

4-H SUPPORT OUR STUDENTS/PERSON COUNTY



OFFICE USE ONLY
Start Date: _____
Drop Date: _____

NC Cooperative Extension Service/Person County
304 S. Morgan Street, Room 123
Roxboro, NC 27573
336-599-1195

APPLICATION FOR SOS AFTER SCHOOL PROGRAM

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____ PARENT'S WORK #: _____

SCHOOL ATTENDED _____ GRADE _____ SOCIAL SECURITY # _____

HOME ROOM TEACHER _____ HR # _____ TEAM _____

CHILD LIVES WITH? _____ BOTH PARENTS _____ MOTHER
_____ RELATIVE _____ FOSTER CARE
_____ FATHER _____ OTHER

WHO REFERRED YOU TO THE SOS PROGRAM? _____ SELF _____ SCHOOL

_____ DSS (NAME OF CASE WORKER) _____ OTHER

EMERGENCY CONTACT NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____ TELEPHONE NUMBER _____

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? LIST NAMES! WE WILL NOT RELEASE A CHILD TO
ANYONE WHO IS NOT LISTED!!! THEY MUST BE ABLE TO PRESENT A STAFF MEMBER WITH A PICTURE ID IF REQUESTED.

PHYSICIAN'S NAME _____ PHONE NUMBER _____

DENTIST'S NAME _____ PHONE NUMBER _____

INSURANCE CARRIER: _____ INSURANCE ID #: _____

DOES YOUR CHILD HAVE A MEDICAL CONDITION HE/SHE IS BEING TREATED FOR (I.E. ASTHMA, EPILEPSY, DIABETES, ETC)
YES NO IF YES, PLEASE EXPLAIN

DOES YOUR CHILD TAKE ANY ROUTINE MEDICATIONS? _____ YES _____ NO

IF YES, PLEASE LIST MEDICATIONS AND TIMES TAKEN _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ YES _____ NO

IF YES, PLEASE LIST: _____

IS YOUR CHILD ABLE TO PARTICIPATE IN PHYSICAL ACTIVITIES? _____ YES _____ NO

4-H SUPPORT OUR STUDENTS/PERSON COUNTY

PLEASE READ AND SIGN THE FOLLOWING:

I give permission for my child to go on offsite field trips with the SOS program.

PARENT/GUARDIAN SIGNATURE: _____

SOS RULES

1. Students may not leave the SOS program without the permission of the instructor.
2. Show respect for others. This means:
 - a. Keeping hands and feet to yourself.
 - b. Not touching, taking, borrowing items that don't belong to you. (Example: "I was just LOOKING at it!" Check with the owner to see if they want you to look at their property.)
 - c. Not interrupting others when they are talking.
 - d. Not using rude disrespectful language when talking to others. (Prime Examples: "Shut up!", "You're so stupid!")
 - e. Not running or rough- housing.
 - f. Not yelling, talking loud, or talking across the room. (If the staff has to yell to be heard, then you are talking TOO loud.)
 - g. Follow staff instructions. The staff is there to help you. They have a reason for asking you to do or not do something. If you are not able to do this then you will be dismissed from the program.
 - h. You must have some type of work to do during homework time. You may read if you like. If you don't have homework or a library book the staff will find something for you.
 - i. You will be dropped from the SOS roster if you have not been in attendance for 2 weeks. If you are sick please call the program office at 599-1195 to let us know.
 - j. You may not participate in field trips if you have a 50% absence rate from the SOS program for that month.
 - k. I understand that I may be removed from the SOS program for excessive absences.
 - l. I understand that I will be immediately be dismissed from the SOS program for fighting, hitting, pushing, shoving, verbal threats of violence against another person etc. You may reapply the next school year.

I have read all SOS rules and reviewed them with my child. We understand that verbal warnings will be issued and that continued misbehavior may result in immediate dismissal from the SOS program.

PARENT/GUARDIAN: _____ STUDENT: _____

I give permission f or my child to participate in recreational activities while attending the SOS program.

PARENT/GUARDIAN: _____

I give permission for my child to have his/her school records (grades, attendance, demographics, behavior and standardized test scores) for this year and last year released to the designated SOS personnel. I understand that my child's information will not disclosed to anyone other than the state SOS office and the NC Department of Public Instruction.

PARENT/GUARDIAN: _____

I give permission for my child to have his/her picture and name mentioned in any presentation done by 4H Support Our Students/Person County.

PARENT/GUARDIAN: _____

I give permission for the SOS staff to seek medical attention for my minor child in the event of serious illness or injury in the event that I am unable to be reached at the address or telephone numbers provided on this application form. I understand that should my child receive medical attention in the event of a medical emergency that I will be financially responsible for medical expenses incurred for treating my child.

PARENT/GUARDIAN: _____