



2018 AFTER SCHOOL APPLICATION

Sponsored by:
Integrity Unlimited CDC



"Investing in Youth, Strengthening Families, and Building Communities"



Contact Information
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WHITE OAK ACADEMIC ENRICHMENT PROGRAM

An academic enrichment program with a focus on retaining and building math, reading, and science skills. Enhanced enrichment opportunities include: STEM, robotics, physical activity, nutrition, and much more.

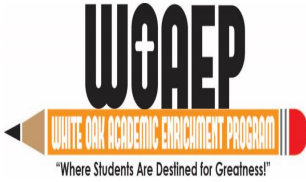
ORIENTATION/OPEN HOUSE:
Tuesday, Sept. 4, 5-6 pm

DATES OF OPERATION :
September 10–May 30

OPERATION TIME:
Monday – Friday: 3 pm – 6 pm

COST:
Registration Fee: \$20
(Due with application)

**Limited Space*
***All applications due by Sept. 4, 2018**



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K-12 Afterschool Application
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General Information

Student Name _____
Last First Middle

Current School _____

Birth Date _____ Age _____ Race _____ Sex _____ Grade (2017-2018) _____

ACADEMIC INFORMATION

Final Reading Level _____ Final Math Level _____ Final Science Level _____ Final Social Studies Level _____

Parent/Guardian Name(s) and Relationship _____

Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____

Home Telephone Number _____ Work Telephone Number _____

Cellular Number _____ E-Mail _____

Lunch Status: (Check One)

Free Lunch _____ Reduced Lunch _____ Full Pay _____

Copy of Medicaid Card (If applicable)

List any special needs (IEP, 504, etc.) _____

Medical Information

Child's Physician _____ Phone _____

Preferred Hospital if any _____

Does your child have any special medical needs/concerns? _____ No _____ Yes _____

Is your child on any medications? _____ No _____ Yes _____



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Does your child have any food allergies or diet restrictions? _____ No _____ Yes

If yes, please explain _____

Emergency Contact (When Parent can't be Reached)

Name _____ Relationship _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Transportation Information

Will your child need transportation home? _____ No _____ Yes

If you will be providing transportation from the center, please list authorized people that may pick up your child.

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Permissions

Student Name: _____

Emergency Medical Care

In case of an emergency medical or first aid care, treatment of illness or accident, I hereby give consent for the assigned site to provide emergency medical care, through a hospital, clinic, and physician or by the certified staff.

Signature of parent/guardian _____ Date _____

Trips & Excursions

I hereby give consent to White Oak Summer Camp for my child to participate in local trips and special excursions to places of interest in Wilson County, with the understanding that such trips are under supervision of authorized personnel of the program. I understand that all possible precautions will be taken to ensure the health and safety of your child. In the event there is a field trip out of town, you will have prior notice via a separate permission form that will be required to be completed and returned to the site.

Signature of parent/guardian _____ Date _____



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Internet Use

I hereby give consent for my child to use the Internet for educational purposes and planned activities in the program. I understand that precautions are taken to ensure that inappropriate sites are not available to the students, but with daily changes in the Internet, it is not possible to block the use of all inappropriate sites. This site will enforce appropriate use of the Internet and enforce disciplinary action for intentional inappropriate use. The Internet Acceptable Use and Safety Policy govern all electronic activity of users accessing and using the Internet, including email and social media.

Signature of parent/guardian _____ Date _____

Photographs and Media

White Oak Summer Camp has my permission to use my child's likeness and /or work completed through the program in photographs, film and video for publicity purposed advertising or for display at the program. This includes publication in local and state media and on approved program websites.

Signature of parent/guardian _____ Date _____

School-Based Data

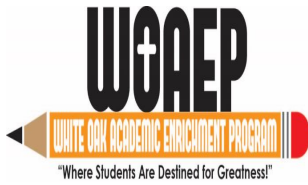
I hereby give consent for this afterschool to obtain grades, testing levels, promotion, attendance and behavior data from my child's base school. I will also assist by providing copies of progress reports, report cards, and final grades. This is necessary to tailor the educational program to meet the needs of your child.

Signature of parent/guardian _____ Date _____

Student Pick-Up

I understand that it is the responsibility of the parent to come inside of the building to sign out a child when picking up. Siblings or students are not allowed to sign out. I also understand that my child will not be released to anyone other than the parent or individual designated on the student's application as approved persons to pick up the child. I understand that I must contact the program to make changes to transportation or pick-up

Signature of parent/guardian _____ Date _____



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I understand that my child and I should read and adhere to the policies and procedures outlined in the WOAEP Parent Handbook.

***Please submit a copy of your child's last report card with the application.**

Student Signature _____ Date _____

Parent Signature _____ Date _____

Site Coordinator _____ Date _____

For Office Use Only:

Application Acceptance _____ Yes _____ No

Comments _____

Date of Notification of Acceptance Status _____

Site Coordinator /Program Director's Signature _____ **Date** _____

Program Begin Date for Applicant: _____