



Hope Community Center
341 11th Street NW
Charlottesville, VA 22903
434-872-0200

2009 - 2010 Afterschool
Registration Ages 5-12

Full Name: _____

Address: _____

BirthDate: _____ GradeCompleted: _____

Does Your Child Have Any Allergies? Yes/No if Yes, please explain:

How will your child be getting home from the Center?

Walk/Picked up

Is your child to leave the Center without your knowledge?

Yes/No

Please List Three People Who can pick up your Child
(ID Must be Presented)

1) _____

2) _____

3) _____

Father's Name _____ Phone Number _____

Mother's Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Hospital Preference _____ Doctor's Name _____

Any Medications taken on a Regular Basis: _____



Hope Community Center
341 11th Street NW
Charlottesville, VA 22903
434-872-0200

To the attention of Venable Elementary School:

I, _____ as the parent/guardian of
_____ hereby authorize the Executive Members
of Hope Community Center to pick up the child named above to
attend the After School program, the remainder of the 2009-2010
school year.

Sharon J. Seeley, Director Hope 4 Kids

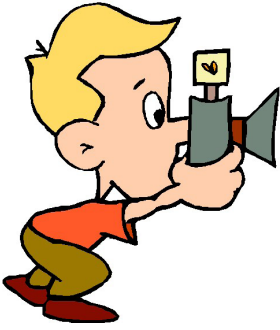
It is understood, HOPE will close any time the City Schools close;
therefore my child should revert to normal pick-up arrangements.
Bus/Pick-up.

I agree to promptly arrive at Hope Community Center by 5:20pm.

1st offense my child will be suspended from the center for 2
days.

2nd offense, my child will no longer be eligible to be picked up
by the Hope Community Center staff to attend the after school
program.

I understand and agree to the guidelines above.



Hope Community Center
341 11th Street NW
Charlottesville, VA 22903
434-872-0200

I hereby give Hope Community Center and the Hope Foundation permission to use photographs of my child, _____
_____ in promotional materials to be used for the Foundation and Community Center

Sign _____ Date _____

Printed Name _____



Hope Community Center
341 11th Street NW
Charlottesville, VA 22903
434-872-0200

2009 - 2010 Afterschool
Registration Ages 5-12

Library Trips:

I _____ as the Parent/Guardian of
_____ hereby authorize the Executive Members
of Hope Community Center to transport my child to the Gordon
Avenue Library during the 2009-2010 After School Program. I do
understand the trips can either be made by van or walking.

Sign _____ Date _____

Sharon J. Seeley, Director Hope 4 Kids

Out to Lunch

To the attention of Venable Elementary School:

I _____ as the Parent/Guardian of
_____ hereby authorize the Executive Members
of Hope Community Center to visit with my child during lunch,
the remainder of the 2009-2010 school year.

Sharon J. Seeley, Director Hope 4 Kids



Hope Community Center
341 11th Street NW
Charlottesville, VA 22903
434-872-0200

2009 - 2010 Afterschool
Registration Ages 5-12

Hope Community Center Rules:

1. No cursing, profane language, negative remarks, name calling.
2. Hands must be kept to yourself. (no fighting, wrestling, horseplay, or hitting)
3. Balls are to be kept in the gym or outside.
4. The lights in the gym are to remain on at all times and doors unlocked.
5. No food or drinks in the gym.
6. Children are not permitted in the Storage Room or Kitchen.
7. The Hope Foundation, Hope Community Center and its employees, volunteers and workers are not liable for the destruction of any personal property that is brought to or left at Hope.
8. Please do not bring personal items to the Center. (Toys, MP3 players, etc.) Items will be retrieved and returned at the end of the day.
9. Cell phones are to be used to contact parents or guardians only and should not be used as toys.
10. Disrespect for employees, staff and volunteers will at no time be tolerated.
11. Disrespect for peers and those frequenting Hope Community Center will not be tolerated.
12. Lying, cheating, and stealing are not acceptable at any time.
13. Rest rooms are for personal use only. (no playing, hiding, or hanging out)
14. The parking lot is not a play area. Children are not to be in the lot at any time.
15. If it's not yours, don't touch it.

Offence Policy

First Offense will result in the warning.

Second Offense will result in suspension for ONE day.

Third Offense will result in suspension for ONE week and a letter signed by parents/guardians.

Fourth Offense will result in suspension for THREE calendar months.

I have reviewed the rules with my child. My child and I both understand and agree to follow the rules.

Parent _____ Date _____

Child _____ Date _____