



# Enemy Swim Day School

## KINDERGARTEN

### 2018-2019 Enrollment Packet

13525 446<sup>th</sup> Avenue \* Waubay, SD 57273  
(605) 947-4605 \* (888) 825-7738

Dear Parent/Guardian,

Enemy Swim Day School is so honored to have your new little kindergartener enroll at our school! We look forward to all the fun times learning new things with your child! All new students that are entering school must meet the following immunization requirements:

1. Four or more doses of DPT (one after the age of 4)
2. Four doses of oral polio (one after the age of 4)
3. Two doses of MMR (measles, mumps, and rubella) after the age of 12 months
4. Two doses of Varicella Vaccine (chicken pox vaccine) or parent signed verification that the child had the chicken pox.

Please include the following documents when enrolling:

- State Certified Birth Certificate
- Immunization Record or Release Signed by Parent/Guardian
- Social Security Number
- Tribal Enrollment (if child is an enrolled member of a tribe)

#### KINDERGARTEN STUDENT INFORMATION:

First name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student prefers to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Place of Birth: \_\_\_\_\_  
City State County

Any special needs/medical information, etc. we should know of? \_\_\_\_\_



# Enemy Swim Day School Kindergarten Registration

Home Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_

If student is an enrolled tribal member, list name of tribe: \_\_\_\_\_

If SWO tribal member, please list district: \_\_\_\_\_

Directions to students home: \_\_\_\_\_

If student lives in Enemy Swim housing, are they allowed to walk home? \_\_\_\_\_

Students Mailing Address: \_\_\_\_\_  
city state zip code

Student lives with:  Mother  Father  Guardian Who has legal custody of student:  Mother  Father  Guardian

Is there a court order that restricts either parent from contact with your student or access to student records?  Yes  No  
If such a court order exists, it is the Parent/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.

Full Name: \_\_\_\_\_  
first name middle initial last name  
Mother   
Father   
Guardian

Employer: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tribally enrolled, name of Tribe: \_\_\_\_\_

If SWO Tribal Member, District: \_\_\_\_\_

Full Name: \_\_\_\_\_  
first name middle initial last name  
Mother   
Father   
Guardian

Employer: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If tribally enrolled, name of Tribe: \_\_\_\_\_

If SWO Tribal Member, District: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Contact Name: \_\_\_\_\_ May Pick Up  Yes  No

Relationship to Child: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ May Pick Up  Yes  No

Relationship to Child: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

We here at Enemy Swim Day School understand the diversities that exist in today's families and at times, when parents/guardians are not available, we need permission to communicate with other significate adults. If you have a significant other (grandparent/step-parent, sibling, etc.) who may routinely act on your behalf or attend meetings with you, please complete the section below.

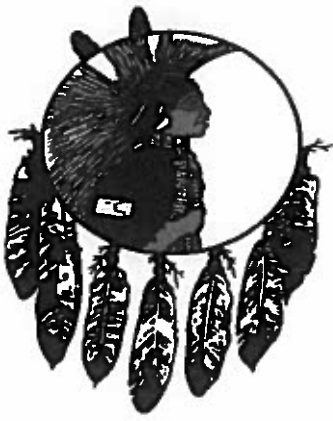
NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

The above named persons have my permission to have access to all information and records regarding this student. I understand that ESDS will contact this person if I am unavailable and he/she will have permission to act on my behalf.

signature of parent/guardian

date



# Enemy Swim Day School

*"Home of the Lakers"*

13525 446th Avenue , Waubay, SD 57273 www.esds.us  
PH: (605) 947-4605 TOLL FREE (888) 825-7738 FAX 605-947-4188  
attention: Carolyn Soles (ext 3003)

## Request For Student Records

This student has enrolled in Kindergarten for the 2018-2019 school year.

STUDENTS FULL LEGAL NAME AS SHOWN ON BIRTH CERTIFICATE:

\_\_\_\_\_

First Name

Middle Name

Last Name

Birth Date: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity:  No, Not Hispanic/Latino  
 Yes, Hispanic/Latino

Race:  American Indian or Alaska Native  
 Asian  White

Black or African American  
 Native Hawaiian/Other Pacific Islander

Place of Birth: \_\_\_\_\_

County

City

State

Please forward the following items and any other information that may be helpful to this child's education plan.

