

ROOTS+WINGS SCHOOL OF ART

Visual Arts After-school Program
2011-2012 APPLICATION FOR ENROLLMENT
Program Location: The Cathedral of All Souls

Please **print** and be sure to **fill in all information**. The completed Application will be on file with each teacher so they have pertinent information about your child and therefore are better able to teach and care for your child.

Child's Full Name _____ Name Called _____ M/F

Date of Birth _____ Home Phone # _____ Alternate # _____

Parent Names _____

E-mail: _____

Address _____ Zip Code _____

Parent 1 - Occupation _____ Business Phone _____

Parent 2 - Occupation _____ Business Phone _____

Other Adults in home besides parents: _____

Names and Ages of other children in family: _____

Where does your child play with other children? _____

What are your child's favorite play materials and activities? _____

Physician: _____ Phone #: _____

Does your child have allergies? If yes, please list specific allergies: _____

Does your child have prescribed medication for above listed allergies? Please list here and complete our Medication Form: _____

(FYI: In order for medications to be given at school, we will need a note from your child's doctor specifying his or her medication needs)

List any serious illnesses or hospitalizations, or separate developmental needs: _____

Special precautions necessary regarding nutrition or daily activities: _____

What do you enjoy most about your child? _____

Where do you experience the most difficulty with your child? _____

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(continued)

Other information that may be helpful in forming a better understanding of your child's interests and experiences:

Other information or talents that either parent would like to share with our school:

Please circle your preferred schedule for enrollment:

2 days

Monday / Wednesday

Tuesday / Thursday

4 days

Monday - Thursday

You may drop this off in our classrooms at The Cathedral of All souls any Monday-Thursday between 9am and 1pm or mail it to us at

R+WSoFA, 91 Shady Oak Drive, Asheville, NC 28803

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**Visual Arts After-school Program
Tuition Schedule for 2011-2012**

Program Location: The Cathedral of All Souls

Days Per Week (2:30pm-5:30pm program)	Monthly	Annual (10 month program)
2 days/week per month	\$130	\$1267.50
4 days/week per month	\$260	\$2535.00

Family Discounts: First child full tuition. 5% reduction of monthly tuition for siblings

Payments

The tuition will be due by the first of each month, beginning with a pro-rated amount for August, 2011, depending on your child's days per week. Full-month tuition payments will begin September 1st, 2011 and go through May 1st, 2012. The 2011-2012 school year starts August 15, so August tuition will be pro-rated. A full-year tuition payment being made by August 1st receives a 5% discount. Payments may be made using cash, check, credit card or PayPal.

Arrival time is 2:30pm, departure time is 5:30pm. Unless efforts have been made to communicate a specific problem in arriving on time, we will be forced to charge a \$10.00 per 10-minute fee for late pick up penalty.

Withdrawal and Refund Policy

One month's notice is required to withdraw your child from our program without payment issue. If one month prior is not possible, a full or partial tuition refund may be given if there are extenuating circumstances that require your child to be withdrawn from the program. All refund requests will be considered on an individual basis. The registration and materials fees are non-refundable.

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name Printed: _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name Printed: _____

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**Visual Arts After-school Program
2010-2011 Calendar**

(Aligns closely with Asheville City Schools Calendar)

August 15	First day of after-school
September 5	NO AFTER-SCHOOL (Labor Day Holiday)
November 21-24	NO AFTER-SCHOOL (Thanksgiving Holiday)
Dec. 19 – January 2	NO AFTER-SCHOOL (Christmas/New Year Holiday)
January 3	Back to school!
January 16	NO AFTER-SCHOOL (MLK Jr. Holiday)
April 2 – 5	NO AFTER-SCHOOL (Spring Break Holiday)
May 28	NO AFTER-SCHOOL (Memorial Day Holiday)
May 31	Last day of school!

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**Visual Arts After-school Program
Release and Emergency Information**

(continued)

Unless otherwise noted, we will assume that the Memorial Mission ER is your urgent care preference.

I agree that the staff of the Roots + Wings School of Art Visual Arts After-school Program (dba Roots + Wings School of Art, LLC), may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician/dentist can be contacted immediately.

Signature of Parent/Guardian

Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provision will be made for adequate and appropriate rest and outdoor play.

