******Quality Education Academy**

**5012-D Lansing Drive**

**Winston-Salem, NC 27105**

**Website: www.qeschools.org**

**P.O.P Afterschool Enrollment Form (GRADES 6 - 9)**

Application Date: \_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ School Year: \_\_\_\_2022-2023\_\_\_\_\_\_\_

**STUDENT INFORMATION:** Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Last Name) (First Name) (Middle Initial)

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**:

Who does the student live with?

\_\_\_\_\_\_ Mother \_\_\_\_\_\_\_\_\_Father \_\_\_\_\_\_\_\_\_Guardian \_\_\_\_\_\_\_\_\_Stepmother \_\_\_\_\_\_\_\_ Stepfather \_\_\_\_\_\_\_\_\_Other

**Mother/Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

It should be noted that the insurance of the parent will be considered primary coverage. In order to better serve your child in the case of an emergency, please complete the following information.

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand that my insurance is considered primary coverage, and the insurance of Quality Education Academy is only applied as excess coverage.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT YOU CHILD:**

Does your child have any known allergies?

No  Yes  if yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have any chronic illnesses/conditions?

No  Yes  if yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Any additional information about your child that may be helpful to The P.O.P. staff, please explain below (example: eating habits, play habits, special fears, special likes or dislikes, etc.):

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

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

**NOTE:** A copy of the child’s immunization record is required by state law before child attends The P.O.P program. Please submit a copy with your application. We will be happy to make a copy if your child’s immunization card.

**Limitations – Please check one.**

If your child has and/or is receiving special education for the following, please check the appropriate box to facilitate adequate recreational opportunities.

** Vision  Hearing  Speech/Language  Physical Therapy  BD  LD**

** Other (Please Explain)  None**

**EMERGENCY CARE INFORMATION:**

Doctor Information

Name of Child’s Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Address

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

Street Number and Name/Apartment Number City State Zip Code

Hospital Preference

Hospital Preference (local hospital required)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.**

**Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**If neither father nor mother (or guardian) can be contacted, call: ALL INFORMATION MUST BE FILLED IN TO BE ACCEPTED!**

Name:­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to the Child:­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Number:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you cannot pick up your child, please give the names of the persons to whom the child can be released. ALL INFORMATION MUST BE FILLED IN TO BE ACCEPTED!**

NOTE: Must be 18+ Years old. A photo ID is required from the names listed below when picking up your child.

Name­­­­­­­­­­­­­­­­:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to the Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Number:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION FORMS:**

**Volunteer Release Authorization** - Volunteers are always welcome at P.O.P Afterschool Program. Volunteers will never be left responsible for the care of children, and will only be present to interact in positive ways. Staff will maintain their regular ratios during visits, and the visits are under supervision of P.O.P. Afterschool Program Staff.

I understand that volunteers will be interacting with my child. I give my consent for volunteers to interact with my child in the supervised presence of the P.O.P afterschool staff members. I understand that this authorization is valid till the end of enrollment.

**Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Child Photograph Permission Form**- During the course of the academic year, The P.O.P. Afterschool Program may wish to use photographs of students, parents or other adults on P.O.P Afterschool Staff in educational publications or in general media releases on a controlled basis. Any such photographs would highlight the child either demonstrating learning techniques or participating in approved P.O.P. activities.

\_\_\_\_ I consent to the use of my child’s image; such use may include all P.O.P Publications (print, online, video, etc.). Such photographs would highlight the adult either demonstrating learning techniques or participating in approved school activities.

\_\_\_\_ I DO NOT consent to the use of my child’s image ever; this use includes all P.O.P. Publications (print, online, video, etc.).

 **Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Activity Authorization**

In addition, if the facility has planned activities outside the school, I will allow my child to participate outside the school area, such as the soccer/football area. I understand that this authorization is valid till the end of enrollment.

 **Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Problems or Grievances**

I understand that I can speak with the program director, Bernice Roberts, if I have any questions or concerns. I understand I can call, email, set up a meeting, or speak with either of them at pick up time any day.