- Immunization and Health Records
- Birth Certificate
- Tribal Enrollment (if applicable)
- Special Education Records (IEP/504 Plan)
- Copy of Social Security Number

Previous School Name: \_\_\_\_\_

\_\_\_\_\_

Mailing Address

City

State

Zip Code

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

Fax: \_\_\_\_\_

Person enrolling student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_

School Official Signature

\_\_\_\_\_

Date

*"It is not necessary for parents to sign a release when records are being passed from public school to public school. Note: Federal Register, Thursday, June 17, 1976, Part II HEW-Privacy Rights to Parents and Students. Final Rule of education records. (Vol 41, #118-24673)"*

Student's Name: \_\_\_\_\_

DOB \_\_\_\_\_

18-19 GRADE LEVEL \_\_\_\_\_

## Enemy Swim Day School Medical/Dental Permission Form

Sometimes it is necessary to give over-the-counter medications at school for routine symptoms or illness. We need to have your permission to give these medications. Please check the medications below that may be given to your child during an illness or for other minor symptoms (all age/weight appropriate dosage).

\_\_\_\_\_ Tylenol      \_\_\_\_\_ Pepto Bismol      \_\_\_\_\_ Midol      \_\_\_\_\_ Tums  
\_\_\_\_\_ Ibuprofen      \_\_\_\_\_ Throat Spray      \_\_\_\_\_ Cough Syrup

Please list any medical conditions that we need to be aware of: \_\_\_\_\_

*\*\*Please see the School Nurse if your child has any food allergies or dietary restrictions for proper documentation.*

SCHOOL NURSE VERIFICATION OF ALLERGIES/FOOD ALLERGIES/DIETARY RESTRICTIONS

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICES** **Woodrow Wilson Keeble Memorial Health Care Center**

As parent/guardian of the child listed above, I have read the consent form for the Indian Health Service to arrange for or to provide the following dental health services for this child.

1. Health care including examinations, routine laboratory studies, x-ray procedures and skin test.
2. Dental care including dental examinations for sealants and fluoride varnish.
3. Emergency health care for accidents or illness.
4. Transportation of the child to and/or from another health facility for these services.

\_\_\_\_\_ I hereby give consent for all of the above dental services.

\_\_\_\_\_ Exceptions or Special Instructions: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**South Dakota Immunization Information System (SDIIS)  
Access Agreement**

To ensure the South Dakota Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, a School Health Official must obtain parent, guardian or legal representative agreement before accessing a student's immunization record in the South Dakota Immunization Information System (SDIIS). No student record shall be accessed by a School Representative in the SDIIS without parent, guardian or legal representative agreement.

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

I give permission to Enemy Swim Day School  
(School)

access the above child's immunization record in the South Dakota Immunization Information System.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent, Guardian or Legal Representative)

\*\*\*\*\*

In lieu of written consent, verbal consent was obtained from \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(School Official)

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

# Enemy Swim Day School Authorization Form

AUTHORIZATION FOR: \_\_\_\_\_

***(This form will be kept in your child's student cumulative school file while attending ESDS.)***

## **FIELD TRIPS** Parent/Guardian OK Initial \_\_\_\_\_

During the school year at Enemy Swim Day School, teachers arrange Educational Field Trips to enrich the student's educational experience. Parents are asked to sign one permission form covering ALL excursions rather than a separate form for each short trip. I give permission for my child to participate in the field trips that Enemy Swim Day School will be taking during the school year. I further consent to any medical or dental treatment that may be needed while attending these school functions.

## **PUBLICITY RELEASE** Parent/Guardian OK Initial \_\_\_\_\_

I hereby and irrevocably consent to and authorize the use, publication and reproduction in any and all media at anytime by Enemy Swim Day School or anyone it authorizes, of any and all photographs/video taken of me or the child listed of whom I am authorized as guardian, with or without names, for purposes of positive school promotion or whatever the case may be.

