

# AFTER SCHOOL 2025-2026 APPLICATION



Start Date: \_\_\_\_\_  
W/D Date: \_\_\_\_\_  
Status Change: \_\_\_\_\_  
Group: \_\_\_\_\_

## Pitt County Schools After School Enrichment Program

### Check School:

- ☐ CHICOD ☐ CREEKSIDE ☐ EASTERN ☐ ELMHURST  
☐ H.B. SUGG ☐ LAKEFOREST ☐ RIDGEWOOD ☐ W.H. ROBINSON  
☐ WINTERGREEN PRIMARY ☐ WINTERGREEN INTERMEDIATE

August fees due at registration

School Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_ M / F

Grade 2025-2026 \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2nd Cell: \_\_\_\_\_

Street/P.O. Box

City

Zip

### Registration Fees

\$ \_\_\_\_\_ Amount Paid ~ How Paid:: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

### STATUS

☐ Full-Time Only

## AFTER SCHOOL ENRICHMENT PROGRAM

Parent's Initials

I have read & fully understand the Parent Guide, payment fees & rules & regulations of the program. I have read & understand the Discipline Policy/NC Summary of Child Care Laws.

### THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD IF I AM UNABLE TO:

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

Name: \_\_\_\_\_ Relationship: + \_\_\_\_\_ Phone: \_\_\_\_\_

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

I understand that I must send a note in advance when someone other than those listed above will be picking up my child.

Any changes made to the application must be done by the legal guardian and/or parent at the main office located at 4561 County Home Rd. Must have updated court papers for any custody, protection orders and/or visitation cases.

Only original applications. Enrollment is first-come, first-serve. A **\$25.00 nonrefundable application fee plus any other applicable fees** must accompany all applications. Make check payable to **PCS** and return to Pitt County Schools After School, 600 W Arlington Blvd., Greenville, NC 27834. For more information, call 252-321-3643.

### EMERGENCY INFORMATION - MUST COMPLETE

Mother: Place of Work \_\_\_\_\_ Phone: \_\_\_\_\_

Father: Place of Work \_\_\_\_\_ Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Can be someone from the pick-up list

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ (Please change if other than Vidant)

List medications to be administered during After School \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

(If this information changes please update form with your teacher)

**Referring to activities listed in Parent Guide, is there information we should know regarding your child's participation?**

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain \_\_\_\_\_

### PITT COUNTY SCHOOLS AFTER SCHOOL PARENT CONSENT FORM

I hereby give consent for my child to participate in Pitt County Schools After School Enrichment Program. The information provided on this application is correct and complete. While I realize that all precautions will be taken to guard my child from injury, I will not hold Pitt County Board of Education, PCS After School Program or program staff responsible for accidents that may occur. I agree that the operator may authorize the physician of his/her choice to provide emergency care.

Occasionally, we may take photographs of the children in our program. We may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website. I hereby

\_\_\_\_ GIVE \_\_\_\_ DO NOT GIVE my consent for my child to be photographed for the reasons stated above.

Parent/Guardian Signature

Date