



## After School Program (ASP) Policy and Waiver 2024

### Health and Permissions

Student Name:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies (food or environmental):

Health Condition(s):

Medication(s):

Parent/ Guardian/Emergency Contact -1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/ Guardian/ Emergency Contact -2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Restricted Activities:

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to SONS Outreach to secure the proper treatment including hospitalization and ordering the proper injections and /or surgery for my child named above.

\_\_\_\_\_  
**Signature of Parent or Guardian**

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



## After School Program (ASP) - Permissions

### Payments and Fees

There is a \$5.00 registration fee due at the time of paperwork submission. There is a monthly fee of \$10.00 per student that occurs for 5 months. If your student is suspended or pulled out of the program for any reason that month's fee is required but any additional months fees will be waived.

**Payment is due on the first Tuesday of each month.** There will be a \$25.00 charge for any returned checks and there is no reimbursement for any fees paid.

I confirm that I have read, understood and agree to the terms of the above statement.

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

### School Transportation and Pick Ups

I give permission for my child to be transported in agency-insured vehicles for daily program pickups, field trips or special circumstances within twenty miles SONS Resource Center. I understand that I am responsible for the coordination and timely pick up of my child from SONS After School Program:

**Elementary Pickups: 6:30pm to 6:45pm**

**Middle School Pickups: 6:00 pm and 6:15pm**

or any special day hours to which I will be informed of with notice. I understand that I have one (1) grace period for late pick up and that I am responsible to pay a fee of \$2 per day thereafter.

I confirm that I have read, understood and agree to the terms of the above statement.

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

### The following individuals have permission to pick -up my child from SONS ASP:

Name	Phone	Relationship
1)		
2)		
3)		

### Photo Permissions

I hereby give my permission to have photos and videos taken of my child. I am aware that pictures taken may be used in marketing materials, such as brochures, newspaper, flyers, magazines articles, social media and any other printed materials for the benefit of SONS Outreach.

I confirm that I have read, understood and agree to the terms of the above statement.

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



## **ASP Guidance and Discipline Policies**

The Staff of SONS Outreach has developed the following guidelines and consequences for behavior within the facility during programs and on SONS Resource Center property.

Inappropriate behaviors and consequences are divided into three categories.

### **Lesser Offenses** - *Behaviors include:*

- Refusal to cooperate, talking back etc.
- Horseplay and/or play-fighting (slapping, pushing, spitting, fighting, choking, karate, etc.)
- Being disruptive during programming or not participating in programming
- Inappropriate language (profanity, racial name calling, yelling, gender jokes or use of the middle finger.)
- Running in the hall or program areas
- Eating outside of designated areas and times
- Abusing equipment or facilities (slamming doors)
- Leaving designated area without permission
- Playing in bathrooms
- Bringing electronic devices to the club (cell phones, switches etc.)

A staff member will record these lesser offenses. After 3 offenses a parent/ guardian conference will be required, after which a suspension may follow.

### **Immediate Suspension** - *Behaviors include:*

- Inappropriate sexual behavior or language
- Disrespecting staff
- Smoking
- Stealing
- Gambling
- Fighting or other physical aggression (kicking, hitting, slapping, biting or pushing)

These behaviors will result in an immediate short-term suspension, usually ranging in length from 2 days to 4 days, depending on the severity of the offense and the number of prior offenses. You will immediately be notified and your child will be pulled from programming to await pick up. Your child must be picked up within one hour after you have been contacted. After the first hour a fine of \$10 per hour will be charged until your child is picked up. The fine must be paid and a conference held before your child can return to the club. SONS Outreach reserves the right to call the police or MDHHS if your child is not picked up or if your child is dropped off without the required parent's conference.



## **ASP Guidance and Discipline Policies**

### **~ Continued ~**

#### **Immediate Suspension - Behaviors include:**

- Possession of a weapon (law enforcement will be contacted)
- Verbal or written threats of bodily harm
- Hitting or harming a staff member
- Vandalism of equipment or property
- Distribution and/or use of drugs or alcohol (law enforcement will be contacted)

These behaviors will result in immediate suspension and possible indefinite suspension at the discretion of the Executive Director. In the event of immediate suspension, your child will be pulled from programming and you will be called to pick up your child immediately. If a child is suspended from one program they will be suspended from any and all SONS programs. Written documentation of any and every occurrence will be submitted to the ASP Director and placed in the students permanent file.

I acknowledge and agree that these disciplinary guidelines are fair and reasonable and were designed to ensure safety, well being and for the ability of my child to enjoy his/her time at SONS After School Program. I will support the staff and abide by the stated disciplinary actions concerning my child(ren).

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Parent/ Guardian Signature

Date