

**THOMASVILLE PARKS AND RECREATION DEPARTMENT  
AFTERSCHOOL PROGRAM REGISTRATION**

YEAR \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CHECK THE SCHOOL YOUR CHILD WILL ATTEND: THOMASVILLE PRIMARY: \_\_\_\_\_

LIBERTY DRIVE: \_\_\_\_\_

FAIRGROVE: \_\_\_\_\_

PILOT: \_\_\_\_\_

HASTY: \_\_\_\_\_

TEACHER: \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

FATHER'S HOME PHONE NUMBER: \_\_\_\_\_ MOTHER'S HOME PHONE NUMBER: \_\_\_\_\_

FATHER'S EMPLOYMENT \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

MOTHER'S EMPLOYMENT \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR PICKING UP THIS CHILD FROM THE CENTER?

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

LIST ANY OTHER PERSONS THAT HAVE PERMISSION TO PICK UP THIS CHILD:  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY ALLERGIES OR ILLNESSES YOUR CHILD MIGHT HAVE:  
\_\_\_\_\_

IS YOUR CHILD ON ANY TYPE OF MEDICATION? \_\_\_\_\_

IF SO, WHAT IS IT, AND FOR WHAT REASON \_\_\_\_\_

ARE THERE ANY EVENTS IN WHICH YOUR CHILD CANNOT PARTICIPATE? \_\_\_\_\_  
\_\_\_\_\_

IN CASE OF AN EMERGENCY, WHOM DO WE NOTIFY? NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN AN EMERGENCY, WHAT DOCTOR SHOULD WE NOTIFY? NAME: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PLEASE READ THE FOLLOWING BEFORE SIGNING:

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, do hereby give my consent for this child to ride in or on any vehicle provided by the Recreation Department for the After School Program. I also give my consent that if said child should become in need of medical care, to contact the hospital and appropriate physician and authorize such medical care and treatment as the welfare of such child may require, and I hereby authorize filing of any claims of the payment of such services with my (our) medical insurance carriers, and we agree to pay for all such medical, surgical or legal services that may not be covered by insurance.

\_\_\_\_\_  
PARENT OR GUARDIAN      DATE

THOMASVILLE PARKS AND RECREATION DEPARTMENT  
DISCIPLINARY ACTION CONTRACT

The Thomasville Parks and Recreation Department has been experiencing some disciplinary problems with children in our programs. We have set these disciplinary actions to be taken when rules are not follow.

MINOR THINGS

1. Not following rules.
2. Not listening to Staff.
3. Talking back to Staff.
4. Not staying in Time-Out or going to Time-Out.

IF THESE RULES ARE NOT FOLLOW, THE FOLLOWING ACTION WILL BE TAKEN.

1. They will be put in Time-Out for 5 minutes for the first offense. Then an additional five minutes for each offense but not to exceed 15 minutes.
2. If said child was put in Time-Out 3 times in one day, a letter will be sent home to parent(s) regarding the situation.
3. If said child continued to misbehave, a conference will be set up with parent(s) and Staff.
4. If problems continue to occur, based on the situation, a 1 to 2 day suspension will result.
5. If problems continue said child will be suspended based on the situation for up to 3 to 5 days.
6. If problems continue, suspension from the program.

MAJOR PROBLEMS

1. Using Profanity
2. Fighting
3. Wrestling
4. Disrespectful to Staff
5. Stealing
6. Sticking Up Middle Finger
7. Leaving Center/Program Without Permission
8. No Weapons Allowed
9. No Drugs Allowed

IF THESE RULES ARE NOT FOLLOW, THESE ACTIONS WILL BE TAKEN:

IF ANY OF THESE SITUATIONS OCCUR, THE FOLLOWING ACTION WILL BE TAKEN:

1. FIRST OFFENSE - 1 TO 2 DAYS SUSPENSION
2. SECOND OFFENSE - 3 TO 5 DAYS SUSPENSION
3. THIRD OFFENSE - TERMINATED FROM PROGRAM

A child may accumulate more than the allotted time for suspension if more than one infraction occurs within that day. (i.e. (1) day for not following rules and (1) day for being disrespectful to staff. Which is a total of (2) days suspended for 2 infractions and so on.)

I HAVE READ THESE RULES AND HAVE DISCUSSED THEM WITH MY CHILD.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_