



# Brambleton Community Outreach Center

## AFTER SCHOOL PROGRAM ACADEMIC YEAR 2009-2010 (SEPTEMBER 8, 2009 – MAY 7, 2010)

Dear Parent or Guardian:

Thank you for participating in the Brambleton Community Outreach Center’s (BCOC) After School Program for the 2009-2010 academic year. Below you will find important information about the program.

**DOCUMENTATION:**

The following paper work will be required for medical emergencies and tutoring purposes:

- **Copy of most recent shot record**
- **Copy of most recent physical exam report**
- **Copy of health insurance card**
- **Copy of most recent report card** (if available)
- **Copy of most recent SOL scores** (if available)

\_\_\_\_\_**Parent’s Initials**

**FEES:** The fee for the program is **\$25.00** per semester per child. The first semester begins **September 8, 2009 and ends December 17, 2009**. The second semester begins **January 4, 2010 and ends May 7, 2010**. Payment is required to be made at the beginning of each semester. This fee is in addition to the \$20.00 annual BCOC membership fee. Children must be BCOC members to participate in the After School Program.

\_\_\_\_\_**Parent’s Initials**

**PICK-UP TIMES:** Pick up time at the Center is promptly at 5:30pm. There will be an additional **\$15.00** late fee charge (each occurrence) if parents arrive after 5:30pm.

\_\_\_\_\_**Parent’s Initials**

**DISCIPLINE:**

The Center has strict **rules regarding the use of profanity and unruly behavior:**

- **NO HITTING, SLAPPING, SPITTING OR HARMING OF A CO-PARTICIPANT OR STAFF MEMBER.**
- **NO ABUSIVE LANGUAGE OR ACTIONS WILL BE TOLERATED.**
- **NO INTENTIONAL DEFACING OF CENTER PROPERTY.**
- **PARTICIPANTS MUST OBEY CENTER RULES AND FOLLOW INSTRUCTIONS AT ALL TIMES.**
- **NO DISORDERLY CONDUCT**

\_\_\_\_\_**Parent’s Initials**

**PROFANITY & OBSCENE LANGUAGE:**

- 1<sup>st</sup> Warning – Verbal & written notice to parents
- 2<sup>nd</sup> Warning – Three day suspension
- 3<sup>rd</sup> Warning – Dismissal from After School Program

\_\_\_\_\_**Parent's Initials**

**FIGHTING:**

- 1<sup>st</sup> Warning – Three days suspension
- 2<sup>nd</sup> Warning – Dismissal from After School Program

\_\_\_\_\_**Parent's Initials**

**CHILD ABUSE/MOLESTATION REPORT:** As a youth serving agency our staff is required by law to report any suspicion of child abuse/molestation to the proper authorities. The welfare of your child is of utmost importance. All records are confidential.

\_\_\_\_\_**Parent's Initials**

**\*HOLIDAY CLOSURES/INCLEMENT WEATHER:** The center is a part of Norfolk State University and observes the university's holiday closure schedule. It is the parent's responsibility to ensure After School care for children on school days that fall on university observed holidays. Please follow local news stations for possible center closures due to inclement weather.

\_\_\_\_\_**Parent's Initials**

**NON-STANDARD SCHEDULED SCHOOL DAYS:** The Center is not staffed to accommodate additional hours for such non-standard scheduled school days such as; Early Release Days, Parent-Teacher Conferences and Teacher Workshop days. Parents are responsible for making arrangements for your child's care in these instances.

\_\_\_\_\_**Parent's Initials**

**\*AFTER SCHOOL SEMESTER DATES & HOURS**

FALL 2009: September 8, 2009 - **DECEMBER 17, 2009**

SPRING 2010: January 4, 2010 - **MAY 7, 2010**

TIMES: 2:30 p.m. – 5:30 p.m. Monday – Friday

Children participating in the After School Program are not permitted to enter the facility before 2:30 p.m.

