

**QUEEN STREET ACADEMY**

**2019-2020 REGISTRATION PACKET**

**Everything that you need to enroll your child into our after-school program is right here! We currently pick up from Banks, Contentnea-Savannah, and Moss Hill Schools. In order to ensure your spot, make sure you have completed and provided the following items:**

* **Complete registration form (note: if your child is currently a participant in our after-school program you still need to complete this registration form to ensure your child’s spot. If you have more than one child attending, we need registration forms for each child.)**
* **Weekly fees are $75. There is a $5 sibling discount. A non-refundable registration fee of $75 is required to hold your place. (Cash or Check; make checks out to Queen Street Academy). A late fee of $10 will occur if fees are not paid the week of service.**

**Registration forms and registration fee can be brought to the church office at 500 N. Queen Street, Kinston, NC 28501 or you can mail your registration in to PO Box 508, Kinston, NC 28502.**

**Registration is on a first come first served basis! If you have any questions you may contact me at: my work number (252) 527-2110, my cell (252)526-1729, or my e-mail:** [**nancy@queenstreetchurch.org**](mailto:nancy@queenstreetchurch.org)**. Visit our website at www.queenstreetacademy.weebly.com.**

**Thank you and we look forward to an awesome after-school program this year!!**

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| CHILD Information | | | | | | | | | | | | | | |
| Child’s Name: | | | | | | | | | | | | | | |
| Date of birth: | | | | SSN: | | | | | | Phone: | | | | |
| Current address: | | | | | | | | | | | | | | |
| City: | | | | State: | | | | | | ZIP Code: | | | | |
| School\*: | | | | | | | | | | Grade Level: | | | | |
| ***\*Note: If your child attends a school that is not the one on this registration form, we may not be able to accommodate them.\**** | | | | | | | | | | | | | | |
| PARENT/CAREGIVER INFORMATION (Write SAME if address matches the address listed above) | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
| City | | | | State: | | | | | | ZIP Code: | | | | |
| Home Phone: | | | | Cell: | | | | | | Work: | | | | |
| Email: | | | | | | | | | | | | | | |
| Emergency Contact/Information | | | | | | | | | | | | | | |
| Name of a relative other than residing parent to contact in case of emergency: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | Relationship: | | | | |
| City: | | | | State: | | | | | | ZIP Code: | | | | |
| Home Phone: Cell Phone: Work Phone: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Known allergies/Medical Conditions: | | | | | | | | | | | | | | |
| Medications Taken Daily: | | | | | | | | | | | | | | |
| Physician Name: | | | | Phone: | | | | | | Office: | | | | |
| AUTHORIZED INDIVIDUALS TO PICK UP: | | | | | | | | | | | | | | |
| Name | | | | | | | | Relationship | | | | | | |
| Name | | | | | | | | Relationship | | | | | | |
| Name | | | | | | | | Relationship | | | | | | |
| Signatures | | | | | | | | | | | | | | |
| I authorize the above information to be true to the best of my knowledge. If any pertinent information changes, I take responsibility for providing such information to Queen Street Academy for their care purposes. I have received a copy of this application. | | | | | | | | | | | | | | |
| Signature of Parent: | | | | | | | | | | Date: | | | | |
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|  | | | |  | |  | | | | | | | M | F |
| Child’s Name | | | |  | | Date of Birth | | | | | | | Sex | |
|  | | | |  | |  | | | | | | | | |
| Parent’s/Guardian’s Name | | | |  | | Parent’s/Guardian’s Name | | | | | | | | |
| () | |  | () |  | | () | | | |  | | () | | |
| Home/Cell Phone | |  | Work Phone |  | | Home/Cell Phone | | | |  | | Work Phone | | |
|  | | | |  | |  | | | | | | | | |
| Address | | | |  | | Address | | | | | | | | |
|  | | | |  | |  | | | | | | | | |
| City, ST ZIP Code | | | |  | | City, ST ZIP Code | | | | | | | | |
|  | | | |  | |  | | | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | | | | | |
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|  | | | |  | |  | | | | | | | | |
| Primary Emergency Contact | | | |  | | Secondary Emergency Contact | | | | | | | | |
| () | |  | () |  | | () | | | |  | | () | | |
| Home/Cell Phone | |  | Work Phone |  | | Home/Cell Phone | | | |  | | Work Phone | | |
|  | | | |  | |  | | | | | | | | |
| Address | | | |  | | Address | | | | | | | | |
|  | | | |  | |  | | | | | | | | |
| City, ST ZIP Code | | | |  | | City, ST ZIP Code | | | | | | | | |
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| Medical Information | | | | | | | | | | | | | | |
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| Hospital/Clinic Preference | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Physician’s Name | | | | | | |  | Phone Number | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Insurance Company | | | | | | |  | Policy Number | | | | | | |
|  | | | | | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | | | | | |
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| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Parent’s/Guardian’s Signature | | | | | | |  | Date | | | | | | |
|  | | | | | | | | | | | | | | |
| I give permission for my child to go on field trips. I release Queen Street Academy and individuals from liability in case of accident during activities related to Queen Street Academy. | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Parent’s/Guardian’s Signature | | | | | | |  | Date | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Witness Signature | | | | | | |  | Date | | | | | | |

