Junction Community After School Program (CASP)

AFTER SCHOOL ENRICHMENT PROGRAM

APPLICATION FOR ENROLLMENT

Junction CASP 2025-2026

Applicant Information

Name of Child _____ Grade ____ DOB _____

Name of Child _____ Grade ____ DOB _____

Name of Child _____ Grade ____ DOB _____

Name of Child _____ Grade ____ DOB _____

Name of Child _____ Grade ____ DOB _____

Mother _____ Phone # _____ Email Address_____

Place of employment _____Employer's Phone _____

Supervisor's Name _____Work Schedule (days, hours): _____

Father _____ Phone # _____ Email Address_____

Place of employment _____Employer's Phone _____

Supervisor's Name _____Work Schedule (days, hours): _____

Who is your phone carrier (ex: ATT, Verizon, T-Mobile, ect): _____

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AFTER SCHOOL ENRICHMENT PROGRAM
ENROLLMENT, MEDICAL & EMERGENCY INFORMATION FORM
Junction CASP 2025-2026

Is there a custody situation or a filed court order involving this child? YES NO

**IF YES, please discuss this situation with the CASP staff.

ALTERNATIVE/EMERGENCY CONTACT INFORMATION: In case, I, the parent, cannot be reached regarding illness or discipline matters regarding my child, please call this person (other than number listed above).

Alternate Adult Alternate Adult: _____ Phone #: _____

Relationship to child:_____

Alternate Adult Alternate Adult: _____ Phone #: _____

Relationship to child:_____

List as many people as possible who have permission to pick up your child from our program along with their phone numbers and relationship to your child. They must be at least 18 years old, and have a valid form of id. If you have additional names please list on a separate sheet.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Junction CASP does not assume any financial responsibility but does wish to provide the best emergency service. By signing this form, I am giving the appropriate school

personnel authority to call the EMS or obtain medical care if the alternate adults or I cannot be reached.

Student has the following conditions: (Please check)
_Convulsive Disorder _Heart Problem _Visual Problem _ Asthma _Speech Problem
_Hearing Problem _Diabetes _Orthopedic Disability _Other, please list _____

My child is allergic to:_____ What type of reaction? _____

Does this student take medication on a regular basis? __Yes __No
Medication Name:_____

PLEASE NOTE: THE CASP STAFF CANNOT ADMINISTER MEDICATION.

Signature of Parent or Guardian: _____ Date: _____

Junction Community After School Program (CASP)

AFTER SCHOOL ENRICHMENT PROGRAM
PROGRAM RULES & PARENTAL AGREEMENT OF ATTENDANCE
Junction CASP 2025-2026

PROGRAM RULES

1. Students will respect self and others. Fighting will not be tolerated.
2. Students will use positive language. Foul language or other inappropriate language will not be tolerated.
3. Students will follow all staff instructions and remain in activity area designated by staff.
4. Students must remain with staff members until a parent or authorized pick-up person arrives. Any other arrangements for getting students home must be made in advance with the Junction CASP.
5. Students should take pride in themselves and their environment by keeping activity areas clean and taking care of facilities and materials. Students may be charged for damage to buildings and/or property.

NOTE: JUNCTION CASP MAY WITHDRAW A STUDENT FROM THE PROGRAM FOR ANY OF THE FOLLOWING REASONS:

1. Failure to meet appropriate behavior standards.

2. Refusal to follow program procedures and rules.

3. Verbal abuse, physical abuse or sexual harassment of student or staff member by student or their parents.

4. Being in the wrong place or unauthorized departure from a bus or activity site.

5. Consistent late pick-up, early pick up or unexcused absenteeism as outlined in the Parent Handbook.

6. The child's needs cannot be met by the program.

7. Parent or Guardian's failure to provide required records.

I understand CASP is an after school enrichment program that is locally funded, and will soon be grant funded. For the purpose set forth in our daily schedule, I understand that

daily attendance is highly recommended and our records could be reviewed for funding continuation purposes.
Therefore, it is necessary that students enrolled in CASP stay and participate in the enrichment activities offered during the full operating time Monday through Thursday from 3:45 PM to 5:30 PM. I agree that my child will remain in the program daily, unless otherwise noted.

I HAVE READ AND AGREE THAT MY CHILD WILL FOLLOW CASP RULES AND ATTENDANCE POLICY.

Student's Name: _____ Grade:____
Signature of Parent or Guardian: _____ Date: _____

CASP FOLLOWS THE JISD CALENDAR.
WE WILL BE CLOSED ON ALL DISTRICT HOLIDAYS.

