



**A BETTER WORLD AFTER-SCHOOL PROGRAM
APPLICATION**
4527 Freedom Drive
Charlotte, NC 28208
(704) 398-3244
www.abetterworldcharlotte.org

Please PRINT and write in every space (write N/A for Not Applicable)

STUDENT APPLICATION INFORMATION:

Full Student Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET) (CITY) (ZIP)

Age: _____ DOB: ___/___/___ M/F: _____ Grade: _____

School: _____ Teacher's Name: _____

Student ID#: _____ F/R Lunch: _____

Power School Login Information (Username _____ Password _____)

Parent(s) Income Verification Form(s) Completed and Attached: _____ (Y/N) _____

T-Shirt Size: _____ Pant Size: _____ Shoe Size: _____

PARENT/GUARDIAN CONTACT INFORMATION: Please note , it is very important, that you update ABW staff immediately if an of your contact information changes. This will ensure we are able to remain in communication with you concerning your child; but most importantly, to do so in the event of an emergency. Thank you.

Parent/Guardian Name: _____ Relationship to Child: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____



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PERSON(S) AUTHORIZED TO PICK UP CHILD:

Person (s) (Age 16 and older) authorized to pick up child, other than parent(s):

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____
- 3. Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

(We will always contact parents/guardians first, so please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. relatives and close friends or neighbors). Please note, it is very important, that you update ABW staff immediately if any of your contact information changes. This will ensure we are able to remain in communication with you concerning your child; but most importantly, to do so in the event of an emergency. Thank you.

Student Applicant Name: _____

Primary Contact Name: _____ Relationship to Student: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Secondary Contact Name: _____ Relationship to Student: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____



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EMERGENCY CARE INFORMATION:

Child's Physician's Name: _____ Phone: _____

Address: _____ Hospital Preference: _____

STUDENT APPLICANT'S HEALTH: (if N/A please write N/A/)

Please briefly describe any (medically diagnosed) physical, mental or emotional disabilities or other limitations that the applicant may have:

PRESCRIBED MEDICATION: (if N/A please write N/A/)

Please list all current prescribed medications being taken while at After-School and the reason(s). NOTE: These **MUST** be placed in a zip lock bag with the student's full name, included within the bag should be all medications, along with full instructions on their intended use and proper dosage, as well as time(s) of the day to be taken, etc.

Name of Medication: _____ Prescription Dosage: _____
Dosage Requirements/Frequency: _____
Reason for Medication: _____

Name of Medication: _____ Prescription Dosage: _____
Dosage Requirements/Frequency: _____
Reason for Medication: _____

DIAGNOSED DRUG/MEDICAL/FOOD ALLERGIES: (if N/A please write N/A/)



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DIAGNOSED DIETARY NEEDS: (if N/A please write N/A/)

APPLICANT’S MEDICAL HISTORY:

Please examine the list below and note applicant’s experiences with any of these factors or conditions. If possible, note the year of occurrence and elaborate briefly on the severity or frequency of the condition.

<u>Circle One</u>	<u>Condition</u>	<u>Year(s)</u>	<u>Additional Description</u>
Yes No	Diagnosed Sinus Problems	_____	_____
Yes No	Diagnosed Headaches	_____	_____
Yes No	Diagnosed Hearing Problems	_____	_____
Yes No	Diagnosed Asthma	_____	_____
Yes No	Diagnosed Seizures	_____	_____

Please list any limitations or risks that may result from a seizure:

Please list known possible triggers, causes or strategies that may be helpful to the staff.

Other significant diagnosed health concerns:



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AFFIRMATION OF COMPLETENESS AND ACCURACY OF APPLICATION:

I/We, _____ (parents/guardians name), do hereby Affirm the information provided within the completed application is complete and accurate to the best of my/our knowledge. We give consent for our student applicant _____ to attend the A Better World After-School Program and to participate in all programs and activities of the A Better World After-School Program. I have read and understand all policies. I further understand that A Better World is not responsible for lost, misplaced, or damaged items.

PARENT/GUARDIAN PRINTED NAME

STUDENT PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE



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CLASSROOM MANAGEMENT PLAN:

Our Number System: Each Student begins their day on 4, and the goal is to remain on 4. Their number (magnet) is dropped if an unwise choice is made.

