

Flickinger Learning Center

413 Mulberry Avenue

563-288-9000

Student Application and Information

School Year 2016-2017

Confidential Information

Center: Downtown ___ Franklin ___ Madison ___
McKinley ___ Jefferson ___ Grant ___

Children are expected to be present Monday-Friday

Student Last Name: _____ first Name: _____ Male/Female

Age _____ Birthday _____ Race _____ Teacher _____

Grade _____ School _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Location: _____

May we call you there, or is there someone else we should contact in an emergency? _____

How will your child be getting to the Flickinger Learning Center after school?

Walking from school _____

Dropped off by parent or someone else designated by the parent _____

Riding the school bus? _____ (request must be made at School)

How will your child leave the center?

Walking alone _____

Walking with someone designated by the parent _____ Who? _____

Picked up by the parent/guardian or person designated by parent _____

Is there anyone else who has permission to pick up your child? _____

Phone Number _____ Cell phone _____

Is there anyone who DOES NOT have permission to pick up your child?

Name _____

EMERGENCY contact:

Name _____ Relationship to student _____

Home phone _____ Cell phone _____

Back-up emergency :

Name _____ Relationship to student _____

Phone _____

With what subjects does your student need special help? _____

Your signature on this form will give the Flickinger Learning Center authorization to exchange information (MAP; attendance) with the Muscatine Community School District.

You may revoke this authorization, in writing, at any time. (Please be sure you have read and understand this document before signing.) Any and all personally identifiable information regarding children receiving special education services funded under the IDEA is protected from unauthorized disclosure under the Family Educational Rights and Privacy Act (FERPA) All special education providers comply with these procedures.

Is there anything about your child we need to know? (learning habits/medication/etc.) Yes/No

May we use your child's photo in publications concerning the Flickinger Learning Center? Yes/No

Are there any games or activities in which your child should not participate? Yes/No

Any allergies we need to know about? If yes, please list and provide the emergency procedures we should follow:

Computer Information: Your child will have access to the Internet at the Learning Center. We monitor the use and have provided safety blocks, but there is always a possibility of them seeing inappropriate material. We will do everything in our power to protect your children.

Special Things to know about the After School Program Schedule:

We work by the same calendar as the Muscatine Community Schools. If the schools are closed, or dismiss early due to nasty weather, we will not be open. We are also closed one day prior to scheduled school vacations.

Does your child have an I.E.P.? No ___ Yes ___ Academic ___ Behavioral ___

Any medication taken daily? _____

Does your child qualify for free or reduced lunch at school? Yes/No

Parents/Guardians: I have read and answered every question and agree that my child can participate in the After School Program at Flickinger Learning Center. If there are any questions or concerns about my child I can be contacted and will help in any way I can.

Parent/Guardian Signature

Date

All paperwork and vaccination records must be turned in for the child to attend the program.

Emergency Medical Treatment Authorization/Consent Form
Please fill this form out completely or it will be returned to you to finish.

This form was completed on _____

Child's Full Name _____
Birth Date _____
Child's Age _____
Child's Sex _____

I, _____ parent or guardian of the child named above give my permission to _____, child care center, to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____	
Address: _____	
Phone Numbers: _____	Home: _____
Cell: _____	Work/School: _____
Name of Parent or Legal Guardian: _____	
Address: _____	
Phone Numbers: _____	Home: _____
Cell: _____	Work/School: _____

Doctor: _____
Doctor's Address: _____
Doctor's Phone: _____
Preferred Hospital to Contact: _____
Dentist: _____
Dentist's Address: _____
Dentist's Phone: _____

Present medication(s): _____
Known allergies: _____
Insurance: _____

Physical on child completed on _____
Immunization records give to center on _____
If your child's religious affiliation is contrary to medical treatment or immunization requirements, you provided the center with a notarized statement on _____

Flickinger Learning Center
Behavioral Expectations and Discipline Policy

In order that all children participating in the Flickinger Learning Center after School Program have a rewarding experience, certain conduct and behavior will be prohibited as set forth below. Students who engage in conduct prohibited by this policy at Flickinger Learning Center will be subject to discipline up to and including suspension/dismissal from the program.

Prohibited Student Conduct:

Students may be subject to disciplinary action with regards to the following:

- 1.) Failure to comply with reasonable requests from the program staff.
- 2.) Using language or gestures that are profane, lewd, vulgar or abusive.
- 3.) Engaging in an act of violence such as hitting, kicking, scratching, and punching a student, or staff member.
- 4.) Possession of, or threat to use a weapon or instrument of violence.
- 5.) Theft of, intentionally damaging, destroying program property, or the personal property of a student or staff member.
- 6.) Lying to program personnel.
- 7.) Intimidation and bullying, which includes engaging in actions or statements that put an individual in fear of bodily harm.
- 8.) Engaging in other willful conduct that significantly interferes with the normal operation of the program.

Discipline Policy:

Flickinger Learning Center will implement our discipline policy when behavior expectations are not met. A verbal warning will be given and an explanation to the child as to why his/her behavior is unacceptable and what the consequences will be if behavior is repeated. If the negative behavior continues the following steps will be utilized.

- 1.) Time out
- 2.) Verbal communication between parent and After School Program Director.
- 3.) Written discipline report from program director/staff to the parent outlining the problem and what corrective measures were taken to remedy the issue.
- 4.) Conference between parent(s) and After School Program regarding student's behavior
- 5.) Continued disruptive behavior may result in suspension/dismissal from the program.

I have read and understand the responsibilities outlined in the Behavioral Expectations and Discipline Policy of the Flickinger Learning Center after School program. I agree that my child shall be responsible for the behavior and consequences included in the policy while at the After School Program.

I also understand that I have the right to discuss any discipline rendered pursuant to this policy with the After School Program Director.

Student Name: _____ Student Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

* If a student is suspended from school for any reason, he/she may not attend the After School Program for the length of the suspension.