\_\_\_\_\_**Parent's Initials**

**SUPPLIES:** You are responsible for providing any supplies (e.g. pens, pencils, paper, etc.) that your child may need during the program.

\_\_\_\_\_**Parent's Initials**

**RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT**

PARENT/GUARDIAN OF APPLICANT

In consideration of being allowed to use the Brambleton Community Outreach Center’s (BCOC) facility for participation in sports, special activities, and all other programs, services, activities and events held at the BCOC, I (the parent/guardian of the applicant) acknowledge, appreciate and agree to the following:

1. The risk of injuries while participating in BCOC sports, activities, events, etc. have the potential to be significant, including the potential for permanent paralysis and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for the applicant’s participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any suspected hazard(s) during my presence, I will bring such to the attention of the nearest BCOC staff member IMMEDIATELY; and
4. I, HEREBY RELEASE AND HOLD HARMLESS, Norfolk State University, the Brambleton Community Outreach Center and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, AND I, AS THE PARENT/GUARDIAN OF THE APPLICANT, UNDERSTAND THE NATURE OF THE VARIOUS SPORTS, ACTIVITIES, EVENTS, ETC. AND CONFIRM THAT HE/SHE (THE APPLICANT) IS QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN ALL SPORTS, ACTIVITIES, EVENTS, ETC. FOR WHICH I AUTHORIZE THEM TO PARTICIPATE. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE APPLICANT’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, THE APPLICANT, OR ANYONE ON THE APPLICANT’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I, ON BEHALF OF THE APPLICANT OR MYSELF, WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

 **Parent’s Initials**

**REGISTRATION INFORMATION**

Child's Name \_\_\_\_\_  
First MI Last

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP

Parent/Guardian \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

**In case of Emergency please contact:** *(Provide a different name and telephone number if you will be the initial contact from the number given above)*

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Number \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home address \_\_\_\_\_  
Street

City State ZIP

**EMERGENCY AUTHORIZATION**

I hereby authorize medical personnel, selected by the BCOC Director and/or staff to provide any medical attention or treatment for my child in my absence.

\_\_\_\_\_  
Parent's Initials

**INSURANCE INFORMATION**

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Doctor's Telephone Number \_\_\_\_\_

Type of Insurance \_\_\_\_\_  
Name of Carrier Policy No./Group No.

**CHILD’S MEDICAL HISTORY**

1. Does your child have any allergies? If so, list and explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is your child allergic to any medications (please list)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any illnesses (*i.e. diabetes, asthma, epilepsy, etc.*)? If so, list and explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has your child ever been hospitalized or had any major surgeries? If so, list and explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is your child currently under a doctor’s care for any reason at all? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is your child currently on any type of medication? If so, list and explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please list any additional information the BCOC Staff should know including special dietary needs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION:** If your child is to receive over the counter or prescription drugs, we require that you provide them with their medication. The BCOC STAFF is not authorized to administer any medications to any child or student in the After School Program.

\_\_\_\_\_ **Parent’s Initials**

**SICKNESS:** (1) If a child arrives at the center with signs or symptoms of a communicable disease or temperature exceeding 100 degrees, parents will be notified to pick the child up. In this event, you will be expected to pick your child up within the hour. (2) If your child is dismissed from school early due to illness, your child will not be permitted to attend After School Program activities at the BCOC until he/she is eligible to return to school.

\_\_\_\_\_ **Parent’s Initials**

## NSU Web Services Photo/Video Release

All photographers taking photographs on University property or of University events must obtain a signed release form from any student, faculty member, staff person, or member of the public who is visibly recognizable in the photograph. Crowd scenes where no single person is the dominant feature are exempt.

These rules govern photographs intended for use in any University online publication or website such as brochures, newsletters, promotional flyers, photo galleries or other such material being posted to the NSU domain (nsu.edu). These rules are not in effect when photographs are taken of news events, but photographs taken for news purposes require a release for reuse in marketing materials. Please see the NSU Web Services Photo Release form at <http://www.nsu.edu/forms>.

