

Doniphan R-I Before/After School Enrollment Form 2019-20
BEEP: Building Enriching Educational Partnerships

Application must be filled out completely before it will be accepted!

Please return to
your child's
teacher or office

Please **check** which section of the Program your child will be participating in:

Before School (M—F 6:30am to 7:30am) _____

After School (M—F 3:00pm to 5:30pm) _____

WE WILL NOTIFY YOU IF YOUR CHILD IS ENROLLED!

<i>School use: MOSIS #</i>		<i>Date Enrolled:</i>	
Student's Name:		Teacher or Advisory:	Grade: _____ Age: _____
Parent's/Guardian's Name:		Home Phone:	
Address:		Cell Phone:	
Employer:		Work Phone:	

Additional EMERGENCY contacts/persons authorized **to take child from the program:**
No child will be released to a person that is not listed on this form, unless we are notified by Parent/Guardian.

Name:	Phone Numbers:
Relationship:	
Name:	Phone Numbers:
Relationship:	
Name:	Phone Numbers:
Relationship:	

Authorization for emergency medical care: I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate medical care, I authorize Doniphan R-I Schools to contact the following:

Physician/Clinic:	Phone:
Hospital:	Phone:

NO APPLICATION WILL BE ACCEPTED UNLESS THE FOLLOWING INFORMATION IS PROVIDED:

My child has a MEDICAL CONDITION or ALLERGY: NO YES

Describe: _____

Please complete **SECOND PAGE** of application!

My child will ride the bus home (providing that the BEEP bus routes are available to my home) at the end of the After School Program: YES.....NO

I will pick up my child by the end of the After School Program: YES.....NO
(Child must be signed out by an authorized adult.)

Other Family members enrolled in BEEP: _____

I understand that the BEFORE school session is from 6:30—7:30am and the AFTER school session is from 3:00—5:30pm on days that school is in session (except on rare occasions as outlined in the Parent Handbook).

The following guidelines must be followed so the District may properly implement the program:

My child will follow all rules and procedures for the Doniphan R-I school district as stated in the 2019-20 student handbook. If discipline problems persist after reasonable attempts have been made to solve the problem, my child may be suspended and/or dismissed from the program.	Parent/Guardian Initials:
I understand that my child will be served a supper meal during the After School program.	Parent/Guardian Initials:
I understand that the transportation program does not follow the same routes or schedule as the regular school bus program. Failure to meet the bus in a timely manner may result in my child being unable to ride the bus.	Parent/Guardian Initials:
I understand that homework help will only be available for a few minutes each day, and that the purpose of the program is not homework.	Parent/Guardian Initials:
When my child is ill, I understand and agree that s/he will not be accepted for the program on that day or days. We will contact parents to pick up a child who becomes ill during the program hours.	Parent/Guardian Initials:
I understand that my child may not attend the program after leaving the school campus unless accompanied and signed in by a parent/guardian.	Parent/Guardian Initials:
I understand that failure to keep current contact and emergency information on file may result in dismissal from the program.	Parent/Guardian Initials:
I have read the parent handbook and agree to the provisions provided. A copy of the handbook is located @ http://www.doniphanr1.k12.mo.us/afterschool program.	Parent/Guardian Initials:
The Doniphan R-I BEEP Program has my permission to take my child: _____ on local field trips, on school buses with BEEP staff and Doniphan R-I School District drivers.	YES NO
MAY WE PUBLISH PICTURES OF YOUR STUDENT IN THE NEWSPAPER AND ON OTHER MEDIA USED BY THE Doniphan R-I School District?	YES NO
Parent/Guardian Signature : _____ Email: _____	Date: _____

APPLICATION MUST BE COMPLETE, SIGNED, AND DATED BEFORE IT WILL BE ACCEPTED!

