

Doniphan R-I Summer BEEP After School Enrollment Form 2019
BEEP: Building Enriching Educational Partnerships

Application must be filled out completely before it will be accepted!

Please return to your child's teacher or office

Please **check** which section of the Program your child will be participating in:

After School (M—F 2:00pm to 5:30pm) _____

WE WILL NOTIFY YOU IF YOUR CHILD IS ENROLLED!

School use: MOSIS # _____ DOB: _____ Date Enrolled: _____

Student's Name:	Teacher or Advisory:	Grade: _____ Age: _____
Parent's/Guardian's Name:		Home Phone:
Address:		Cell Phone:
Employer:		Work Phone:

Additional EMERGENCY contacts/persons authorized **to take child from the program:**

No child will be released to a person that is not listed on this form, unless we are notified by Parent/Guardian.

Name:	Phone Numbers:
Relationship:	
Name:	Phone Numbers:
Relationship:	
Name:	Phone Numbers:
Relationship:	

Authorization for emergency medical care: I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate medical care, I authorize Doniphan R-I Schools to contact the following:

Physician/Clinic:	Phone:
Hospital:	Phone:

NO APPLICATION WILL BE ACCEPTED UNLESS THE FOLLOWING INFORMATION IS PROVIDED:

My child has a medical condition or allergy: NO YES Describe: _____

My child will ride the bus home (providing that the BEEP bus routes are available to my home) at the end of the After School Program: _____

I will pick up my child by the end of the After School Program: _____
 (Child must be signed out by an authorized adult.)

The Doniphan R-I Before/After School Program is an optional program designed to develop a passion for learning, and an interest in Science – Technology – Engineering – Art – and Math, (STEAM).

I understand that there is **NOT** a Before School session and **AFTER school session is from 2:00—5:30pm.**

The following guidelines must be followed so the District may properly implement the program:

My child will follow all rules and procedures for the Doniphan R-I school district as stated in the 2017-18 student handbook. If discipline problems persist after reasonable attempts have been made to solve the problem, my child may be suspended and/or dismissed from the program.	Parent/Guardian Initials:
I understand that my child will be served a supper meal during the After School program.	Parent/Guardian Initials:
I understand that the transportation program does not follow the same routes or schedule as the regular school bus program. Failure to meet the bus in a timely manner may result in my child being unable to ride the bus.	Parent/Guardian Initials:
I understand that homework help will only be available for a few minutes each day, and that the purpose of the program is not homework.	Parent/Guardian Initials:
When my child is ill, I understand and agree that s/he will not be accepted for the program on that day or days. We will contact parents to pick up a child who becomes ill during the program hours.	Parent/Guardian Initials:
I understand that my child may not attend the program after leaving the school campus unless accompanied and signed in by a parent/guardian.	Parent/Guardian Initials:
I understand that failure to keep current contact and emergency information on file may result in dismissal from the program.	Parent/Guardian Initials:
I have read the parent handbook and agree to the provisions provided. A copy of the handbook is located @ http://www.doniphanr1.k12.mo.us/afterschool program.	Parent/Guardian Initials:
MAY WE PUBLISH PICTURES OF YOUR STUDENT IN THE NEWSPAPER AND ON OTHER MEDIA USED BY THE Doniphan R-I School District?	YES NO
Parent/Guardian Signature: _____ Email: _____	Date: _____

APPLICATION MUST BE COMPLETE, SIGNED AND DATED BEFORE IT WILL BE ACCEPTED!

