

Afterschool Programs at Vance Middle School

Vance Middle School offers several after-school activities/clubs available to students through a federal LEAP grant. LEAP is the acronym for Lottery for Education: Afterschool Programs. In order to sustain funding, students are strongly encouraged to attend at least 30 days throughout the school year.

LEAP is available to all students Monday-Friday, 3:00-5:30 PM. On days your student is a remote learner, he/she may check-in to LEAP by reporting to the VMS cafeteria, Door #5, between 2:45-3:00 PM to have their temperature taken or students may select to participate in LEAP virtually via Microsoft Teams. To access the Microsoft Teams link, students should open the "VMS Viking Pride" course located in Canvas, then select the Microsoft Teams Link under VMS LEAP. Transportation will not be provided to and from VMS for remote learners participating in LEAP. For students attending in person, pick-up will be at 5:30 PM. Upon your arrival to VMS to pick-up your child, please call **(423) 534-4211** and your child will be escorted out.

Listed below are most of the activities/clubs that will be offered this school year. **Some of these will begin at the beginning of the school year and others will begin at different times throughout the school year. Starting dates and further information for those activities/clubs will be given at a later date.**

LEAP – Mon-Fri – 2:45-5:30 (Begins Tuesday – Sept. 8)	Tutoring – 2:45-3:50
<p>LEAP will be meeting each day depending on your last name. Students receive tutoring, computer time, recreation, and hands-on activities, as well as opportunity to participate in other after-school activities/clubs.</p>	<p>Monday – Math/Social Studies Tuesday – Language Arts/Science Wednesday – Any subject Thursday – Math/Social Studies Friday – Language Arts/Science</p>
Career and Technology Education (CTE) Club	Board Games
<p>We will be joining teachers and students from TN High to learn about career skills in Health Science, Welding, Technology, Cosmetology, Criminal Justice, Culinary Arts, Digital Arts, Construction, and other areas. There are currently 24 Programs of Study in CTE at TN High.</p>	<p>Like playing board games? Come to our club and join in on some fun with all kinds of games. We may even have you bring your favorite game from home to share with us.</p>
Robotics	Virtual Book Club
<p>Technology Student Association is a national organization of students engaged in science, technology, engineering and mathematics (STEM). Through competitions with other schools, students are challenged to use and improve their STEM skills in both team and individual events such as communication, design and engineering, environmental systems, transportation, and manufacturing/construction.</p>	<p>Whether you are already passionate about reading or you would like to start reading more, the Virtual Book Club is for you. This club will be meeting virtually (online) to discuss the current book selection. Do you love the main character . . . or hate him? Why would the author end the book that way? Join us and weigh in on some of today's most popular novels.</p>
Art Club	<i>Other clubs/activities may be added throughout the year.</i> <i>If you have suggestions, please let us know!</i>
<p>Do you like to be creative? Join the Art Club and learn how to express your individuality through creations of artwork and be ready to have tons of fun!</p>	

Students will report to the cafeteria each day they stay for LEAP or the day of their club/activity. In case of an emergency or if you need to contact us during the afternoon, call this number: **423-534-4211**. This number will also need to be called for pick-up. Please be on time when picking up your child at the **front office entrance**.

*Please keep the front sheet and complete the following form (front and back). Return to Vance office or to Mrs. Canter (PE Teacher).

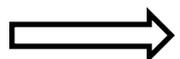
Child(ren) To Be Enrolled:			
<u>Last Name, First Name</u>	<u>Grade</u>	<u>1st period Teacher</u>	<u>Date of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Parent Information:			
Name of Mother: _____	Home: _____	Cell Phone: _____	_____
Address: _____	_____	Zip Code: _____	_____
Employer: _____	_____	Work Phone: _____	_____
Name of Father: _____	Home: _____	Cell Phone: _____	_____
Address: _____	_____	Zip Code: _____	_____
Employer: _____	_____	Work Phone: _____	_____

For Child's Safety, List All Persons to Whom Child May Be Released:			
<small>(Do not leave blank)</small>			
Name	Phone #	Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

List All Person To Whom Child MAY NOT Be Released:	
<small>(Parent must provide legal documentation to support this request.)</small>	
First Name, Last Name	First Name, Last Name
_____	_____
_____	_____

Emergency Information			
Name of person other than parent authorized to act for the parent in an emergency: DO NOT LEAVE BLANK			
Name: _____	Home: _____	Cell Phone: _____	_____
Address: _____	_____	Zip Code: _____	_____
Employer: _____	_____	Work Phone: _____	_____
Employer Address: _____	_____	Zip Code: _____	_____
Name of Child's Physician: _____	_____	Phone Number: _____	_____
Physician's Address: _____	_____	Zip Code: _____	_____
Child's Health is:	Excellent: _____	Good: _____	Fair: _____ Poor: _____



Please describe any medical conditions including allergies: _____

Medication

Please list all prescription medication that your child takes on a daily basis. Please refer to the Parent Manual for details on dispensing.

Name of Medication	Daily Dosage	Reason Prescribed

In the event of an emergency, I hereby give permission of the program staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission for emergency personnel selected by the program staff to order x-rays, routine tests and treatment for health of my child. I also give permission to emergency personnel selected by the program staff to hospitalize, secure proper treatment for, and to order an injection and/or surgery of my child.

Signature of Parent/Legal Guardian

Date

After School Program: Permissions and Statement of Understanding

Please read and initial:

- _____ 1. My child has permission to participate in all after school activities, including field trips and transportation services. I will be notified of all field trips through after school communication.

- _____ 2. I grant permission for my child to be used in media releases that benefit the after school program.

- _____ 3. I understand the after school program provides liability insurance to all its' programs. It is my responsibility to provide accident insurance on my child(ren) participating in the program.

- _____ 4. In the event of an emergency, I hereby give permission to after school program staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission to emergency personnel selected by after school program staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by after school program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child.

- _____ 5. I understand that all children enrolled in the program are expected to follow the rules established by the after school program for the purpose of safety and smooth operation of the program. If a discipline problem occurs, the Site Coordinator will contact me. The discipline procedures that will be followed are:
 - 1. Verbal warning by child's staff person.
 - 2. Five minutes from group.
 - 3. Site Coordinator notified and a meeting held between child and Site Coordinator.
 - 4. Parents notified.Suspension from the program for one to five days can occur if inappropriate behavior is used.

- _____ 6. I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.

- _____ 7. I have reviewed the Tennessee Department of Education Summary of Child Care Approval Requirements that is available online at www.btcs.org

The completion of the child information form enrolls my child into the afterschool activities/clubs at Vance Middle School. It is my responsibility to update the information contained in this form as needed. **I have received and read the after school program parent manual and agree to abide by all requirements.**

Signature of Parent/Guardian: _____

Child's Name _____ Date: _____