



East Wake Academy

400 NMC Drive

Zebulon, NC 27597

www.eastwakeacademy.org

919.404.0444

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East Wake Academy Before and After School Care Student Enrollment Form

Child's Name: _____

Date of Birth: _____

Child's Grade: _____

Child's Address: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____ Email: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____ Email: _____

Guardian's Name: _____ Home Phone: _____ Cell Phone: _____

Guardian's Employer: _____ Work Phone: _____ Email: _____

Marital Status of Parents: Married () Divorced () Separated () Widowed ()

Additional Parents' Address (if different from child)

Please list siblings and their ages.

1. _____

3. _____

2. _____

4. _____

Does your child have any special fears? Yes or No.

If yes, please list:

What are your child's special interests or favorite activities?

Please list any other information that may assist us in understanding and caring for your child.

Signature Parent/Guardian _____ Date _____

Emergency Contact and Release Form

Student Information Child's Name: _____

Date of Birth: _____

Emergency Information Physician's Name: _____

Phone: _____

Please list any persons that we may contact in case of an emergency.

***MY CHILD MAY BE RELEASED TO THE FOLLOWING PERSONS FOR EMERGENCY AND
NON-EMERGENCY SITUATIONS.**

Name: _____ *Relationship: _____

Home: _____ Cell: _____ Work: _____

Name: _____ *Relationship: _____

Home: _____ Cell: _____ Work: _____

Name: _____ *Relationship: _____

Home: _____ Cell: _____ Work: _____

Name: _____ *Relationship: _____

Home: _____ Cell: _____ Work: _____

**Please note that a Picture I.D. will be required if we cannot comfortably identify the person picking up your child.*

SPECIAL NEEDS (Please check the appropriate statement.)

My child has no special needs or allergies. _____

Yes, my child has special needs or allergies. _____

Please list any allergies, existing illness, previous serious illness/injuries, hospitalizations during the past 12 months, and/or any medications prescribed for continuous, long-term use.

In the event of an accidental ingestion of an allergen or problems relating to your child's medical conditions, please list the proper procedures to be followed including any medications and proper doses.

Additional information about special needs:

Signature Parent/Guardian _____ Date _____

Behavioral Agreement

For the safety and well-being of all students and staff, we need the cooperation of everyone in order to encourage positive behavior.

<u>Member Rights</u>	<u>Member Responsibilities</u>
As a participant you have the right to: <ul style="list-style-type: none">● be free from cruel teasing and putdowns● have a safe, calm, clean and orderly environment● be free from fear or physical harm● have a fair turn in any group activity● make mistakes without being ridiculed by others● seek help from adults who are here to help you● be treated with dignity and respect by everyone	As a participant you are expected to: <ul style="list-style-type: none">● avoid fights or verbal abuse of other children● be fair and accepting of others● work and play safely● use appropriate, acceptable language● be considerate, cooperative, helpful and respectful● respect property, especially things that do not belong to you

WINGS strives to resolve most problems through a discussion and agreement with the member. If we are unable to resolve the problem, we will need to contact parents. If continued violation of these rules occurs, parents will be called to pick the student up immediately. Additionally, continued behavior problems may result in the student no longer being able to attend the program. I have read these rules, I understand them and I have discussed them with my parents.

Student Signature _____ Date _____

- I hereby grant permission for my child to use all of the play equipment and participate in all activities. (If not, limitations have been provided.)
- I understand that I am responsible for any damage done by my child with malicious intent to the equipment.
- I understand that if my child is ill or shows signs of illness or communicable conditions that he/she is not to be brought to the before or after school care facilities for care or that, if he/she becomes ill during the time in care that the child must be picked up immediately.
- I certify I have received the East Wake Academy Before and After School Care Parent Handbook and agree to all of the policies in place.

Signature Parent/Guardian _____ Date _____

Printed Parent/Guardian _____ Date _____

Photo Authorization

_____ I give permission for _____'s photograph to be posted in any East Wake Academy WINGS publication.

_____ I DO NOT give permission for _____'s photograph to be posted in any East Wake Academy WINGS publication.

Signature Parent/Guardian _____ Date _____

Printed Parent/Guardian _____ Date _____

WINGS Fob Student Sign Out

The safety of your children is the top priority of our WINGS Program. In order to keep the children secure, we ask that parents/guardians sign their children out each day when they arrive to pick them up. In order to expedite this process, a key fob will be provided for electronic sign out. The fob can easily be attached to your car keys allowing you to wave your keys in front of the scanner located in the Building 5 entrance. This will make the sign out process quicker for families. If you would like to purchase (an) additional fob(s), they are **\$5** each. Fobs can be purchased for other family members as well, but each fob is specific to the adult picking up the child(ren).

Please complete the attached form and turn it into Mrs. Henry or Mrs. Stanford with the WINGS enrollment packet along with your payment.

PLEASE NOTE: Additional fobs are not required; if you or a family member do not want to purchase an additional fob, you will still be able to manually sign out your child.

You will **only be able to use this fob for WINGS! It will **not** work when signing your child out in the school office.*

Number of additional fobs _____ \$5 each – Total paid \$ _____

Name of adult fob is assigned to _____

Name of adult fob is assigned to _____

Name of adult fob is assigned to _____

Name of adult fob is assigned to _____

Please list the name(s) of the child(ren) you will be picking up:
