**CLAYTON COUNTY PUBLIC SCHOOLS**

***CAMPUS KIDS***

**Registration Form**

*Please return to school office*

***(One registration form for each student)***

**Non-Refundable $15.00 Registration Fee Per Student: Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_ Grade in 2015-2016

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Mother's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Special Custody Situation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY CALL: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Clinic or physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

SPECIAL INSTRUCTION: (allergies, diet, medical, extraordinary circumstances including custody situations)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any conditions which would limit your child’s participation in GROUP activities. This program is designed for students who are able to participate independently in age-appropriate activities within a 1:15 teacher/student ratio. Failure to disclose any information affecting your child’s participation in group activities may result in his/her dismissal from the program.**

**In addition to parents listed above, please list below the names and phone numbers of other adults designated to pick up your child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Name Relationship Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Name Relationship Phone

My child will attend ***Campus Kids*** for (check one):

□FULL WEEK

□SPECIFIC DAYS (check all that apply) Mon □ Tue □ Wed □ Thu □ Fri □

**EARLY RELEASE DAYS ONLY (5) □One Hour Only (1:15 – 2:15 p.m.) □Full Afternoon Service**

If school dismisses early because of weather or any other reason, I can be contacted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature Date  
 ***See reverse side for general information about Campus Kids***

**GENERAL INFORMATION**

**Enrollment** in ***Campus Kids*** is subject to acceptance of this registration form and receipt of the registration fee

*Failure to disclose any information affecting your child’s participation in* ***Campus Kids*** *may result in his/her dismissal from the program.*

**Notice of Exemption –** This program is not a licensed child care facility and is not required to be licensed by the Georgia Department of Early Care and Learning. This program is exempt from state licensure requirements.

**Transportation** will not be provided. Transportation will be the sole responsibility of the parents.

**Liability** for personal injury is not accepted by the ***Campus Kids*** program, the Clayton County Public Schools, or the Clayton County Board of Education. ***Campus Kids*** will not accept responsibility for personal effects that may be lost, stolen, or traded.

**Discipline** – A child’s discipline must be a collaborative responsibility with the program staff, the child, and the parents. Disciplinary actions may be imposed ranging from temporary removal from an activity to suspension/ dismissal from the program, depending on the severity of the infraction. Severe violations may necessitate dismissal on a first offense.

**Fee Structure:**

$40.00 per week per child (see tuition calendar for prepaid tuition due dates).   
$10.00 per day rate per child if **prepaid** the week prior to service. No drop in service will be allowed if not prepaid.

$10 late fee will apply, **if tuition is not prepaid by the calendar due date**.

$25 one-time fee for 5 Early Release Days ($5.00 per day) for service 1:15 – 2:15 p.m. (registration fee waived for one-hour service). For students not picked up by 2:30 p.m., the registration fee will be assessed, and the parent shall pay the $10 per day rate thereafter.

Tuition **(including drop in service)** is due most Fridays, prior to service, by 6:30 p.m. The only exception would be school closure. Please follow the tuition calendar in the parent handbook to avoid a $10.00 per child late fee if tuition is not prepaid as scheduled. Outstanding balances must be resolved before the next week’s tuition is accepted.

**Parent’s Initials \_\_\_\_\_\_\_\_**

**Fines** will be imposed for **late pickups** as follows:

For 6:31 – 6:40 p.m. late pickup, the fee assessed is $10.00 per child.

6:41 p.m. & later - $1.00 per additional minute until picked up

**If the child is not picked up by 6:45 p.m., *Campus Kids*** **will notify the legal authorities, and custody will be turned over to them.**

***Three late pickups will result in the child’s dismissal from the program for the remainder of the school year.***

**Parent’s Initials \_\_\_\_\_\_\_\_**

***Late pick-up fines must be paid when the child is picked up or by the next school day. Non-payment of the late pick-up fee by the second day will result in suspending the child from the program until the following week.* Parent’s Initials \_\_\_\_\_\_\_\_**

**Snacks** will be provided each day by the program center.

**Ratio** will be 1:20.

***More detailed information may be obtained in the CAMPUS KIDS Parent Handbook.***

***I acknowledge that I have read and understand all the above.***

**Parent Signature Date**

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| --- |
| ***CAMPUS KIDS Use Only***  \_\_\_\_\_ Accepted into program  \_\_\_\_\_ Placed on a waiting list  \_\_\_\_\_ Unable to enroll  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Site Coordinator’s Signature |

**CLAYTON COUNTY PUBLIC SCHOOLS**

***Campus Kids***

**Enrollment Contract**

(One Contract per Student)

* **Tuition must be prepaid** for the upcoming week ***(this includes drop in fees)***. Please refer to the tuition calendar for tuition due dates. Change cannot be given. Therefore, cash checks, or money orders are accepted in **EXACT AMOUNTS** **ONLY**. ***Schools using an electronic check verification system will accept checks or money orders ONLY.***
* Three (3) late pickups from the program will result in my child being dismissed from the program for the remainder of the school year. Late pickup fees are assessed as follows:  
    
  For late pickup 6:31 p.m. – 6:40 p.m., the late fee is $10.00 per child.  
  For late pickup 6:41 p.m. and later, $1 for each additional minute per child.
* A $30.00 service charge will be assessed for each returned check. Two returned checks will result in a **“cash only”** basis (a **“money order only”** basis for schools using an electronic check verification system).
* My child may stay in the program if acceptable behavior is exhibited. Disciplinary problems are not tolerated. If my child is disruptive, disrespectful to authority, abusive or threatening to self and/or other students, he/she can be suspended or permanently dismissed from the program. Severe violations may necessitate dismissal on a first offense.
* I understand no liability will be assumed by ***Campus Kids***, the Clayton County Public Schools, or the Clayton County Board of Education.
* In the event of an emergency and I cannot be reached, I authorize permission to seek immediate medical attention for my child.

I have been provided a copy of the ***Campus Kids*** Parent Handbook. By signing this enrollment contract, I am confirming I have read, understand, and agree to abide by all policies and procedures stated in the ***Campus Kids*** Parent Handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (please print) Name of Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**CLAYTON COUNTY PUBLIC SCHOOLS**

**Campus Kids Late Pickup Fee**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Signed Out: \_\_\_\_\_\_\_\_\_\_\_\_

Employee on Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fines imposed for late pickup are as follows:**

For 6:31 – 6:40 p.m. late pickup, the fee assessed is $10.00 per child.

For 6:41 – 6:45 p.m. late pickup, the fee assessed is $15.00 per child

For 6:46 p.m. and later, the fee assessed is $1.00 per additional minute per child

Today’s fine is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**The fine must be paid at time of pickup or the child will be removed from the program until all monies are paid.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Site Coordinator’s Signature

**Late pickup #1 □**

**Late pickup #2 □**

**Late pickup #3 □ Dismissed**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAMPUS KIDS AFTER SCHOOL**

**DISCIPLINE FORM**

Dear Parent:

The Campus Kids After School program is a privilege. We must strive to provide an atmosphere which is conducive to safety and appropriate behavior while attending the CKids program. Maintaining proper conduct while in the CKids program is the joint responsibility of students, parents, and teachers. Because of your child’s recent behavior, it is my responsibility to report the following violation(s) to you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***INFRACTIONS***

1. □ Excessive talking during instructions 11. □ Disrespectful to teacher

2. □ Refused to follow directions 12. □ Left class without permission

3. □ Refused to sit or stay in time out 13. □ Pushing others in line

4. □ Refused to participate in class activities 14. □ Taking out P.E. equipment without

5. □ Disruptive horseplay permission

6. □ Belligerent behavior 15. □ Attempted to injure another person

7. □ Dangerous conduct 16. □ Using foul and/or abusive language

8. □ Abusing equipment or facilities 17. □ Encouraging others to disobey

9. □ Hitting another student 18. □ Theft, possession of weapons and/or drugs

10. □ Disrespecting another student and alcohol

19. □ Other (Indicate in Comments Section)

***Suspension and/or dismissal from the program will depend upon the severity of the infraction.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCIPLINARY ACTION**

|  |  |
| --- | --- |
| □Minor  □Serious  □Severe | \_\_\_\_\_ Time Out  \_\_\_\_\_ Letter to Parent/Guardian  \_\_\_\_\_ 3-Day Suspension  \_\_\_\_\_ 1-Week Suspension  \_\_\_\_\_ Dismissed from Program |

Comments (be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st notification 2nd notification 3rd notification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CKids Employee’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Coordinator’s Signature Parent’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For Dismissal) Principal’s Signature/Date

**CLAYTON COUNTY PUBLIC SCHOOLS**

***Campus Kids***

**Incident Chronology**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Site Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual(s) Involved:

General Description of Incident:

Chronology of Events:

Was anyone injured? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the injury:

Treatment Administered:

Was the parent notified? \_\_\_\_\_ Yes \_\_\_\_\_ No Date/Time:

Corrective Action Plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Name and Signature Title

***Original to be filed at School Level***

***Copy to: School Principal and CCPS Campus Kids Supervisor***

**CAMPUS KIDS**

**STUDENT ACCIDENT/ILLNESS FORM**

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of accident/illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of accident/illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Precise location and description of where and how the accident occurred:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher supervising activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was First Aid required? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ CPR? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

First Aid given by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did injured required medical treatment? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Was 911 called: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Non-First Aid treatment given, if applicable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature/Date

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***FOR OFFICE USE ONLY***

Parent called? Yes\_\_\_\_\_ No\_\_\_\_\_ Numbers called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_

Parent’s Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Report Site Coordinator’s Signature

*Original CCPS Campus Kids Supervisor*

*Yellow Parent/Guardian*

*Pink Campus Kids Program*

**CAMPUS KIDS**

**ATTENDANCE LOG**

**Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | **# of Students** | **# of Teachers/**  **Activity Leaders** | # Special  Education Teachers | **#** of Additional Staff  (Site Coordinator, Desk Person, etc.) |
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**\*The number of teachers is contingent on the 1:20 ratio. For every 20 students, only one adult is needed to supervise students (exception: special needs students).**

**CAMPUS KIDS**

**DISCIPLINE LOG**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Name | 1st Offense | 2nd Offense | 3rd Offense | Comments |
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**CAMPUS KIDS**

**INJURY LOG**

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| --- | --- | --- | --- | --- |
| Date | Student’s Name | Description of Incident or Injury | Action Taken | Teacher Present |
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**CAMPUS KIDS**

**LATE PICKUP LOG**

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| --- | --- | --- | --- | --- |
| Student’s Name | 1st Offense | 2nd Offense | 3rd Offense | Dismissal Date |
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Date

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter serves as written notification that you are in arrears on your Campus Kids tuition in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which includes a $10.00 per child late charge for

Tuition and applicable late fees

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If the outstanding Campus Kids fees stated

Student name(s)

above are not paid by today, your child(ren) will not be permitted to remain in the program. You must make alternative after school care arrangements, or appropriate measures will be taken to ensure your children will be in the care of proper authorities. Please refer to your Campus Kids Parent handbook for more complete details regarding this matter.

We hope you can resolve this debt issue immediately so that we do not have to interrupt your after school service.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Kids Site Coordinator Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name

Acknowledgment of receipt of letter by parent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Date