4- Following Directions

3- Verbal Warning

2-Lose a Privilege

1-Removal from Classroom (Parent Contacted)

Rewards:

4 all week long = Choose a Treasure

4 Days with a 4 = Sit Near a Friend on Fridays OR Candy

3 Days with a 4 = Computer/Free time

1 or 2 Days with a 4 = Establish Specific Behavior Goals/Plan for improving Next Week.

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE



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A BETTER WORLD AFTER-SCHOOL SPECIFIC AGREEMENT FORM

Student's Name: _____ ABW Teacher's
Name: _____

PARENT PARTNERSHIP CONTRACT (PLEASE CHECK EACH ITEM)

A = ATTENDANCE/TRANSPORTATION

B = BEHAVIOR

C = COMMUNICATION/COOPERATION

_____ A: I AGREE TO ALL FO THE FOLLOWING

- To ensure my child attends the After-School daily, keeping in mind the requirement is to be in attendance at least 80% of the time. ABW needs to be notified in advance (where possible) of any planned absences and made aware of any unplanned absences along with any supporting documentation (physician note, etc.).
- To provide **permission to return form** from physicians for any absences relating to physician's visit/child's illness.
- I agree that **the program director may authorize the doctor/hospital of his/her choice** to provide emergency care in the event that neither I nor the family can be contacted immediately. I give permission for **necessary transportation to the medical facility** to be determined by the director as well.
- I give permission for my child to **receive transportation from the After-School Program** upon dismissal from school by riding the bus, or pertinent program vehicle to the program location.
- I give permission for the program **to transport my child to and from any and all field trips.**
- I agree to **notify ABW in advance should I arrange for anyone** (other than myself) to pick up my child from ABW. I understand this person must be listed on the application and advance notice must be given.
- To pick up my child every evening as follows: Monday, Tuesday and Thursday by 6:30pm AND Tuesday and Wednesday by 6:00pm. I understand I will be charged for minutes late at the rate of \$1.00 per minute.

_____ B: I AGREE TO ALL FO THE FOLLOWING:

- I understand that my **child may be dismissed from the After-School Program as a result of disciplinary problems.**
- I have **received a copy of the Classroom Management/Discipline Policy.** This information has been discussed with me.

_____ C: I AGREE TO ALL FO THE FOLLOWING:

To **support the ABW program, staff, and volunteers,** believing that we are working in partnership with you for the success of your child.

I give permission to ABW After-School Program to access my child's public school record, by **allowing the school to release instructional, and testing information,** (including but not limited to EOG reports, Progress Reports and Report Cards, current placement, current workload and grades,



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information from classroom teacher, education background information and professional discussion of student's needs.)

I give permission to ABW to **communicate with my child's teacher and/or principal** through email, over the telephone and in parent meetings and teacher conferences.

I give **permission for the use of my child's photo and/or likeness** in media related to this After-School Program.

I understand that **photographs of children participating in the program may appear** in newspapers, magazines, brochures, or other publicity materials without compensation to me.

I have received a copy of the Parent Handbook and agree to **respect and support the policies outlined in the Parent Handbook.**

To **communicate to the ABW staff any changes** in your work schedule, address, or phone number(s).

To **communicate to the ABW staff any special issues and/or concerns** about your child, including those adults authorized to pick up your child.

To bring **appropriate problems to the ABW staff** before discussing them with your neighbors or other parents.

To **fulfill the PARENT POINT SYSTEM volunteer requirement** of attaining a minimum amount of 8 points per month. I understand failure to do so may result in my children losing their spot. See attached "Ways to Succeed" Point System options. I understand this includes being a monthly donor (for \$20.00 per month).

To **remain informed about the program requirements, opportunities and upcoming events** and important information by reading all posted information for parents in the lobby area (within designated binders) and by asking staff about such matters.

To **attend all parent meetings/teacher conference** here at ABW.

To **allow home visits/conferences by ABW staff** and/or volunteers, as needed.

To **encourage and support your child academically**, by **checking his/her homework and agenda daily as well as checking for any notices** sent home from ABW staff regarding such.

In signing this you are acknowledging that you understand this partnership requires your participation and we will make every effort to keep your child in the program. However, this partnership will be reviewed on a monthly basis, (especially pertaining to the point system and student attendance) to determine continued eligibility in the program. If it is found the commitment agreed upon cannot be met by you, the parent, your child will lose his/her slot for the duration of the semester.

PARENT SIGNATURE

DATE



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