Requests for photos or videos to be posted to the NSU Website can only be made by the Content Manager of the website with a Content Manager Assignment Request on file with the Department Heads signature. Each department has a limit of 3 minutes per website, unless authorized by the Office of Information Technology.

### Photo Subject Contact Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### Terms and Conditions

I hereby grant permission to Norfolk State University, Norfolk Virginia, to use my name, picture, photograph, video and/or sound byte on its World Wide Web site at <http://www.nsu.edu> or in other official university online publications without further consideration, and I acknowledge the university's right to crop or treat the photograph/video/sound byte at its discretion. I also acknowledge that the university may choose not to use my photo/video/sound byte at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on NSU's website, the image can be downloaded by any computer user on or off campus. Therefore, I agree to indemnify and hold harmless from any claims the following:

- Board of Visitors, Norfolk State University
- Norfolk State University
- State of Virginia
- All Employees, Norfolk State Virginia, Norfolk Virginia
- City of Norfolk

Any claims concerning unauthorized publication of name and image by third-parties must be pursued by claimant against the unauthorized user. I hereby agree that I am eighteen (18) years of age or older. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

**NSU reserves the right to discontinue use of photos without notice.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **DISCIPLINE POLICY/CODE OF CONDUCT AGREEMENT**

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In order to fulfill the mission of the After School Program, all stakeholders (students, staff, parents, and community) must be committed to a strong discipline policy which encourages accountability for all actions. This approach safeguards each student's right to participate in a safe, positive, and orderly environment.

### **STUDENT CONTRACT**

As an After School Program participant, I will do MY BEST to adhere to the following:

- I will show consideration for the rights and feelings of others, being careful not to hurt them physically or make them feel bad.
- I will speak to others respectfully, not using profanity or uncomplimentary names.
- I will show respect for all people working, volunteering or visiting the BCOC.
- I will show careful regard for both my property and the property of others.
- I will always ask permission before I borrow other people's things, and I will return them promptly and in good condition when I am finished.
- I will attend activities regularly.
- I will arrive on time and with the necessary materials.
- I will make good use of the scheduled time, complete and turn in requested documents and assignments on time.
- I will never bring any "contraband" (i.e. lighters, matches, tobacco, controlled substances, box cutters, mace, pepper spray, guns, knives, etc.) to the After School Program or any other BCOC-sponsored activities.
- I will help keep my personal space and public spaces clean and organized.
- I agree to wear appropriate clothing and footwear in an appropriate manner.
  - ✓ Gentlemen will not wear their pants sagging or exposing undergarments.
  - ✓ Ladies will not wear clothing that shows the midriff.
  - ✓ Shirts displaying emblems or phrases that contain profanity, illegal activity, controlled substances, sexual innuendo, guns, or anything else deemed inappropriate by the BCOC Staff will not be worn. If so, the participant's parent/guardian will be contacted and the child will be dismissed from the program.

**I HAVE READ THE ITEMS LISTED ABOVE AND UNDERSTAND THAT VIOLATION OF ONE OR MORE OF THESE ITEMS WILL RESULT IN IMMEDIATE DISMISSAL FROM THE AFTER SCHOOL PROGRAM AND ALL OTHER BCOC SPONSORED ACTIVITIES.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN CONTRACT**

As a parent/guardian of an After School Program, I will do MY BEST to do the following:

- I will read and discuss the expectations set forth by the BCOC staff with my child.
- I will encourage my child to respect the rights and property of others.
- I will know and support the expectations and responsibilities for the After School Program.
- I will attend the After School Program Parents' Meetings if my schedule permits.
- I will encourage and support my child's efforts to learn by providing time and space for my child to study.
- I will assume the responsibility for the regular and prompt attendance of my child.
- I will encourage my child to come to the program ready to learn.

**I HAVE READ THE ITEMS LISTED ABOVE, AND I AGREE TO ADHERE TO THESE GUIDELINES.**

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