



## AFTER SCHOOL PROGRAM APPLICATION FORM

Thank you for your interest in the Preservation of Life Free After School Program at Clayton County Library Jonesboro Location.

Please fill out this application form completely. Your child will not be registered until a completed form is submitted to Preservation of Life including a picture of the child joining the program.

Any student who has received disciplinary actions or has been removed from any Clayton County library will not be allowed to attend the After-School program.

**Student name:** \_\_\_\_\_, \_\_\_\_\_ (Last) (First)

**Gender:** Male / Female      **Age :** \_\_\_\_\_

**Parent's/Guardian's names:** \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

**Permanent address:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cellular** (\_\_\_\_) \_\_\_\_\_

**Work** (\_\_\_\_) \_\_\_\_\_

**Email Address** \_\_\_\_\_

## Emergency Contacts:

Please list in order of preference individuals we may contact in the event  
of an emergency

Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Telephone# \_\_\_\_\_

Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Telephone# \_\_\_\_\_

Signature of Parents or Guardians \_\_\_\_\_

Date \_\_\_\_\_

## **Rules and Regulations of the free After-School Program of Preservation of Life and the Clayton County Library system.**

- Your child will be supervised inside the library designated room of the program until 6:00 PM. • The Program will close at 6:00P.M.
- The library regular operating hours will apply and children will have the ability to visit the library and follow the guidelines of the library or parent will arrange pick-up at the end of the program daily.

### **PRESERVATION OF LIFE AND CLAYTON COUNTY LIBRARY SYSTEM AFTER SCHOOL PROGRAM POLICIES:**

- 1. ADMISSION:** Each student must be enrolled in the after-school program by a parent or legal guardian prior to joining the program. We can not enroll same day students.
- 2. VOLUNTEERS:** Preservation of Life encourages parental participation and volunteering. The After-School program is a FREE program and volunteer hours from parents are not required for admission of your child/children. Preservation of Life does not offer any exchange of parental participation/volunteer hours for services provided by the after-school program

**3. ATTENDANCE:** Daily attendance will be taken during the program. If a student misses 5 consecutive days in the after-school program Preservation of Life will contact the parent listed on this form to confirm if student will remain active in the program. If Preservation of Life is unable to reach parent after 3 attempts the student will be removed from the program.

**4. DISCIPLINE POLICY:** The purpose of the discipline policy is to facilitate a positive after-school climate where each student feels safe and secure; where faculty and staff agree on general principles of discipline within a framework of progressive discipline; where parents are kept informed of their child's behavior and are encouraged to support the program decisions; and where all students are provided with opportunities to grow in personal and social development and, if they are involved in a discipline concern, are given due process.

If a student fails to obey the discipline requirements of the program, the parent will be informed and the student will get a warning. If a student receives two discipline actions against the student, the student will be removed from the program.

Preservation of Life practices a **zero tolerance** policy in regards to weapons, fights, and bodily harm to Preservation of Life Employees, volunteers or library personnel.

If a child is involved in the above stated incidents the child will be removed from the program immediately without any chance of readmission.

**4. PICK UP POLICY:** Your child will be supervised inside the library designated room until **6:00PM**.

After **6:00 PM**, Preservation of Life will close the program daily (unless otherwise informed of program closure due to unplanned events, library closings, or holidays).

Please be mindful of the library operating hours. Preservation of Life nor the Clayton County library system will be responsible for children left after operating hours of the program or the library.

***If you have an emergency please call Latoya Burrell at (678) 920-8411.***

**5. MEDICATION POLICY:** A parent or guardian will be called to pick up a child who is sick or injured. Medicine will not be administered without written permission from the parent or legal guardian.

I/We have read and understood the After School Program Policies.

**Student's Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent's Signatures:** \_\_\_\_\_

**Date:** \_\_\_\_\_





## WAIVER AND RELEASE OF LIABILITY

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

POL Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_

We/I wish to have our child/ren \_\_\_\_\_ to participate in the At-Risk After School Free Meal Program located at **Clayton County Library Jonesboro location.**

We/I understand that Preservation of Life is exempt from license within the state of Georgia.

We/I understand that in participating in the program we are doing so at our own risk. In exchange for being permitted to participate in the After-School At-Risk program, We/I hereby release and waive Preservation of Life, Clayton County Library System and any entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, damages, lawsuits, expenses and any other liability of any kind, of or to me or any participation in the program.

We/I understand this is a free program and Preservation of Life does not require any volunteer hours for any exchange of services.

We/I agree we are the parent/s of above child/children and fully understand the above agreement/waiver.

Parent/s  
Name/s \_\_\_\_\_ Date \_\_\_\_\_

Parent/s  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Preservation of Life Representative  
Name \_\_\_\_\_ Date \_\_\_\_\_

Preservation of Life Representative  
Signature \_\_\_\_\_ Date \_\_\_\_\_