



East Wake Academy
400 NMC Drive
Zebulon, NC 27597

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East Wake Academy Before and After School Care Student Enrollment Form

Please complete one form PER FAMILY. On the first page, you will enter your oldest child's name. If you are only enrolling one child, skip to "child(ren)'s primary address".

First child

Child's Name (#2) _____ Child's date of birth: _____

Child's grade (circle): K 1 2 3 4 5 6-8 HS

Second child Please leave this section blank if you only have one student enrolling in WINGS.

Child's Name (#2) _____ Child's date of birth: _____

Child's grade (circle): K 1 2 3 4 5 6-8 HS

Third child Please leave this section blank if you only have two students enrolling in WINGS.

Child's Name (#3) _____ Child's date of birth: _____

Child's grade (circle): K 1 2 3 4 5 6-8 HS

Child(ren)'s Primary Address _____

Child(ren) reside(s) with

- Both parents together Extended family member
 Both parents separately Other: _____

Primary Contact Info We will contact this individual first in the event of an emergency.

Parent/Guardian's Name: _____ Primary Phone Number _____

Additional phone number(s) _____

Email Address _____

This is the email address we will include on our WINGS email list.

Secondary Contact Complete this section if you have a second parent/guardian; if not, continue to next section.

Parent/Guardian's Name: _____

Primary Phone Number _____

Additional phone number(s) _____

Additional information

Does your family have any legal considerations or restrictions? If yes, please explain.

Please list any additional information that may assist us in better understanding and caring for your child(ren). List each child separately.

Emergency Contact and Release Form

Any individual listed on this page may be contacted in the event of an emergency; in addition, any individuals permitted to pick up your child(ren) will need to produce a picture ID that matches the full name listed below.

Child(ren)'s physician name and phone number _____

Please list the FULL NAME, RELATIONSHIP, and PHONE NUMBER(S) of any persons that we may contact in case of an emergency.

Enter full name, relationship, phone number(s). Example: Jane Doe, aunt, 919-788-5555

In addition to the persons above, list any additional individuals who are permitted to pick up child(ren)

Enter full name, relationship, phone number(s). Example: Jane Doe, aunt, 919-788-5555

Special Needs or Considerations If your child(ren) have no special needs or considerations, please enter n/a or not applicable.

Does your child(ren) have any special needs or allergies? Explain. List each child separately.

List any medications prescribed for continuous, long-term use. List each child separately.

In the event of an accidental ingestion of an allergen or problems relating to your child(ren)'s medical conditions, please list the proper procedure to be followed, including medication and proper dose.

Any additional information about medical conditions or special needs

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>
<p>As a participant you have the right to:</p> <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 	<p>As a participant you are expected to:</p> <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:
