

Success Extended Learning Program (SELP) Enrollment Form-2019-20

School use: **MOSIS #**

DOB

Student's Name		Grade
Parent's/Guardian's Name		Home Phone
Address		Cell Phone
Employer		Work Phone

Additional emergency contacts/persons authorized to take child from the program:

Name	Phone Numbers
Name	Phone Numbers
Name	Phone Numbers
Name	Phone Numbers

Authorization for emergency medical care: I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate medical care, I authorize Van Buren R-1 Schools to contact the following:

Physician/Clinic	Phone
Hospital	Phone

My child has the following medical condition or allergy _____

My child will ride the bus _____ **yes** _____ **no**

Please Contact Cheta Shelton 967-2597 to make arrangements.

The Success Extended Learning Program is an optional program designed to develop a passion for learning, and interest in Science – Technology – Engineering – Art – and Math. I understand that **the before school session is from 6:50 - 7:50** and the **after school session is from 3:30-5:30**. The guidelines must be followed so that faculty may properly implement the program.

My child will follow all rules and procedures for the Success R- VI school district. If discipline problems persist after reasonable attempts have been made to solve the problem my child may be suspended &/or dismissed from the program.	Parent/Guardian Initials
I have made arrangements to pickup or transport my child on or before 5:30. There is a \$1.00 per minute fee for late pickup. Repeated late pickups may result in dismissal from the program.	Parent/Guardian Initials
I understand that homework help will only be available for a few minutes each day, and that the purpose of the program is not homework.	Parent/Guardian Initials
When my child is ill, I understand and agree that s/he will not be accepted for the program or remain in the program for the day.	Parent/Guardian Initials
I understand that my child may not attend the program after leaving the school campus unless accompanied and signed in by a parent/guardian.	Parent/Guardian Initials
I understand that failure to keep current contact information on file may result in dismissal from the program.	Parent/Guardian Initials
I have read the parent handbook and agree to the provisions provided. A copy of the handbook has been sent home.	Parent/Guardian Initials
Parent's/Guardian's Signature	Date