Signature of Authorized personnel

Date

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

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**Visual Arts After-school Program
Liability Release**

I understand that visual arts and related activities may present a risk of injury to the participant. I further understand that the inherent risk of injury cannot be eliminated regardless of the care taken to avoid injury. I agree to assume that risk in order to participate in these activities. The undersigned acknowledges that the participant is in good health and does not have any history or a medical or physical condition that would place the participant at risk due to the participant's medical or physical condition. I do hereby release and forever discharge Roots + Wings School of Art, their predecessors and successors, employees, agents and assigns, and all other persons, corporations, and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind or nature associated with the participant's involvement with Roots + Wings School of Art.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

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Visual Arts After-school Program Discipline and Behavior Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out"
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of

(child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____

Date _____

Distribution: one copy to parent(s) signed copy in child's facility record

"Time-Out"

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

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Visual Arts After-school Program Discipline and Behavior Policy

(continued)

Roots + Wings School of Art's discipline approach stems from acknowledging the importance of each child's unique contributions to a constructive classroom environment that facilitates our educational goals. Our discipline policy is designed to help our students develop self-discipline and self-respect in a safe preschool setting. Our teachers and assistants endeavor to model appropriate and considerate behavior, and to help the children understand why this behavior is necessary for the harmony of the entire class. If we see a child having behavior or discipline issues in our program, we strive to communicate with the child's parents and work with them to resolve the problem.

However, we also maintain guidelines that call for immediate action in response to certain adverse behaviors. If we observe any child in our environment

- Biting another child
- Inappropriately touching another child
- Intentionally and forcefully hitting or injuring another child
- Drawing blood of another child in any manner

we will contact their parents and ask them to remove their child from the classroom that day as soon as possible. If the action happens again, that child will be asked to stay home from school for one full week. If a child is consistently disruptive and/or displays the above behaviors a third time, we will ask that the child be removed from our school setting.

In addition to the above guidelines, Roots + Wings School of Art reserves the right to remove any child from our program at any time we believe the child's behavior is not appropriate for our classroom environment.

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**Visual Arts After-school Program
Preference for Financial Information**

Roots + Wings School of Art's After-school Program will issue invoices and statements as necessary during the year. In order to better serve you, we can email those important notices. Please let us know if you prefer email communication.

I prefer to receive financial information by the following method:

In person (in my child's information folder)

Email – My email is _____

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

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**Visual Arts After-school Program
Photography / Media Release**

I give permission for Roots + Wings School of Art Visual Arts After-school Program to use any photographs or video tapes of my child or my child's artwork taken at school in various publications, including but not limited to brochures, web pages, or news media coverage.

Child

Parent /Guardian Signature

Date

I prefer that my child or my child's artwork does not appear in any publication or media coverage.

Child

Parent /Guardian Signature

Date

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**Visual Arts After-school Program
Non-Emergency Medication Form**

I hereby give by my permission for the staff of Roots + Wings School of Art to administer sunscreen and/or mosquito repellent on my child's skin as often as necessary for outdoor activity. Ingredients will be organic as possible and will contain no DEET.

I agree that Roots + Wings School of Art will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held responsible for the reimbursement of any medical expenses resulting from such action.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

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**Visual Arts After-school Program
Immunization History**

Child's Name: _____ Date of Birth: _____

Please enter the date an immunization was received in the space below or attach a copy of the immunization record.

Enter the date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
*MMR (combined doses)					
****Chicken Pox					
OTHER					
OTHER					

* Required by State law.

**Required by State law for children born on or after 10//1/88.

***Required by State law for children born on or after 7/1/94.

****Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

My child will not be receiving his/her Immunizations due to _____.

Parent's Name (printed) : _____

Parent's Signature: _____

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**Visual Arts After-school Program
Medication Form**

If your child is in need of medication to be administered during the hours that she is attending Roots + Wings School of Art programs, the following directions **must** be followed:

1. Medication must be prescribed by a medical doctor and accompanied with a note from the doctor.
2. Medication must be in a prescribed bottle with directions printed on label.
3. Medication must be in the child's name.
4. Medication cannot be outdated.

The following must be completed in order for medication to be administered:

Child's Name _____

Parent/Guardian Name _____

Telephone Number _____

Name of Medication _____

Condition Being Treated _____

Refrigeration ____ Yes ____ No

Time(s) to be given _____ Date(s) to be given _____

Dosage / Amount to be given _____

Method of Administration (for example, orally, topically, nasally, etc.) _____

Possible Side Effects or Interactions with Other Drugs _____

I hereby give my permission for the provider to administer this medication according to the instructions above. I agree that the provider will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held responsible for the reimbursement of any medical expenses resulting from such action.

Parent Signature _____ Date _____

Medicine Administration Record (To be completed by R+WSoFA staff)

Date	Time	Dosage	Administered By	Reactions	Administration Errors
___/___/___					
___/___/___					
___/___/___					
___/___/___					
___/___/___					
___/___/___					
___/___/___					