



**West Blocton Elementary**  
**CUBS Extended Day Program**  
School Year 2020-2021

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_  
School Attending \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
Lunch Status (please circle one): Free    Reduced    Paid  
Home Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Mother's Email \_\_\_\_\_  
Mother's Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Father's Email \_\_\_\_\_  
Father's Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Best way to contact parents/guardians is? \_\_\_\_\_

**MEDICAL INFORMATION**

Name and phone numbers of emergency persons to call if those listed above cannot be reached.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Provider \_\_\_\_\_  
Permission to Seek Medical Treatment if unable to reach Parents  
\_\_\_\_yes \_\_\_\_no Parent Signature \_\_\_\_\_  
Pertinent Medical Information (allergies, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons with Permission to Pick Up Child Other Than Parents**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Any custody concerns that CUBS needs to be aware of (please provide paperwork):

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# **WBECLC CUBS - PARENT COMPACT**

**2020-2021**

## **West Blocton Extended Day Program Responsibilities:**

### **CUBS Will:**

1. Provide a safe and engaging environment for all students.
2. Provide a snack through the CNP program.
3. Provide high quality curriculum and instruction.
4. Provide opportunities to volunteer and participate in the CUBS program.
5. Ensure regular two-way, meaningful conversation between family and CUBS staff.

## **Parent/Guardian Responsibilities:**

### **Parents/Guardians Will:**

1. Support the CUBS program in its efforts to maintain proper discipline of students.
2. Support the CUBS program in its efforts to educate and remediate students.
3. Participate in making educational decisions for your child in the CUBS program.
4. Participate in the parent participation program, by serving as you see fit.
5. Read, understand, and sign all policies/guidelines in the parent handbook, enrollment, and compact.

## **Student Responsibilities:**

### **Student Will:**

1. Be responsible for their own behavior.
2. Come to CUBS each day prepared and ready to learn.
3. Pay attention and do all assignments to the best of my ability.
4. Complete classwork and homework assignments on time.
5. Be respectful to all teachers, staff, and administration.

**I have read and fully understand the policies and procedures of the West Blocton Elementary CUBS Extended Day Program.**

**Program Director Signature: \_\_\_\_\_**

**Parent/Student Signature: \_\_\_\_\_**