 **Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Policies and Procedures**

Transportation Home Policy

Your child is to be picked up by 6:00 pm Monday – Friday from Quality Education Academy. The P.O.P staff is not responsible for bringing home your child for any reason. If you cannot pick up your child, please send one of the people listed on your application for to come pick them up. Under no circumstances can any staff member of The P.O.P staff bring home your child. Please remember that if a transportation change needs to be made, a note with parent signature and date must be given to The P.O.P Program Director.

--------------------------------------------------------------------------------------------------------------------------------------------------

I understand this policy and will either pick up my child by 6:00 pm each day, or send someone on their approved list on the application to pick them up on time.

 **Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Safe Arrival and Departure Procedures**

• Cars must be parked in designated spaces in the front of the building – NO ONE IS ALLOWED TO PARK IN FRONT OF THE BUILDINGS.

• Parent or guardian must sign child/children out every day in the correct location.

• Parent or guardian must sign permission for weekly field trips for each child before the day of the field trip – please note the times that your child will return from the field trip. They cannot be picked up before that time on field trip days.

• Staff must be notified of child’s departure

• Upon the child’s departure, the adult or guardian that matches the paperwork must come inside the facility to sign their child out, and to notify staff that the child is leaving

• Authorization (picture ID must be presented and name must be on application form) is required in writing when anyone other than the designated adult arrives to pick up a child

• Children must never be left unattended before sign in or after sign out and must stay in the building with the guardian until they leave.

• Children are not allowed out of Quality Education Academy without their parent/guardian

• No child is to be left in a car unattended by a parent no matter what

• Always enter through the glass side door to sign in/out your child

I understand this policy and will follow all safe arrival and departure procedures.

**Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Late Pick Up Policy**

The P.O.P. Afterschool program ends promptly at 6:00pm. It is the parent/guardian’s responsibility to let The P.O.P. Program Directors know if they will have a problem with the pickup time by calling 336-744-7138.

I understand this policy and will follow all safe arrival and departure procedures.

**Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Student Policies and Procedures**

• Students are required to wash hands first thing upon entering facility, before putting book bags/belongings up. They will wash hands when re-entering the building after playing outside and before meals.

• Students are not allowed inside/outside without adult supervision. Students are not allowed to go inside for water during outside time without permission.

• Students are not allowed in any closets or storage areas. If they need/want any outside toys/materials, they must ask an adult.

• Students are not allowed in the kitchen area for any reason.

• Students should not be behind the check in area without a staff adult.

• Students should not be in the large group area, outside, in another building, or in a separate room without an adult.

• Students are not allowed to touch any electronic equipment unless given permission by an adult. Students should never touch sound equipment, floor lights, staff computers, or copy machines.

I understand this policy and will talk with my child and encourage them to follow all student policies and procedures.

**Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Personal Property Accountability Policy**

Personal property accountability is the responsibility of every student and family. Each individual must take reasonable precautions to protect his or her personal property. The P.O.P. Afterschool program does not assume responsibility for any lost or stolen personal property. This policy also includes any rented or borrowed materials you may bring to the school.

I understand this policy and take responsibility for any personal or school borrowed/rented property that is brought to The P.O.P. Afterschool program by my student or family.

 **Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Homework Policy**

 In the P.O.P. Afterschool program, our goal is to offer children a well-balanced program. While we understand the importance that homework plays in the life of a child, as well as for the families we serve, we strive to meet the needs of the whole child. In addition to helping children meet personal academic goals, we recognize our responsibility to give children a chance to socialize, have time engaged in physical activity, work on enrichment activities, and have a nutritious snack.

 Our schedule reflects current research showing children concentrate better and produce more work when they’ve had a chance for a physical break. This activity will be provided through are farming activities, marching band and others. However, academic enrichment will prepare them for benchmarks and state exams. We reinforce this by having materials and activity choices that support the Common Core and Essential Standards.

While we can’t promise accuracy and/or completion, we do wish to support the homework time in the following ways:

- Provide an hour time frame to work on homework with trained staff and volunteer help

- Provide paper, pencils, basic resource materials such as books, thesaurus, math materials, and dictionaries

- Provide enrichment activities for those who are done or do not have homework

- A small group setting

- If a student does not finish homework during that hour time, we will provide them a space and a teacher to work with them until they have completed their work.

 Students who do not bring homework or finish early, will be required to work on the math and reading programs we offer. Students are not permitted to play non educational games inside or outside during our homework time. This time is used for homework, tutoring, and academic enrichment.

