain a child from harming himself or another.

Corporal punishment is not allowed. The program does not permit the use of food as a reward or punishment. The program does not use or withhold physical activity as a means of punishment.

When correcting a child’s behavior, the staff verbalizes and demonstrates to the child what should be said or done rather than focusing on the unwanted behavior. The staff also explains the reasons for the rules children are asked to follow. School rules are in effect during the Afterschool programs.

The children are expected to respect the staff and each other.

If the staff is unable to resolve on-going or serious behavior issues (such as aggressive, abusive, disturbing, or destructive acts), the program director will discuss the problem with the parents to establish a plan for dealing with the problem. If the child’s behavior does not change in a reasonable length of time, the program director will inform the parents and will schedule a conference. If the problem cannot be resolved, the program director will give the parents a notice of dismissal from the program.

I have read and choose to comply with the contents of the policies of the DIA X Program.

Parent/Legal Guardian Signature: Date: