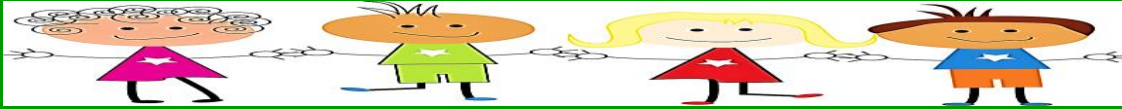


AFTER SCHOOL 2023-2024 APPLICATION



Pitt County Community Schools and Recreation After School Enrichment Program

Check School:

☐ CHICOD

☐ CREEKSIDE

☐ EASTERN

☐ ELMHURST

☐ H.B. SUGG

☐ RIDGEWOOD

☐ W.H ROBINSON

☐ WINTERGREEN INT.

☐ WINTERGREEN PRI

☐ GR Whitfield

August fees due at
registration

☐ LAKEFOREST

School Attending: _____

Grade 2023-2024: _____

Child's Name: _____

M / F

Parent's Name(s): _____

Date of Birth: ____/____/____

Email Address: _____

Home: _____

Mom

Cell: _____

Mailing Address: _____

Dad Cell: _____

Street/P.O. Box

City

Zip

Registration Fees

\$ _____ **Cash/Credit - Receipt No.:** _____

\$ _____ **Check - Check No.:** _____

STATUS

☐ **Full-Time**

Parent's Initials _____

I have read & fully understand the Parent Guide, payment fees & rules & regulations of the program. I have read & understand the Discipline Policy/NC Summary of Child Care Laws.

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD IF I AM UNABLE TO:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I understand that I must send a note in advance when someone other than those listed above will be picking up my child.

Any changes made to the application must be done by the legal guardian and/or parent at the main office located at 4561 County Home Rd. Must have updated court papers for any custody, protection orders and/or visitation cases.

Only original applications. Enrollment is first-come, first-serve. A **\$25.00 nonrefundable application fee plus any other applicable fees** must accompany all applications. Make check payable to **PCCSR** and return to Pitt County Community Schools and Recreation, 4561 County Home Rd., Greenville, NC 27858. For more information, call 252-902-1975 or visit our website at **www.pittcsr.com**

EMERGENCY INFORMATION - MUST COMPLETE

Mother: Place of Work _____

Phone: _____

Father: Place of Work _____

Phone: _____

Other Emergency Contact: _____

Phone: _____

Can be someone from the pick-up list

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Preferred Hospital: Vidant Medical Center (Please change if other than Vidant)

List medications to be administered during After School _____

List any allergies your child has: _____

(If this information changes please update form with your teacher)

Referring to activities listed in Parent Guide, is there information we should know regarding your child's participation?

Yes _____ **No** _____ If yes, please explain _____

PITT COUNTY COMMUNITY SCHOOLS & RECREATION PARENT CONSENT FORM

I hereby give consent for my child to participate in Pitt County Community Schools and Recreation After-School Enrichment Program. The information provided on this application is correct and complete. While I realize that all precautions will be taken to guard my child from injury, I will not hold Pitt County Board of Education, Community Schools and Recreation Program or program staff responsible for accidents that may occur. I agree that the operator may authorize the physician of his/her choice to provide emergency care.

Occasionally, we may take photographs of the children in our program. We may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website. I hereby

____ **GIVE** ____ **DO NOT GIVE** my consent for my child to be photographed for the reasons stated above.

Parent/Guardian Signature _____

Date _____