Queen Street Academy Blanket Activity/Photo Usage

Release and Authorization Form

2019-2020

As the parent/guardian of the minor named below, I do hereby give my consent to my child’s participation in any activities and events sponsored by **Queen Street Academy**. In recognition of the hazards involved in these activities and in travel to and from the place of these activities, I hereby authorize the leader in charge of these activities to engage for and authorize medical services for my child, should the need arise. I further release and discharge **Queen Street Academy,** its members, agents, employees, and others associated with these activities from any and all claims for damages due to injuries arising from my child’s participation in these activities, and agree to indemnify **Queen Street Academy,** its members, agents, and employees associated with these activities, from any loss, damages, and attorney’s fees that might be incurred by them due to my child’s participation in these activities whether caused by negligence or otherwise.

During the course of activities on a daily basis, photographs will be taken of the children. As the parent/guardian, I also give permission for my child’s picture and/or first name to be used for slideshow presentations and publicity materials pertaining to Queen Street Academy.

\_\_\_\_\_\_\_\_\_

Parent or Guardian Date

Print Minor Child’s Name

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| **Queen Street Academy Discipline Policy**  Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this Center will practice the following discipline and behavior management policy. |
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| --- | --- |
| We Do | We Do NOT |
| Praise, reward, and encourage the children. | Spank, shake, push, pull, slap or otherwise physically punish the child. |
| Reason with and set limits for the children. | Make fun of, threaten, use profanity, or otherwise verbally abuse the children. |
| Model appropriate behavior for the children. | Do not shame or punish the children when bathroom accidents occur. |
| Modify the classroom environment to attempt to prevent problems before they occur. | Deny snack time or rest as punishment. |
| Listen to the children. | Relate discipline to eating, resting, or sleeping. |
| Provide alternatives for inappropriate behavior to the children. | Leave the children alone, unattended or without supervision. |
| Provide the children with natural and logical consequences of their behaviors. | Allow discipline of children by children. |
| Treat the children as people and respect their needs, desires, and feelings. | Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups. |
| Ignore minor misbehaviors. |  |
| Explain things to the children on their levels. |  |
| Use short supervised periods of "time out". |  |
| Try to stay consistent in our behavior management program. |  |

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I, the undersigned parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name), do hereby state that I have read and received a copy of the facility’s Discipline and Behavior Management Policy and that the facility’s director or other designated staff member has discussed the facility’s Discipline and Behavior Management Policy with me.

Date of Child’s Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Queen Street Academy**

**No Tolerance Policies**

I want to inform all parents that we have a NO TOLERANCE policy concerning hitting/spitting and/or touching another person inappropriately. We will explain to all of the children that if they hit, spit, or touch another child inappropriately, whether in Church or in the van, **the parent will be called to pick up the child (from Church or field trip location) and they will be suspended for the rest of the day.** We also have a NO TOLERANCE policy for profanity. Please discuss these policies with your child.

I want you to be aware that these policies will be enforced. Thank you so much for your cooperation and in helping the children find appropriate ways to express their frustrations and emotions.

Parent Signature Date

Childs Signature Date

**Parent Questions**

**Instructions: Please circle your answer.**

1. How did you hear about us? You may choose more than one.

Returning After-school Participant

Participated in Summer Camp

Visit to Queen Street Methodist Church

Through family or friend who participates - If so, whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internet search

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is this your first time enrolling your child into an after-school program?

Yes No

1. Is this your first time enrolling your child into **OUR** after-school program?

Yes No

* 1. If you answered No to question 3, please share with us what your experience with our program has been like: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. If you answered Yes to question 3, please share with us why you choose our unique program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a member of a Church?

Yes No

1. Are you a member of Queen Street Methodist Church?

Yes No

1. Please share with us what your child is most excited about when it comes to our after-school program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your time!**