

**GULF MIDDLE SCHOOL BEFORE AND AFTER CARE PROGRAM**

**BEHAVIOR CONTRACT**

I, \_\_\_\_\_ will follow the GMS Before and After Care Program rules.

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

\_\_\_\_\_ date: \_\_\_\_\_

Student Signature

\_\_\_\_\_ date: \_\_\_\_\_

Parent/Guardian Signature

- I agree to have sufficient funds in my student's account prior to utilizing the program.

\_\_\_\_\_ date: \_\_\_\_\_

Parent/Guardian Signature

GMS Before and After Care Program reserves the right to dismiss any student from the program at any time because of behavior issues. Please take the time to review this form with your student. Please sign this form and return it with your registration payment. (\$25.00 for 1 student and \$40.00 for 2 or more students)

Release: I accept responsibility for notifying the school of any changes of home, business addresses, telephone numbers, and email addresses. In the event of serious illness or accident, if I cannot be immediately contacted, I give permission to have my student moved by ambulance or other transport 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 student 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 session of the registration card be contacted to care for my student until I can be reached. I also hereby release GMS Before and 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 and After Care Program.

\_\_\_\_\_ date: \_\_\_\_\_

Parent/Guardian Signature

Registration Fee Paid \_\_\_\_\_

**GULF MIDDLE SCHOOL BEFORE AND AFTER CARE PROGRAM**

**2023-2024 ANNUAL REGISTRATION FORM**

Student(s) Name: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Student lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

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

Person(s) other than the parent/guardian who are authorized to pick up your student from the program:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***My signature below indicated that I have read and understand the policies and procedures for the GMS Before and After Care Program. I understand and agree that not complying with these policies and procedures 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):

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*If my student should become ill or injured under the supervision of the GMS Before and 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 student. I will accept responsibility for payment of medical services rendered.*

Student's name(s) \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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