## Unicoi Elementary Afterschool Enrichment Program

SY 2025-26

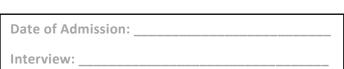
			Chi	ld Info	ormat	ion					
First Name					L	ast Name					
Home Address (including town)									lent ID # ve blank*		
Date of Birth			Grade					neroom eacher			
Ethnicity (circle) Caucasian African America  Hispanic Other			ican	•			er (circle	er (circle) Male Female			
· ·		W TH F lated to dates of care:									
		Pai	rent/ G	uardia	an Inf	ormation					
Name	ı					Relation: (Parent, Gr	•				
Date of Birth						Home	Phone				
Home Address				1							
Cell Phone		T			Worl	Phone					
Employer Name	е										
I consent to receive email communication											
		Other	Parent	t/ Gua	rdian	Informat	ion				
Name						Relation: (Parent, Gr					
Date of Birth					Hon	ne Phone					
Home Address											
Cell Phone	-				Worl	c Phone					
Employer Name	9		_								
I consent to receive email communication    Yes   No   If yes, email address											
		Emergency Cor	ntacts -	- Auth	orize	d to Pick	Up My	Child			
Name			Hom	ie Addre	ess						
Cell Number			Wor	k Numb	er				ionship Child		
Name			Hom	ie Addre	ess						
Cell Number			Wor	k Numb	er				ionship Child		

	Additional Contacts -	Authorized to Pic	ck Up My Child
Name		Cell	W/H
Name		umber	Number
Name		Cell	W/H
		umber	Number
Name		Cell umber	W / H Number
Remarks or Concern			
Under no circui			her than the individuals named above
	without prior	r written authorize	ation.
<mark>Signatur</mark>	e of Parent/Guardian Student Hoo	lth History Inform	Date
Health Conditions	check all that apply) - Please do	not leave any secti	ions blank; respond "no" or "NA".
☐ Ear Infections	☐ Heart Defect/Disease	$\square$ Convulsions	s 🗆 Diabetes
$\square$ ADHD Diagnosis	□ Epilepsy	☐ Tonsillitis	☐ Hay Fever
☐ Insect Allergy	☐ Poison Ivy Allergy	□ Seizures	□ Asthma
☐ Migraines	$\square$ Food Allergy (list below		of to your child not listed above, such as
	njuries in past 12 months, activit onic health concerns, hearing or	•	lopmental or intellectual delays or
Allergies (please list all that	apply)		Describe what the allergic reactions are like:  EpiPen Prescribed?   Yes  No
	<del>-  </del>		EpiPen Prescribed?
Medications being dosage	taken &		
In the event that I o			reatment, I authorize Staff to administer first
Name of Student's Doctor / Hospital		Phone N	Number
Address			

	y that the above medical information is correct alth are to occur, I will update the Afterschool st accommodati	aff with the appropriate information and		
Signatur Parent/Gu		Date		
	Suspected Child Ab	use Form		
If any child	comes to the Afterschool Program with "mysterious			
	Department of Children's Services will be notified in	, , , , , , , , , , , , , , , , , , , ,		
ŕ	•	•		
	on, private citizen or professional, in Tennessee who ed is mandated by law to report suspected abuse. Fa			
-	regardless of his or her relationship with the child o erson making a report in good faith is immune from			
	, verify that I had detection and reporting. I understand that if the Athey are responsible for reporting it to the Departm	, , ,		
	Parent/Guardian Signature	Date		
	Photo and Video Re			
marketing, County UT By signing	d video clips taken during the Unicoi Elementary Aft, advertising, and educational materials for Unicoi E Extension, the University of Tennessee, and Yale U below, I give permission to record my child's name, iting in whole or in part to the above-named entities	lementary Afterschool Enrichment Program, Unicoi niversity. image, voice, biographical material, statements,		
Parent/Guardian Name (Printed)Date				
Parent/Gua	uardian Signature			
	Admission Agre	eements		
Initial	Transportation: I give permission for my child to be trafterschool events or field trips. Parent/Guardian will be	•		
Initial	Policies and Procedures: I have received and have read a copy of the Afterschool Program Parent Handbook and understand all policies and procedures therein.			
Initial	Immunization Hearing & Vision Screening: I certify test (if applicable) can be located at the school.	that my child's current immunization records and TB		
Initial	Custody: Afterschool staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information listed on page 1 of this document. NO PERSON UNDER THE AGE 18 MAY PICK UP A CHILD WITHOUT PRIOR NOTICE TO THE DIRECTOR AND MUST BE ADDED TO THE AUTHORIZED PICK-UP LIST			

Initial	Medication Authorization: I understand that if my child requires medication be administered during the hours afterschool that I must complete a separate "Medication Authorization" form.
Initial	Social and Digital Media: I understand that this afterschool program has a Facebook account and website associated with the program in which photos, videos, and posts about the program are regularly updated.
Initial	Behavior Policy: I have read and understand the Afterschool Behavior Policy.
Initial	Program Closures: I understand that the afterschool program will be closed on select holidays, during school closures (inclement weather, early dismissals, etc.), and in-service workdays and care will not be available.
Initial	Contact: If I have any questions or concerns about the program, I may contact the site director at <a href="mailto:uesafterschool@utk.edu">uesafterschool@utk.edu</a> or the Unicoi County Extension Agent.
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uesafterschool@utk.edu or the Unicoi County Extension Agent.					
Parent Agreement Form					
I have reviewed the information contained in this handbook with the child's parent/guardian.					
Site Director Signature Date					
I have rea	d the Parent Handbook and	agree to support the policies of the Af	terschool Program.		
Parent/Gu	<mark>uardian Signature</mark>		Date		
TI VINIDA		TNI	UNICOI COUNTY		
INSTITUT	KTENSION	Department of	UPEXTENSION		
11431110	THE UNIVERSITY OF TENNESSEE	Education	THE UNIVERSITY OF TENNESSEE		



Student ID#		
<b>Immunizations Verified:</b>		
Date	by	