

Kirkman Farm Ministries

5255 Highway 55 West * Cove City, NC 28523

2023-2024 AFTER SCHOOL REGISTRATION PACKET

For More Information, contact Leela Baggett @ 252-229-8967

ABOUT US

Kirkman Farm Ministries is excited that you have chosen to be a part of our After School Program. Our mission is to help train up a child in the way he should go and when he is old he will not depart from it. (Proverbs 22:6). AFTER SCHOOL is a ministry designed to reach our community and provide students and families with homework assistance, academic enhancement/tutoring, physical activity and personal care, all with a Christian, faith-based emphasis through the use of animals and agriculture.

HOURS OF OPERATION

Our hours of operation are based on the Craven County Schools TRADITIONAL calendar (August 28, 2023 – June 7, 2024). AFTER SCHOOL is available from school dismissal until 6:00 pm. After School closes promptly at 6:00 pm. If your child is here after 6:00 pm, you may be charged \$1.00 per minute. We will operate on the days in which students are in school.

TUITION

The tuition rates are: \$26 per child (1-2 days per week) and \$65 per week per child (3-5 days). The tuition rate is the same amount regardless of attendance or hours. Checks should be made payable to KIRKMAN FARM MINISTRIES. Payment is due on the MONDAY of each week your child will be attending. Nonattendance does not entitle a refund.

ROUTINE TRANSPORTATION

AFTER SCHOOL students will have transportation provided by Kirkman Farm Ministries.

REGISTRATION/CONTACT INFORMATION 2023-2024

Name of Child(First, Middle, Last): _____

Grade _____ Age _____ Date of Birth _____

Is child allergic to anything, including food allergies? ____Yes ____ No

If yes, please explain _____

Booster seat needed _____ Car seat needed _____

Parent Email Address: _____

Child's Address _____

(Street)

(City)

(State)

(Zip)

Please check the which days of the week your child will be attending After-School

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

1-2 days/week \$26.00 per child total

3 or more days/week \$65.00 per child total

Mother's Name/Guardian: _____

Cell # _____ Home # _____ Work # _____

Address _____

(Street)

(City)

(State)

(Zip)

Place of Employment: _____

Father's Name/Guardian: _____

Cell # _____ Home # _____ Work # _____

Address: _____

(Street)

(City)

(State)

(Zip)

Place of Employment: _____

Emergency Contact: _____ Relationship to Child _____

Cell # _____ Home # _____ Work # _____

Address _____

(Street)

(City)

(State)

(Zip)

Authorized Pick-up:

Other than the parents listed in the contact info, the following are allowed to pick up my child:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Parent Signature: _____

Date: _____

Authorization & Release

Consent to Use Photos:

I **DO** give my consent for the minor child's name/photo/picture/video to be used in farm picture boards/brochures/websites/Facebook/social media or any materials published regarding activities sponsored by or participated in by Kirkman Farm Ministries.

In Case of an Emergency:

If an emergency arises, I hereby give permission to Kirkman Farm Ministries to secure emergency medical, dental/or emergency surgical treatment and to provide emergency transportation for my child. Non-emergency medical treatment or elective surgery is not included in this authorization.

Travel:

I am agreeing to waive, release, and hold harmless Kirkman Farm Ministries, its members, volunteers, agents, and employees from any and all claims and liability arising out of your child's participation in the program whether on or off the farm and transportation there to and from the destination.

Medication:

I **DO** give Kirkman Farm Ministries permission to administer medication during hours of operation. A licensed physician has prescribed this medication and KFM has a record of the medical condition, medicine to be administered, and the dosage. It is not KFM's policy to administer medicines-unless it is necessary to prevent illness such as allergic reaction or asthma. I hereby release Kirkman Farm Ministries and its employees/volunteers from any and all liability that may result from my child taking the medication.

Guidelines:

I understand that Kirkman Farm Ministries assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition from his/her participation in after school activities. In consideration of the privilege of participating in activities, I hereby voluntarily release and discharge Kirkman Farm Ministries, its agents, contract services, and employees from any and all claims for injury, illness, death, loss, or damage which my child may suffer as a result of his/her participation in activities during the school year.

Participants are responsible for his/her own accident insurance when participating in activities offered at Kirkman Farm Ministries.

I understand there are inherent risks associated with horses, animals in general, riding the train, hayrides and while using the playground equipment. I agree to assume all risk on behalf of my child.

Parent Signature

Student Name

Date_____

After School Code of Conduct

Student Name: _____

In order to establish the safest and best possible learning environment, students are asked to follow these behavioral guidelines during each week participating in Kirkman Farm Ministries

- Students will be respectful of everyone in the AFTER SCHOOL community, including one another, staff, and property.
- Students will respect AFTER SCHOOL facilities and equipment and not take or destroy AFTER SCHOOL property. Parent is responsible for replacement of any AFTER SCHOOL property that is damaged.
- Students have the responsibility to follow directions and guidance provided by AFTER SCHOOL staff.
- I acknowledge that Kirkman Farm Ministries will not be responsible for loss or damage to personal property.
- Students will not engage in any activity, which may put themselves, other students, staff or animals at risk.
- Students must act and behave in a way which does not endanger, intimidate or interfere with the participation of others or harm to any animals.

If the student fails to abide by these behavioral expectations, the following steps will be followed:

- The student will receive a verbal warning from AFTER SCHOOL staff for breaking rules.
- After warning, if behavior or actions still persists, the student will not participate in that given activity.
- If behavior persists, parent will be notified at this point and asked to assist in helping their student make more positive choices.
- If behavior or actions do not improve, parents will be notified that their child is being sent home. **Students asked to leave AFTER SCHOOL early for behavioral reasons will not receive a refund for the day. Kirkman Farm Ministries reserves the right to send home any student if it is decided that it is in the best interest of the program and students.**

The following forms of behavior are considered a violation of this document and are unacceptable. These behaviors will not be tolerated and could result in the immediate dismissal of the participant.

- Aggressive behavior of any kind including hitting, kicking, biting or pushing another student or staff member.
- Failure to follow staff instructions thereby resulting in situations that put themselves, other students or staff in physical danger.
- Leaving AFTER SCHOOL property or assigned program area without the permission of the staff member supervising the area or activity.
- Verbal abuse of or toward other students or staff, which includes swearing, teasing or bullying.
- Behavior that is constantly interfering with the quality of the program other participants are receiving.

Agreement

I have read and agree to adhere to the above Rules and Code of Conduct of KIRKMAN FARM MINISTRIES AFTERSCHOOL. My child and I fully understand the Rules and Code of Conduct as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Transportation Form
KIRKMAN FARM MINISTRIES
5255 Highway 55 West
Cove City, NC 28523
252-229-8967

To Whom It May Concern:

My child, _____ is participating in the AFTER SCHOOL program at Kirkman Farm Ministries for the 2023-2024 school year. He/she has my permission to be picked up each day by Kirkman Farm Ministries.

If you have any questions, please feel free to contact me.

Thank you.

Parent Name - Please Print

Parent Signature

Phone Number

Date

Teacher Contact Form
KIRKMAN FARM MINISTRIES
5255 Highway 55 West
Cove City, NC 28523
252-229-8967

To Whom It May Concern:

My child, _____ is participating in the AFTER SCHOOL program at Kirkman Farm Ministries for the 2023-2024 school year. I give my permission for you as my child’s teacher to discuss with Kirkman Farm Ministries my child’s academic progress/needs for academic success.

If you have any questions, please feel free to contact me.

Thank you.

Parent Name - Please Print

Parent Signature

Phone Number

Date