COPS 'N KIDS READING CENTER, INC.

Julia M. Witherspoon – Founder/Executive Director
800 Villa Street Racine, WI 53403
262-632-1606 or 262-994-4072
www.cops-n-kids.org

Student Enrollment Form

Enrollment Date: _____ **Updated:** _____ **Initials:** _____ **Updated:** _____ **Initials:** _____

Updated: _____ **Initials:** _____ **Updated:** _____ **Initials:** _____ **Updated:** _____ **Initials:** _____

Child's Name: _____
(Last) (First) (Middle)

Date of Birth: _____ **Age:** _____

Address: _____
(Street) (Apartment #)

City: _____ **State:** _____ **Zip Code:** _____

1st Parent/Guardian Contact: _____
(Name & Relationship) (Phone #)

_____
(Phone Number Changed/Updated)

2nd Parent/Guardian Contact: _____
(Name & Relationship) (Phone #)

1st Emergency Contact: _____
(Name & Relationship) (Phone #)

2nd Emergency Contact: _____
(Name & Relationship) (Phone #)

Gender: Male Female (Please Circle One)

Ethnicity: Hispanic or Latino (Check if Yes) _____

Federal Race: (Choose One or More)
_____ **American Indian or Alaska Native**
_____ **Asian**
_____ **Black or African American**
_____ **Native Hawaiian or Other Pacific Islander**
_____ **White or Caucasian**

School Attending: _____ **Grade:** _____

Teacher's Name: _____

Does your child have a Library Card? Yes No (Please Circle One)

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Parent / Guardian Information

Child's Name: _____

Mother/Guardian Name: _____ **Phone:** _____

Address: _____
(Street) (Apartment #)

City: _____ **State:** _____ **Zip Code:** _____

Place of Employment: _____ **Phone:** _____

Father/Guardian Name: _____ **Phone:** _____

Address: _____
(Street) (Apartment #)

City: _____ **State:** _____ **Zip Code:** _____

Place of Employment: _____ **Phone:** _____

Grandparents Name: _____ **Phone:** _____

Address: _____
(Street) (Apartment #)

City: _____ **State:** _____ **Zip Code:** _____

Child lives with: ____ Both Parents ____ Mother ____ Father _____ Guardian _____ Grandparents

Income level: Please Circle One:

(Below $10,000) ($10,000-$15,000) ($15,000-$20,000) (Above $20,000)

Parent / Guardian Information – Cont.

THE FOLLOWING PERSONS (OTHER THAN PARENTS WITH CUSTODY) ARE AUTHORIZED TO TAKE MY CHILD FROM THE COPS 'N KIDS READING CENTER, UPON CONDITION THAT THE CENTER IS FIRST NOTIFIED IN WRITING OR BY PHONE:

Name: _____ **Phone:** _____

Address: _____ **Relationship:** _____

Name: _____ **Phone:** _____

Address: _____ **Relationship:** _____

IF YOU DO NOT WANT YOUR CHILD TO SEE OR LEAVE THE COPS 'N KIDS READING CENTER, WITH A PARTICULAR PERSON, PLEASE NAME:

Name: _____ **Phone:** _____

Address: _____ **Relationship:** _____

Name: _____ **Phone:** _____

Address: _____ **Relationship:** _____

IF THIS PERSON IS A NON-CUSTODIAL PARENT, PLEASE SUBMIT A COPY OF THE COURT ORDER LISTING CONDITIONS FOR VISITATION RIGHTS. THANK YOU.

EVERY FAMILY IS RESPONSIBLE FOR HAVING AN UNDERSTANDING AS TO WHERE THEIR CHILD SHOULD GO IN THE EVENT OF EARLY DISMISSAL DUE TO BAD WEATHER OR OTHER EMERGENCY CLOSINGS.

REMEMBER: WE FOLLOW R.U.S.D. - - - IF THEY ARE CLOSED, WE ARE CLOSED.

YOU ARE RESPONSIBLE FOR UPDATING THIS INFORMATION AS CIRCUMSTANCES AND PHONE NUMBERS CHANGE. CALL THE COPS 'N KIDS READING CENTER AT 262-632-1606 IF YOU HAVE ANY QUESTIONS.

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Medical Emergency Information

Child's Name: _____ **Date of Birth:** _____

Parent's/Guardian Name: _____ **Phone:** _____

Address: _____
(Street) (Apt #) (City) (State)

Place of Employment: _____ **Phone:** _____

IN CASE OF EMERGENCY, PLEASE CALL THIS PARENT FIRST:

Parent's/Guardian Name: _____ **Phone:** _____

IN CASE OF EMERGENCY, PLEASE CALL THIS PARENT SECOND:

Parent's/Guardian Name: _____ **Phone:** _____

WHEN PARENTS CANNOT BE REACHED, CALL THIS PERSON:

Name: _____ **Phone:** _____

Relationship to child: _____
(Example: Grandparent, Aunt or Uncle, Neighbor, etc.)

