

# 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](http://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: \_\_\_\_\_

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

1<sup>st</sup> Parent/Guardian Contact: \_\_\_\_\_  
(Name & Relationship) (Phone #)

\_\_\_\_\_  
(Phone Number Changed/Updated)

2<sup>nd</sup> Parent/Guardian Contact: \_\_\_\_\_  
(Name & Relationship) (Phone #)

1<sup>st</sup> Emergency Contact: \_\_\_\_\_  
(Name & Relationship) (Phone #)

2<sup>nd</sup> 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.**

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Student Signature

Date

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Parent/Guardian Signature

Date

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## **Hold Harmless Agreement**

**Student Name:** \_\_\_\_\_

**Student Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent or Legal Guardian Name(s) (Printed):** \_\_\_\_\_

**As the parent(s) or legal guardian(s) of the student named above I (or we) understand and agree that:  
(Please initial)**

\_\_\_\_\_ the extracurricular learning activities offered by Cops 'N Kids Reading Center ("CNK") are provided without charge; that CNK does not profit from provision of these activities; that the activities are undertaken by the student with my (our) knowledge and awareness of the risks of the student contracting or transmitting the Novel Corona Virus ("COVID-19") while at CNK facilities;

\_\_\_\_\_ the learning activities offered by CNK will be provided to the student on an in-person basis during the 2020-2021 Academic year if the student is able to provide current medical documentation demonstrating the student does not have (or display symptoms of) COVID-19 or if the student is able to demonstrate to the satisfaction of CNK Staff that they do not demonstrate symptoms of COVID-19, daily BEFORE ENTERING CNK FACILITIES;

\_\_\_\_\_ I (or we) will hold CNK (and its employees, agents, donors, and similar stakeholders) harmless and without liability in the event that the student contracts or transmits COVID-19 during a period of time while the student attends in-person activities at CNK Facilities;

\_\_\_\_\_ I (or we) will not file or seek any claims for damages against CNK (or its related parties) that may arise in the event that the student contracts or transmits COVID-19 during a period of time while the student attends in-person activities at CNK Facilities;

\_\_\_\_\_ I (or we) will seek mutually-agreeable arbitration before seeking any other remedy in law, insurance, or in equity, to pay any and all arbitration, legal and similar costs related to any claim for damages against CNK, regardless of the outcome of such claim(s), and;

\_\_\_\_\_ I (or we) will limit any claims for damages to the amounts spent to obtain services from CNK.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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***"If you see a child without a book, PLEASE, give him one of yours!"***