



Dear Parent / Guardian:

What is more important than our children and the environment where they spent most of their time? Let me take this opportunity to introduce you to the Roxboro Housing Authority After-School Program and the wonderful environment we offer. Our staff is a dedicated caring group. Our goal is to improve the academic performance of the children we serve and to encourage respect and discipline.

The afterschool program will meet Monday through Thursday from 2:30 p.m. until 4:30 p.m., beginning Monday, Nov. 4th 2019. This program shall continue throughout the 2019-2020 school year. The schedule on early release days from school shall be the same as above. No activities on holidays or when the Roxboro Housing Authority office is closed.

Supervised activities and offering will consist of STEM curriculum, homework assistance, remedial tutoring, outdoor play, educational games, crafts and nutritious snacks and/or meals.

This program is **FREE** to RHA Residents and, initially, free to Person Co. residents. The afterschool program will be held at the following locations:

<u>(K-5)</u>	<u>(6th-12th)</u>
ROSS /FSS Building	ROSS /FSS Building
438 Mt. Bethel Church St.	438 Mt. Bethel Church St.

Tentative Schedule: (K-5) 2:30-3 p.m. (eat snack); 3-4 pm STEM and enrichment activities)
(6-12) 3:30 to 4 Pm (eat snack); 4-4:30 (STEM and enrichment activities)
For all grades supper served after STEM and enrichment activities, when available.

Please read and sign the attached Policies/Procedures form. Complete and sign the attached Enrollment Application. **All forms must be filled out, signed and returned prior to your child(ren) being admitted** (A complete application package must be submitted for each child enrolled).

Completed applications are due by Monday, Nov 18th. Vacancies will be filled in the order in which the applications were received. Should you have any questions, please do not hesitate to contact me at 336-647-4340.

We look forward to serving your kids!

Best Regards,

Larry Mayfield, Afterschool Program Coordinator



Application Date: _____

Received By: _____

ENROLLMENT APPLICATION

RHA Resident Yes ☐ No ☐

Child's Name _____ Date of Birth _____ ☐ Male ☐ Female

Address _____

City _____ State _____ Zip _____ Phone _____

Current School _____ Grade (2019/2020 year) _____

List below any disabilities, complications, fears or allergies (including food allergies)

Father's Name _____ Employer _____ Work Phone _____

Email Address _____ Cell Phone _____

Mother's Name _____ Employer _____ Work Phone _____

Email Address _____ Cell Phone _____

Marital Status of Parents (check one): ☐ Married ☐ Widow(er) ☐ Separated/Divorced ☐ Single

If parents are separated or divorced, with whom does the child(ren) live? _____

Children (Please list the name/age of each): Brothers _____ Sisters _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Phone _____

Name of Child's Dentist _____ Phone _____

Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED (OTHER THAN PARENT):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



RHA PARENTAL CONSENT FORM

I/We being the legal parents or guardian of _____ who resides at _____ hereby give my/our permission for him/her to participate in the Roxboro Housing Authority (RHA) After School Enrichment Program.

HE/SHE WILL COOPERATE FULLY WITH THE REPRESENTATIVES OF RHA REGARDING ALL EVENTS AND ACTIVITIES. THIS INCLUDES, BUT IS NOT LIMITED TO, BEING PHOTOGRAPHED AND VIDEO TAPED ALONG WITH INCLUSION IN AGENCY WEBSITE AND/OR SOCIAL MEDIA SUBMISSIONS.

I/WE FURTHER AGREE NOT TO HOLD RHA RESPONSIBLE FOR ACCIDENTS OR PROBLEMS INCURRED DURING ANY EVENT. SHOULD A SCHEDULED EVENT BE CHANGED FOR ANY REASON, I/WE UNDERSTAND THAT PROPER NOTIFICATION WILL BE GIVEN TO ME/US.

Parent(s)/Guardian(s) Signature

Telephone Number

Date

If you have any questions, please contact Mr. Larry Mayfield, at 336-647-4340.

Parent(s)/Guardian(s) Signature

Telephone Number

Date



Procedures and Policies

1. **Priority:** The order of priority for enrollment is as follows: (1) Residents of Roxboro Housing Authority (2) children of working parent/guardian or full-time student, (3) Non- RHA Residents.
2. **Vacancies Filled:** Vacancies shall be filled in the order applications are received until all vacancies are filled. Others will be placed on a waiting list in the same order.
3. **Operation Schedule:** Monday thru Thursday from 2:30 p.m. to 4:30 p.m. The program will not operate on Holidays observed by Roxboro Housing Authority. **Roxboro Housing Authority reserves the right to adjust the operation schedule as warranted by giving proper notice.**
4. **Absenteeism:** Parent/Guardian shall notify the center when enrollee is absent for any reason.
5. **Sickness: If your child is ill or has ANY TYPE of contagious condition, PLEASE KEEP AT HOME.**
6. **We cannot and will not give medications to your child. Your child must be able to take medications on his/her own, as prescribed. OUR POLICY IS THE SAME AS THE SCHOOL SYSTEM IN REGARDS TO MEDICATIONS.**
7. Parent/Guardian or designated person must be available to receive your child at the end of each day. **(Failure to comply could possibly involve the police).**
8. No form of misconduct will be tolerated. Misconduct includes but is not limited to:
 1. Being disruptive/disrespectful
 2. Fighting or swearing
 3. Stealing
 4. Defacing and destroying property
 5. Leaving center without permission
 6. Habitual unexcused absenteeism. (Parent/Guardian must call center if enrollee is absent for any reason).
 7. Bullying

Consequences for any of the above may consist of a verbal warning, parent/guardian conference, suspension or expulsion. I understand that by signing this form, I agree, accept and am supportive of the Procedures and Policies stated.

Signature of Parent/Guardian

Child's Name

Date