

Park Place Child Life Center (PPCLC) Student Program Enrollment Application

Child's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Select Program(s):

____ Art Enrichment Program @ JME Tuesdays & Thursdays 4-6 PM

____ Saturday Enrichment @ PPCLC 10:30 AM-3 PM

Child's School: _____ Grade: _____ Teacher: _____

Parent/Guardian Last Name: _____ First Name: _____

Street Address: _____ Apt. #: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Numbers where you can be reached during program ours *if different from above*:

Home: _____ Cell: _____ Work: _____

In case of an emergency, we must have current phone numbers, so please let us know if your phone numbers change.

Emergency Contact Information: If Parent/Guardian above cannot be reached, please list two others who can take responsibility for your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

As the parent or legal guardian of the child named above, I hereby give consent to Park Place Child Life Center to obtain emergency dental or medical care prescribed by a duly licensed physician or dentist. In case of emergency, Park Place Child Life Center will contact 911, and the child will be transported to the nearest receiving medical center or Sentara Norfolk Hospital if deemed necessary by staff, volunteers, or emergency medical personnel. By signing below, I give consent for emergency treatment deemed necessary to preserve life, limb or well-being of the child named above including minor first aid by staff and volunteers. Also by signing below, I release and discharge Park Place Child Life Center, its staff, Board of Directors, volunteers, and Park Place School from any liability or civil damage in regard to giving consent to any hospital or licensed personnel, and I accept full financial responsibility for treatment given to my minor child.

Signed: _____ Date: _____

Parent / Legal Guardian of: _____

Park Place Child Life Center (PPCLC) Student Program Enrollment Application

Child's Last Name: _____ **First Name:** _____

Child's Regular Physician: _____ Phone: _____

Child's Regular Dentist: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Policy Holder's Name: _____ Child's Social Security #: _____

Park Place Child Life Center DOES NOT administer any medication, prescription or over-the-counter medication to children in the program.

Does your child have any **allergies or medical conditions**? Please list:

Does your child regularly take **prescription or over the counter medication**? Please list:

Please initial each of the following statements, indicating your understanding of and consent to, the policies:

Free to Enter and Leave:

While participating in programs of Park Place Child Life Center (PPCLC), children are free to enter and leave the premises without permission or supervision. PPCLC will encourage children to remain and participate in the program in which they are enrolled, but assumes no responsibility for children who leave the premises utilized by PPCLC. This policy is in accordance with the Code of Virginia 63.2-1715; however, entry or leaving at irregular times may be grounds for dismissal.

Initial: _____

Dismissal for Inappropriate Behavior:

I understand that if my child repeatedly exhibits behaviors that interfere with the learning or participation of other children or in any way endangers him/herself or others, the child will be dismissed from the program and escorted from the premises. Staff will attempt to contact persons listed on page one to notify them of the dismissal.

Initial: _____

Access to School Records:

As the parent or guardian, I grant permission for Park Place Child Life Center to contact my child's teacher, administrators, guidance counselor, or other school official for Report Cards and any information that will allow the most effective plan for providing for my child's educational growth. I understand that all information will be kept confidential.

Initial: _____

Park Place Child Life Center (PPCLC) Student Program Enrollment Application

Child’s Last Name: _____ **First Name:** _____

Community Service Project Participation:

I understand that Park Place Child Life Center programs are currently provided at no cost to participants or their families, occasional community service projects will be required of the children. These programs will be appropriate to the ages and abilities of the children. I understand that for my child to continue to participate in the enrichment programs, involvement in the community service projects is required

Initial: _____

Photography Release

Occasionally, PPCLC takes photographs and videos of children participating in our programs for use in raising awareness of the organization and in soliciting funds from donors. I give Park Place Child Life Center the irrevocable and unrestricted right to use and publish photographs or video of my minor child, or photographs/videos in which he/she may be included, for organization publications, broadcast, electronic reproductions (web sites) and/or promotional and publicity materials or any other purpose and in any manner or medium. In addition, I give my permission to alter the photographs/videos without restriction; and to copyright the photographs/videos. I hereby release the photographer and PPCLC from all claims and liability relating to these photographs/videos. **Failure initial this section assumes consent is given. Write “NO” in the initial space if you decline to consent.**

Initial: _____

Code of Conduct Agreement

I have read the Park Place Child Life Center Code of Conduct (below) and agree to read it to my child and to encourage my child to abide by its requirements in order to remain in good standing in the program.

Initial: _____

No Transportation at Beginning or End of Regular Programing:

As the parent or guardian, I will be responsible for my child’s transportation from the program. I understand that Park Place Child Life Center provides no transportation at the start or end of regular program times, and assumes no responsibility for getting children home after programming. If my child is younger than 10 years of age, I will be responsible for someone older walking with the child or providing transportation home.

Initial: _____

Regular Attendance:

As the parent or guardian, I will encourage my child to be on time, regular in attendance, and fully participating in the Park Place Child Life Center (PPCLC) program for which they are enrolled. I will notify PPCLC in writing if my child wishes to discontinue participating in the program, so that the space may be given to another child. I understand that if my child has unexcused absences or does not attend or regularly leaves early, he/she may not be able to participate in recitals and special events and may also be asked to leave the program

Initial: _____

Park Place Child Life Center (PPCLC) Student Program Enrollment Application

Child's Last Name: _____ **First Name:** _____

Pick Up Policy

Park Place Child Life Center strives to provide the highest quality enrichment classes, with professionally trained instructors in the visual and performing arts. Parents of children participating in our classes should agree to allow their child to attend the full scheduled program. All children will be prepared for dismissal during the last fifteen minutes of program times. For an orderly dismissal, early pick up may not be permitted during this final fifteen minute period.