Junction Community After School Program (CASP)

AFTER SCHOOL ENRICHMENT PROGRAM
TRANSPORTATION INFORMATION
Junction CASP 2025-2026

Your child will be walked **from** Junction ISD after school Monday-Thursday. There will be one - two adults walking children from JISD to CASP. If for some reason this is an issue, please discuss with CASP personnel.

How will your child get home after CASP?

Please select ONE choice:
___I will pick up my child at the end of CASP
___My child has permission to walk home at the end of CASP
IF THIS INFORMATION CHANGES, PLEASE NOTIFY CASP PERSONNEL IMMEDIATELY.

We remind all parents and students that:
All students who ride buses to and from CASP will be expected to conduct themselves in a courteous/proper manner. Riding the bus is a privilege. Any student who cannot abide by the transportation rules of conduct will be subject to disciplinary action that could result in loss of bus riding privileges. This applies to ANY TIME a student is on board a bus, whether riding to CASP, attending field trips, or attending an off-campus service project.

I AGREE THAT MY CHILD AND I WILL FOLLOW THE JISD AND CASP TRANSPORTATION POLICY.

Student's Name: _____ Grade: ____

Signature of Parent or Guardian: _____ Date: _____

Junction Community After School Program (CASP)

AFTER SCHOOL ENRICHMENT PROGRAM
PARENTAL & FAMILY INVOLVEMENT
Junction CASP 2025-2026

WE NEED YOUR HELP!!
Some grant foundations require parent volunteers each month. Although we are not fully grant funded, yet, we still would like to have you come to our program and volunteer. You can volunteer in a variety of ways! Please see any CASP personnel for more information on how you can help.

Would you be interested in becoming a Parent Volunteer with CASP?
__Yes
__No
If yes, what days are you available?_____

What is your total family size (all those who live with you): _____

Names/Grades of all your children enrolled in CASP:
Name: _____ Grade: ____
Name: _____ Grade: ____
Name: _____ Grade: ____
Name: _____ Grade: ____

Number of children who do not yet attend Kindergarten (this is for future purposes & research):

Signature of Parent or Guardian: _____ Date: _____

THANK YOU!

**CASP will keep you informed of all events through the Kid Report app, flyers, and occasionally personal phone calls.

Junction Community After School Program (CASP)

AFTER SCHOOL ENRICHMENT PROGRAM
PARENTAL PERMISSION, RELEASE AND INDEMNITY FOR CASP

Junction CASP 2025-2026

I understand that Junction ISD will provide transportation for all students participating in CASP. I hereby certify that my son or daughter has my permission to participate in any one or more of such trips. To the best of my knowledge he/she is physically fit to engage in such activities and is not suffering from any disease or injury, which would disqualify him/her from making such trips.

I also give permission for my son/daughter to be transported to sites for community service projects and other program sponsored activities by bus or school vehicle. I understand that the vehicle must be covered by liability insurance and must be under the general supervision of a member of the program/school staff.

I agree and do hereby waive and release all claims against Junction ISD and any CASP employee/ volunteer and other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that in the judgment of any representative of the program/school of the below student should need immediate care and treatment as may be given said student by any doctor, trainer, nurse or program/school representative from any claim by any person whomsoever on account of such care and treatment of said student.
It is understood by my son/daughter and me that all policies, regulations and standards of the Junction Independent School District will be in effect and must be adhered to on any trip.

__I GIVE PERMISSION
__I DO NOT GIVE PERMISSION

Release of student work or photos/videos

Junction CASP maintains and requires that before student work (artwork or written work) or photos/video of a student can be published in any format, permission must be granted from the student's parent or guardian. I give permission for my child's work and photos of my child to be published. I hereby release Junction CASP, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising of my child's work or photos in newspapers, film, and /or magazines.

___I GIVE PERMISSION
____I DO NOT GIVE PERMISSION

Student's Name: _____ Grade:___
Signature of Parent or Guardian: _____ Date: _____

Discipline Plan

While the CASP program is fun, enriching, and engaging, poor behavior will not be tolerated.

If parents have been contacted by letter, messaging, or face-to-face, three times about poor behavior from their child, this child will be removed from CASP for two weeks.

In some instances, students will be directly sent home depending on the severity of the behavior.

This program is meant to keep students away from distractions at home, like video games, YouTube, and harmful technologies. However, if behavior becomes disrespectful or distracting to other students or adults, parents must be notified.

CASP cannot and will not keep other kids from enjoying the program because of another person’s behavior.

Student's Name: _____ Grade:___
Signature of Parent or Guardian: _____ Date: _____