VAUGHN SCHOOLS **After-school Program**

WATCH **2024 - 2025**

Student Name: _____ Gender: Female ____ Male ____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____ Father's Name: _____

EMERGENCY CONTACT INFORMATION

_____

Name Relationship Home Phone Cell Phone

_____

Name Relationship Home Phone Cell Phone

_____

Name Relationship Home Phone Cell Phone

Medical Information **(must be completed prior to student attending WATCH)**

Medical Problems/Allergies _____

_____

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Vaughn Public Schools to act on my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

_____ _____

Parent/Legal Guardian Date

AFTER SCHOOL PROGRAM

The after school program WATCH will operate from late August until the third week of May.

- ✓ Hours of operation are 4:15 – 5:30 P.M. Monday through Thursday.
- ✓ Parents must pick their child up no later than 5:30 P.M.
- ✓ **WATCH** is closed on all holidays, breaks and school professional development days.
- ✓ An after-school snack will be available for each child.
- ✓ Please remember that **WATCH** is not a babysitting service. Children are expected to participate in all activities as instructed by **WATCH** staff.
- ✓ Failure to abide by the rules can result in your child being permanently removed from the **WATCH** after-school program.
- ✓ Disrespect of **WATCH** staff, refusal to follow directions, fighting, bullying of any type are ground for immediate dismissal.

HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Vaughn Public Schools, its trustees, administration, supervisory staff, participants and any other affiliates: for, from and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of the Vaughn Public Schools. I individually and as a parent/guardian for my child, have read this release and understand all of the terms. I execute it voluntarily and with full knowledge of its significance.

Release made this_____ of _____, 20_____
Day Month Year

By_____
Parent/Guardian Signature

WATCH
CODE OF CONDUCT

- ✓ Respect yourself and **WATCH** staff
- ✓ Play fairly and be honest
- ✓ Applaud the efforts and accomplishments of others
- ✓ Avoid inappropriate language
- ✓ Say only good things about others
- ✓ Always follow the instructions of the WATCH staff
- ✓ Resolve disagreements in a positive way
- ✓ Listen during appropriate times
- ✓ Be respectful of others at all times

✓ If you make a mess, you clean it up

WATCH
NO BULLYING

Bullying/harassment/fighting has no place at the Vaughn Public Schools. Violation of this policy includes:

- ✓ Physical assaults (touching when angry)
- ✓ Threats
- ✓ Name-calling
- ✓ Racial slurs
- ✓ Intimidation
- ✓ Spreading rumors
- ✓ Taunting
- ✓ Harassment (always bothering someone)
- ✓ Using the Internet to harass, threaten, verbally abuse, intimidate, or spread rumors

Violation of the intent of this policy by a participant of the WATCH after-school program will not be tolerated. Review of this policy serves as your WARNING.

- ✓ If you are found to be in violation of this policy you will be suspended for up to one week.
- ✓ On the second offense you will be suspended from the program for one month.
- ✓ Third offense will result in suspension from the program the remainder of the year.
- ✓ The enforcement of this policy and any judgment on the punishment of a student for violation of this policy will be the decision of the WATCH Coordinator and is not subject to a hearing or appeal.

_____ _____

Student's Signature Date

_____ _____

Parent/guardian Signature Date

CHECK-OUT AUTHORIZATION FORM

Student's Name: _____

The following individuals are authorized to check-out the above named student from WATCH.

1. Name: _____

   Relationship: _____

2. Name: _____

   Relationship: _____

3. Name: _____

   Relationship: _____

4. Name: _____

   Relationship: _____

Note: Add additional names as needed.

Please note, if anyone is **PROHIBITED** from contacting or checking-out the student, you must specify the individual(s) below:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Parent/guardian Signature: _____ Date: _____