I understand that this coverage may place me or my child's picture, with or without further explanation, alone or accompanied by other pictures in a story, on a website, yearbook or on a cover of anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

I am over 18 years of age, have read this consent and release, or have had it read and explained to me in my native language, fully understand its contents, and enter into it voluntarily and without coercion.

## **INTERNET USER AGREEMENT** Parent/Guardian OK Initial \_\_\_\_\_

Students at ESDS will understand and will abide by the terms and conditions for Internet access. I further understand that any violation is unethical and may constitute a criminal offense. Should a student commit any violation, their access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken. I understand that this access is designated for educational purposes. However, I also recognize it is impossible for ESDS to restrict access to all controversial materials and I will not hold the ESDS responsible for materials acquired on the network. I hereby give my permission to grant access for my child and certify that the information on this form is correct.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



STUDENT NAME \_\_\_\_\_

# Enemy Swim Day School

## CERTIFICATION INTENSE BILINGUAL PROGRAMS

This form will be used by our school to determine the type of services it will provide your child in language development. The school needs more accurate information on whether your child is influenced by the native language or not. For some students, our school must provide instruction in both English and the Indian Language so that the students will progress in language development. Please check the appropriate boxes below that describe your child's Indian Language status and sign below.

A student's primary or home language is other than English which meets one of the following eligibility criteria:

- \_\_\_\_ (1) Student has some knowledge of both English and the Indian Language (understanding/speaking) or is influenced in any manner by an Indian Language.
- \_\_\_\_ (2) Student speaks an Indian Language most of the time, i.e., during play or family conversation.
- \_\_\_\_ (3) An Indian Language is spoken in the student's home most of the time, i.e., by family members.
- \_\_\_\_ (4) Other (please explain) \_\_\_\_\_

For our school to receive additional funds to provide instruction both in the Dakota and English Language, we must have this form signed below by the parent/guardian.

### H O M E L A N G U A G E S U R V E Y

*English Language Learner (ELL) provisions are included under Title I and Title III of No Child Left Behind (NCLB). Title I outlines the state standards, assessment, annual yearly progress, and other accountability requirements for ELL students. Title III provides funding to state and local education agencies who are obligated by NCLB to increase the English proficiency and core academic content knowledge of Limited English Proficient students (another term is ELL-English Language Learners, although NCLB uses the term "LEP" for Limited English Proficiency).*

What is the language most frequently spoken at home? \_\_\_\_\_

Which language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

**This form is a confidential document will be kept on file at Enemy Swim Day School.**

\_\_\_\_\_  
Parent Guardian Signature

# ENEMY SWIM DAY SCHOOL

## 2018-2019 BIE-McKinney-Vento

### Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? Check one box:

SECTION A	SECTION B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian)	<input type="checkbox"/> Choices in Section A do not apply  <p style="text-align: center;"><i><b>STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel.</b></i></p>
<p><i><b>CONTINUE: if you checked a box in Section A, complete #2 and the remainder of this form.</b></i></p>	

2. The student lives with:

- |  |   |
|--|---|
| <input type="checkbox"/> 1 parent<br><input type="checkbox"/> 2 parents<br><input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> a relative, friend(s) or other adult(s)<br><input type="checkbox"/> alone with no adults<br><input type="checkbox"/> an adult that is not the parent or the legal guardian |
|--|---|

Name of Student: \_\_\_\_\_  Male  Female

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ SSN: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School Use Only – School Administrator’s determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choice in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

ENEMY SWIM DAY SCHOOL 13525 446<sup>th</sup> Avenue, Waubay, South Dakota 57273 (605) 947-4605

Date Faxed: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_



## Enemy Swim Day School Compact 2018-2019 School Year

*This compact is to be signed by parent/guardian, student, teacher and principal. After all parties have signed the compact, the original will be sent home and a copy kept on file.*

As a Parent/Guardian, I, \_\_\_\_\_, will strive to:

- believe my child can learn;
- show respect and support for my child, the staff, and the school;
- ensure that my child attends school regularly and is on time as stated in student attendance policies;
- provide a quiet place for my child to study at home;
- encourage my child to complete all homework assignments;
- attend parent-teacher conferences at the end of the first and third quarters, annually;
- support the objectives of the Educational Improvement Plan (if my child has one);
- monitor my child's progress on Infinite Campus;
- communicate regularly with my child's teacher and respond to communications from the school;
- support the school in developing positive behaviors in my child;
- talk with my child about his or her school activities each day;
- encourage my child to read at home and apply all their learning to daily life; and
- encourage and support my child in awareness and participation in cultural activities.

