

Parent/Student Handbook

Can be found on the school website under student information, afterschool, LEAPs Handbook

I _____ have read the LEAPs Parent/Student Handbook.

Parent Name

I have a clear understanding of what is expected of my child and of me while he/she attends the LEAPs Program. I agree to explain the orientation packet to my child so that he/she will understand what is expected of them.

I _____ have read the LEAPs Parent/Student Handbook and/or

Student Name

I have had the information in this booklet explained to me by my parent/guardian. I have a clear understanding of what is expected of me while I attend the LEAPs program.

Parent/Guardian Signature

Date

Student Signature

Date

* I have been shown/offered the DOE Child Care Rules and Guidelines _____

Parent Signature/Date

Child Abuse Reporting

Call the Child Abuse Hotline if you suspect a child is being abused or neglected.



Report Suspected Child Abuse & Neglect
877-237-0004
Call 911 if there is a life-threatening emergency

Call the Child Abuse Hotline to report child abuse or neglect in the State of Tennessee.

1-877-237-0004

Call 911 if there is a life-threatening emergency

Reports also can be made online on our secure site in a non-emergency situation

<https://apps.tn.gov/carat/>

- Our trained case managers will guide Hotline callers through a series of questions.
 - Callers do not have to know all the details of the abuse or neglect.
- The Hotline case managers use the information you provide to determine the severity of the situation and how best to intervene.
 - Learn More: Visit the DCS website at tn.gov/dcs to learn more about keeping children safe

Springdale Elementary LEAPs Program Application 2023-2024

Student Name: _____ Grade _____

Parent/Guardian Name: _____ Relationship _____

Mailing Address _____

Home Phone: _____ Mobile/Cell Phone: _____

Place of Employment: _____ Work Phone: _____

→In case of an **Emergency**, please list 2 other ADULTS, other than primary Parent/Guardian

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Place of Employment _____ Work Phone _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Place of Employment _____ Work Phone _____

_____ I wish to enroll my child in the Springdale Elementary After-School Program. **Mon.-Thurs. 3:00-5:30 pm**
(STARTING TUESDAY, SEPTEMBER 5, 2023)

_____ I wish to enroll my child in the Springdale Elementary Morning School Program. **Mon.- Fri. 6:00-7:00 am**
(STARTING MONDAY, AUGUST 28, 2023)

By signing this form, I acknowledge that this program is offered before and after school hours and regular school guidelines and rules apply.

Parent Signature: _____

Does the student have any known allergies? Yes or No

If so, please describe:

Transportation Plan:

Person responsible for picking up student _____

Contact number: _____ Alternate Number: _____

Emergency Consent to Treat

In case of an emergency, I/we give permission for authorized personnel to have my child transported to the hospital by EMS if the parent/guardian cannot be reached. In such cases:

Physician's Name: _____ Phone # _____

Medical Insurance: _____ YES _____ No

Current Medications: _____

Parent Signature: _____