

**Gulf Middle School
Before/After Care Program
Behavior Contract**

I, _____ will follow the *GMS Before and After Care Program* rules.

1. I will follow the instructions of all program staff.
2. I will be polite and conduct myself properly.
3. I will use appropriate language.
4. I will not fight, hit or verbally abuse another person.
5. I will not be on any inappropriate sites on any electronic device.
6. I will not take pictures/videos on my phone while on school campus.

_____ Date: _____
Student Signature

_____ Date: _____
Parent Signature

GMS Before/After Care Program reserves the right to dismiss any child from the program at any time because of behavior issues. Please take time to review this form with your child. Sign this form and return it with your registration.

RELEASE FORM

I accept responsibility for notifying the school of any changes of home, business addresses and telephone numbers. In the event of serious illness or accident, if I cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for the costs to do so. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached I request that one of the persons listed on the emergency contact section of the registration card be contacted to care for my child until I can be reached.

I also hereby release *GMS Before/After Care Program* and all persons connected from blame and/or responsibility in case of accident or injuries incurred during the operation of the *Before/After Care Program*.

_____ Date: _____
Signature of Parent/Guardian

Gulf Middle School
Before/After Care Program
2020-2021
Annual Registration Form

Child(ren) Name: _____ Grade(s): _____

Mother: _____ Cell #: _____ Home #: _____ Work #: _____

Address: _____ City/Zip Code: _____

Father: _____ Cell #: _____ Home #: _____ Work #: _____

Address: _____ City/Zip Code: _____

Child lives with: Mother _____ Father _____ Both _____

Any person(s) picking up your child must have a photo ID to pick up your child. There will be no exceptions.

Person(s) other than parents who are authorized to pick up your child from the program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

My signature below indicates that I have read and understand the policies and procedures for the GMS Before/After Care Program. I understand and agree that not complying with these policies and procedure can be cause for dismissal from the Program.

Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions):

If my child should become ill or be injured under the supervision of the GMS Before/After Care Program, I understand that the staff will contact me immediately. If they are unable to contact me, they will call 911. The medical facility is authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Child's Name _____

Parent Signature _____

Relationship _____

Date _____