As a student, I, \_\_\_\_\_, will strive to:

- believe that I can learn;
- show respect for myself, my school and other people;
- always try to do my best in my work and my behavior;
- ensure that I attend school regularly and will be on time as stated in student attendance policies;
- work together with students and staff for my educational success;
- display appropriate behavior and make good choices in the classroom and throughout the school;
- come to school prepared with my homework and supplies; and
- be proud of my cultural heritage and get involved in cultural activities.

As a Teacher, I, \_\_\_\_\_, will strive to:

- believe that each child can learn;
- respect and value the uniqueness of each child and his or her family;
- provide an environment that promotes active and engaged learning;
- enforce appropriate behavior in the classroom and throughout the school in a fair and consistent manner;
- assist each child in achieving the standards-based curriculum at proficiency level;
- document ongoing assessment of each child's academic progress through the school-wide assessment plan;
- provide an educational improvement plan for each student who is below proficiency in reading or math with specific objectives and strategies for improved achievement at proficiency;
- provide parents with weekly progress reports (on Infinite Campus), mid-quarter a quarterly written progress reports and portfolios, conferences at the end of the first and third quarters annually, and anytime upon parent request;
- maintain open lines of ongoing communication with students and parents;
- seek ways to involve parents in the school program;
- demonstrate professional behavior and a positive attitude; and
- promote learning opportunities that enhance each child's unique culture and identity.

As a School Principal, I, \_\_\_\_\_, represent all ESDS staff in affirming this contract and will strive on the school's behalf to:

- provide opportunities for parents to be involved in the school and with their child's education in a manner which is individually desired: school improvement planning, parent advisory boards for school programs, and parent organizations, classroom visitations and volunteering;
- provide parents with an ESDS Parent Handbook which outlines curriculum, policies and procedures, processes, the school improvement plan, school activities and calendars;
- provide opportunities and a plan for professional development for staff and parents according to the school improvement plan;
- ensure that all staff are highly qualified for the position which they hold;
- ensure an annual review of curriculum, course guidelines and provide continual educational improvement and cultural relevancy.

# OST Afterschool Program Permission Form 2018-2019

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

MONDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> NO, may not attend
TUESDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> NO, may not attend
WEDNESDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> NO, may not attend
THURSDAY:	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> CHOICE	<input type="checkbox"/> NO, may not attend

**There is NO after school program held on Fridays.**

Students will be bused to their regular destination unless permission is provided by parents/guardians. This rule is enforced for the safety of the students. **ES Students- May Walk Home: YES NO**

I understand that ESDS Afterschool Program and its staff accept no responsibility for mishaps which could occur do to the nature of the activity in which my child is engaged. In the event of an accident, illness or injury and I cannot be reached I give the ESDS Afterschool Program staff permission to take action as deemed necessary for my child.

I understand that the Afterschool Program staff reserves the right to terminate the participation of any student when it is deemed to be in the best interest of the student or the ESDS Afterschool Program.

I understand that regular attendance is important to the overall goals of the OST Programs.

I understand that I have the right to bring any of my concerns to the attention of the activity leaders, program supervisors, and/or the school principal.

I will participate in parent groups or parent committee activities.

I understand that it is important for me to cooperate and communicate with the OST staff for the benefit of my student.

I understand that it is my responsibility to inform the Afterschool staff/school of changes that may affect the health and safety of my student. This includes, but is not limited to:

- A. Changes in emergency contact information and individuals who can pick up my student.
- B. Illness or contagious diseases.
- C. Transportation arrangements.

I have read and fully understand the cooperative agreement and I agree to comply with the guidelines identified above.

The Enemy Swim Day School Afterschool Program supports and strongly encourages parents/guardians to be actively involved in the Afterschool Programs excursions, fundraising, special events and daily programming. Please feel free to call or visit the ESDS Afterschool Program anytime!

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date