

**Elizabethtown Independent Schools
Panther Place Afterschool Program
Valley View Education Center
701 Hawkins Drive
Phone: 769-2359 Fax: 769-3860**

The Elizabethtown Independent Schools' Panther Place Afterschool program is designed to assist families as they struggle to meet the demands of today's life. Panther Place is a safe and fun place for students to spend their after school hours. Each afternoon students receive a nutritious snack, homework assistance and tutoring. There are also many opportunities to participate in various activities including arts, dance, sports, games, archery, technology projects, drama, music and much, much more.

Students are referred for afterschool services by parents, teachers, counselors, or principals. **Priority will be given students who live in the Valley View region of the district and students who are at-risk.**

Panther Place operates **Monday through Thursday 3:15 – 5:15 p.m. each day school is in session.** The program will begin on Monday, August 22, 2011 and end on Thursday, May 10, 2012. Students will be transported by bus from their school to the Valley View Education Center each afternoon. Bus transportation is available each evening.

Students who are accepted into the afterschool program must maintain high attendance and abide by the same code of conduct as expected in the school setting and as set out in the student handbook.

Throughout the year Panther Place will sponsor Family Nights. These events provide families with a time of recreation, socialization and the opportunity to receive valuable information on today's important social issues.

The daily afterschool and family services are free. There may be small fees charged for some of the many special programs made available during the year. Fees will be charged on optional activities and any fees will be based on a sliding scale with scholarships available upon demonstration of need.

In collaboration with our Family Resource and Youth Services Centers, student and family assistance is provided, including counseling and parent education programs. For more information, contact Pam Haire or Karen Skees at 765-7649.

Panther Place provides a wide-range of opportunities to support the children and families of our district. If you would like to donate your time, even one hour per week or a few hours per month can make a difference in the life of a child. Please contact Vicki Seabolt at 769-2359 to volunteer.

Please be sure to review specifically the Attendance and Absence policy, Dress Code, School Bus Conduct and Rules in the Student Discipline Code of this Agenda.

A pre-enrollment form must be completed for each child applying to attend or return to the Panther Place Program.

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Grades 1 – 5

2011-2012 Pre-Enrollment Form

If you would be interested in services, please fill out the following information and turn it in to your school's office. You will be contacted when an opening occurs. All applications will be screened to prioritize need.

Completion of this form does not guarantee placement for services.

Student's Name: _____
Last *First* *Middle*

Please check ✓:

Gender	Ethnic Origin	
<input type="checkbox"/> Male	<input type="checkbox"/> Causasian (6)	<input type="checkbox"/> Hispanic (1)
<input type="checkbox"/> Female	<input type="checkbox"/> Black / African Amer.(4)	<input type="checkbox"/> American Indian /Alaska Native (2)
	<input type="checkbox"/> Asian (3)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (5)

Referred by: _____

Social Security Number _____ **Age:** _____ **Birth Date:** _____
Month / Day / Year

Home address: _____
(street) *(city)* *(state)* *(zip)*

Child's Grade 2011-2012: (1-5) _____ **School:** _____ **Homeroom Teacher:** _____

Parent/Guardian Full Name: _____

Home Telephone: _____ **Work Telephone:** _____ **Cell Phone:** _____

In case of emergency, contact _____ **at (phone)** _____

My child is allowed to be picked up by:

(Name)	(Relationship)	(Telephone)
(Name)	(Relationship)	(Telephone)
(Name)	(Relationship)	(Telephone)

My student has the following problems: (i.e. allergies, disorders, injuries, etc....)

I give permission to the Panther Place staff to secure Emergency Medical Treatment for my student, if necessary. YES NO

PLEASE LIST NAMES OF ANY SIBLING(S) APPLYING TO ATTEND PANTHER PLACE:

TRANSPORTATION INFORMATION – Please check ✓ below:

I will normally pick my child up from the center at 5:15 Monday through Thursday
 My child will normally ride the bus to (address) _____

Any change from normal transportation arrangements requires a dated and signed note from parent/guardian.

Parent or Guardian Signature (Required)