I have read and agree to the homework policy stated above.

 **Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**Attendance Policy**

Attendance is an essential component of our afterschool program. Our grant requirements are set to keep the program accountable and to collect data to show the state how we are using the grant money for the program. We are required to show attendance data and to have a certain amount of attendance in order to keep the program running. Because of this, your child’s attendance is extremely important. Inconsistent or lack of attendance at the After School Program will result in the student’s name being removed from the attendance roster. Notification for attendance roster removal will occur by written correspondence.

With our grant requirements, we ask that:

1. Every child enrolled in The P.O.P Afterschool program stay through the tutoring hour (4:45pm).

2. Every child enrolled in The P.O.P Afterschool program attends at least four days per week.

3. Parents notify The P.O.P Afterschool program director by phone, email, or note before the day if your child will not be attending a regular attendance day at The P.O.P Afterschool program (Note: We follow Quality Education Academy School’s yearly schedule.)

**Attendance Policy Procedures**

When a student has not attended three regularly scheduled days of The P.O.P Afterschool program without notification to the Director of their absence, the child will be placed on probation from after school services, until the issue of non-attendance is addressed by The P.O.P Afterschool Program Directors and the parent/guardian.

• Notification of probation will be conducted by phone and written correspondence.

• During the probation period, your child will not be dismissed by the school to the After School Program. He or she will be dismissed to their bus for transportation home directly from the school.

Arrangements to have your child re-activated can be made by contacting The P.O.P Afterschool Program Directors (336-744-7138). If the student has not attended at least 80% (4 days a week) of the days the afterschool program is open:

NOTE: A phone call will be made at first to talk with the parents by a staff member or director to come up with a resolution

• If a resolution has not come about, a note will be sent home to parents notifying them of the attendance for the month

• A meeting will be set up with the parents to discuss the issues with attendance

• The student may be asked to leave Quality Education Academy a solution is not found to help keep up their attendance

• If a parent/guardian does not attend a meeting after being notified about their student not meeting the attendance guidelines, the student will be removed from the attendance list

I have read and agree to the Attendance Policy stated above.

**Parent /Guardian Initials: \_\_\_\_\_\_\_\_**

**The P.O.P Afterschool Behavior Management, Expectations, and Consequences Policy**

At The P.O.P Afterschool program, we know that all students can behave appropriately. We as a staff have the desire to help students reach their full potential. As a staff we will work alongside with each student to help them learn to be their best each day. In the end our desire is that each student learns to become strong leaders who learn to be responsible, respectful compassionate citizens and leaders.

Behavior Expectations:

1. Respect yourself and others

2. Keep hands, feet, and objects to yourself

3. Follow directions the first time they are given

4. Listen to others and stay quiet while others are talking

5. Be prepared, and be your best!

Consequences:

Note: Parents will be notified for anything past a verbal warning.

1. Verbal Warning

2. Removal from activity to another location

3. Sent to director’s office where a behavior plan will be filled out

4. Conference set up with the parents and director to help resolve the problem. At this point, the student can be asked to leave the program.

Positive Behavior and REWARDS: For positive behavior, The P.O.P staff will be passing out POINTS. These will be kept until the end of each month where they will be collected for a special recognition for those that have the most at that time. We will also keep a tally of how many each student has until the end of the year semester to see how well each student has done in order to participate in our Field trip during MLK Day in January and then at the end of the year.

**Discipline and Behavior Management Policy:**

Praise and positive reinforcement are effective methods of the 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. Our staff will adhere to the effective methods of discipline and behavior management.

**Parent Contract**

It is a privilege for my child to attend The P.O.P Afterschool program. If my child cannot follow The P.O.P Afterschool Behavior Management, Expectations, and Consequences Policy, they will be suspended from the program for a day. If their behavior continues, they will be suspended from the program for one week. If they continue to break their behavior contract, they will lose their privilege to attend the afterschool program.

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name), I have read the P.O.P Afterschool program Behavior Management, Expectations, and Consequences Policy, and understand it. I agree that my child is expected to follow all rules and if they do not, consequences will follow. I understand that the director is available to discuss the P.O.P Afterschool program Behavior Management, Expectations, and Consequences Policy with me further.

**Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**