I understand that an absence or early pick up of more than three program days may result in dismissal from the program, unless I have notified Park Place Child Life Center in writing of special circumstances. If my child wishes to re-enroll at a later date, he/she may not be allowed to do so if I have not provided this notification **and** space is available.

Initial: _____

Late Pick Up Policy

Parents of children participating in programs of Park Place Child Life Center are responsible for seeing that their child leaves the premises safely. At 10 minutes past the conclusion of a program, the staff will attempt to contact by phone parents of any child left waiting.

In addition, the following policy will apply:

If parents have to be called three (3) different times in a three-month period due to a child left waiting for pick up, the child may be dismissed from all programs.

If at any time a child is left waiting more than 30 minutes, and an attempt to contact the parents has not produced results, the police will be contacted and asked to pick up the child.

Park Place Child Life Center will not assume responsibility for transporting children to and from programs except by WRITTEN agreement between parents and the PPCLC staff member in charge.

Initial: _____

Park Place Child Life Center (PPCLC) is a 501(c)(3) non-profit, equal opportunity organization. PPCLC does not discriminate on the basis of race, nationality, ethnic origin, sex or religious belief in any of its policies or programs.



PPCLC's VISION is a community where all children grow into responsible citizens and show the love of God to others.

PPCLC's MISSION is to deliver an arts-based enrichment program that supports the social-emotional and spiritual development of children

Park Place Child Life Center (PPCLC) Student Program Enrollment Application



PPCLC's VISION is a community where all children grow into responsible citizens and show the love of God to others.

PPCLC's MISSION is to deliver an arts-based enrichment program that supports the social-emotional and spiritual development of children

Park Place Child Life Center's (PPCLC) CODE OF CONDUCT

Be RESPONSIBLE:

- I WILL** be on time and participate fully in the classes & activities
- I WILL** tell an adult if I am having trouble with a person, situation or activity
- I WILL** try new things and keep going until I have done my very best
- I WILL** stay in an area with two leaders

Be RESPECTFUL:

- I WILL** take care of the food, materials, books and supplies provided
- I WILL** clean up after myself in the class room, restroom and dining area
- I WILL** use kind words and actions for leaders and other students
- I WILL** put up electronics, cell phones, or other distractions

Be SAFE:

- I WILL** walk quietly inside the building
- I WILL** keep my hands and feet to myself
- I WILL** leave toys and unsafe materials at home
- I WILL** have my parents' permission for with whom I leave and where I go

Student's Signature: _____

Park Place Child Life Center (PPCLC) Student Program Enrollment Application



PPCLC's VISION is a community where all children grow into responsible citizens and show the love of God to others.

PPCLC's MISSION is to deliver an arts-based enrichment program that supports the social-emotional and spiritual development of children

Park Place Child Life Center's (PPCLC) CODE OF CONDUCT

Be RESPONSIBLE:

- I WILL** be on time and participate fully in the classes & activities
- I WILL** tell an adult if I am having trouble with a person, situation or activity
- I WILL** try new things and keep going until I have done my very best
- I WILL** stay in an area with two leaders

Be RESPECTFUL:

- I WILL** take care of the food, materials, books and supplies provided
- I WILL** clean up after myself in the class room, restroom and dining area
- I WILL** use kind words and actions for leaders and other students
- I WILL** put up electronics, cell phones, or other distractions

Be SAFE:

- I WILL** walk quietly inside the building
- I WILL** keep my hands and feet to myself
- I WILL** leave toys and unsafe materials at home
- I WILL** have my parents' permission for with whom I leave and where I go

Student's Copy

Park Place Child Life Center (PPCLC) Student Program Enrollment Application

Park Place Child Life Center

Parental Consent for Access to Student Progress Reports

Photographic and Transportation Release &

Confirmation of Family Income

In consideration of the services and benefits provided to my child,

,

_____ (enter child's full name)

I give permission:

1. For the Park Place Child Life Center (PPCLC) Executive Director or Board of Directors to obtain a copy or otherwise review my child's student progress report from his or her elementary, middle or high school; (My permission is given solely for the purposes of assisting the individual student's academic progress and assessing the overall progress of all PPCLC students.)
2. For PPCLC to use appropriate photography or other visual images of my child to promote PPCLC programming for the benefit of children; and
3. For my child to be transported by motor vehicle, including private, hired and non-PPCLC owned vehicles, to locations where PPCLC programming may occur, which locations will be shared with me in advance by periodic announcements.

In addition, for the purpose of assisting PPCLC with obtaining resources to operate PPCLC and thereby assist my child, I declare that my current family income, compared to the 2015 Federal Poverty Guidelines, shown on the opposite side of this consent form is:

_____ at or below the 200% poverty level;

_____ between the 200% and 300% poverty level; or

_____ above the 300% poverty level.

I understand this information is confidential and to be only used to benefit PPCLC children.

_____ (full name of parent or guardian)

_____ - _____ - ____/____/____

(phone xxx/xxx-xxx)

(email)

(date – mm/dd/yyyy)

CONFIDENTIAL

Park Place Child Life Center (PPCLC) Student Program Enrollment Application

2016 FEDERAL POVERTY GUIDELINES

FAMILY SIZE	100%	200%	300%
1	\$11,880	\$23,760	\$35,640
2	\$16,020	\$32,040	\$48,060
3	\$20,160	\$40,320	\$60,480
4	\$24,300	\$48,600	\$72,900
5	\$28,440	\$56,880	\$85,320
6	\$32,580	\$65,160	\$97,740
7	\$36,730	\$73,460	\$110,190
8	\$40,890	\$81,780	\$122,670

For families / households with more than 8 persons, add \$4,160 for each additional person.