My Child has the following conditions: _____ Hearing Problems _____ Vision Problems _____ Diabetes
_____ Asthma _____ Seizures _____ Physical Handicap _____ Allergies _____ Latex Allergy

List Allergies: _____

List any other Physical Handicap or Physical/Medical problems not listed above: _____

_____

Child's Doctor: _____ **Phone:** _____

- **I hereby authorize the Cops 'N Kids Reading Center personnel to call 911 if an emergency exists and I cannot be reached immediately.**
- **Child will be transported to the nearest Emergency Department.**
- **I also authorize emergency first aid treatment.**
- **I understand that I am responsible for carrying insurance and all emergency medical treatment or expenses.**

Signature of Parent/Guardian: _____ **Date:** _____ 4

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Signed Permission Forms

MEDIA RELEASE:

I consent that my child may be photographed (by still or video camera) or interviewed in different educational and fun activities for the promotion of the Cops 'N Kids Reading Center - authorized media or video production representatives such as "social media" (such as Facebook, Twitter, Instagram, CNK website, etc.) the Journal Times newspaper, the Milwaukee Journal Sentinel, News Reports, Television Shows, etc. I understand that advertisement is for the benefit of my child through grants and garnering funds, etc. for the Reading Center. I further give permission to the Cops 'N Kids Reading Center – authorized representatives to use my child's name, age, voice, and/or likeness without compensation in any and all promotional materials including broadcast productions, "social media" (such as Facebook, Twitter, Instagram ,CNK website, etc.) or in print or electronic materials that benefit the Cops 'N Kids Reading Center, Inc. I understand that my child will not be engaged in any photograph or videotape or audiotape that will cause my child harm or that might be considered offensive. I also understand that CNK has no control over "others" posting pictures to social media.

- **_____ Yes, I give this permission to the Cops 'N Kids Reading Center, Inc.**
- **_____ No, I do not give this permission to the Cops 'N Kids Reading Center, Inc.**

Child's Name: _____

Signature of Parent/Guardian: _____ Date: _____

FIELD TRIPS:

I consent that my child be allowed to go on walks or take Field Trips with the staff and authorized volunteers at the Cops 'N Kids Reading Center. Trips by bus, van, car or foot are permitted if they are a vital part of the Cops 'N Kids Reading Center's educational process. Trips such as the Racine Public Library, the Barnes & Noble Bookstore, the Eco Justice Center, Milaeger's Garden Center, the CNK Community Garden/s, etc. are fine when I am given prior notification, and with the understanding that all possible precautions are taken to insure the health and safety of my child.

I am in agreement with the Cops 'N Kids Reading Center, Inc. taking my child on spur of the moment outings as well. I understand that sometimes last minute educational situations will arise, and I will not be available to be notified of the trip. This is fine with me as long as the above health and safety factors remain in place.

Child's Name: _____

Signature of Parent/Guardian: _____ Date: _____

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Classroom Rules & Commitment to Excellence Agreement

Student Commitment: As a member of Cops 'N Kids Reading Center I agree to these rules.

- **NO GOSSIPING – Kids making fun of others, teasing, laughing or talking about anyone for any reason is never allowed.**
- **NO BULLYING – Verbally or physically threatening to harm someone or make them feel uncomfortable or unsafe for any reason at any time is never allowed.**
- **NO HORSEPLAY – Physical horse play is never allowed. (Hitting, pushing, tripping, biting, etc.)**
- **USE MANNERS – Be polite and use your manners at all times to everyone.**
- **BE RESPECTFUL – Respect yourself and everyone else. Do unto others as you would have them do unto you.**
- **BE HELPFUL – Be kind and helpful to everyone.**
- **NO CELL PHONES – Cell phones are to remain in backpacks or will be confiscated. No toys, electronics, candy or gum is allowed in class.**

Parent/Guardian Commitment: I fully commit to my child's education in the following ways:

- **I understand that my child is enrolled in CNK program so he/she has opportunities to improve academically.**
- **I will ensure that my child arrives at Cops 'N Kids regularly and is picked up on time.**
- **I agree to call CNK if my child will be absent from class.**
- **I understand that my child must behave respectfully and responsibly to protect the safety, interest, and rights of others at CNK.**
- **I will model appropriate behavior while at Cops 'N Kids. I will demonstrate the Cops 'N Kids Classroom rules by being respectful, being responsible, being a learner and be safe.**
- **I will make sure that my child does not bring toys, electronics, candy or gum to class.**
- **Communicate regularly with my child's teacher regarding child's academic and behavioral progress.**

We reserve the right to terminate the relationship between Cops 'N Kids if the rules are not followed.

Student Signature **Date**

Parent/Guardian Signature **Date**