



Project Youth Berlin Afterschool Program 2016-2017 Enrollment Form



My child is attending: Brown Hillside Berlin Middle School

Student Name: _____

Ethnicity: American Indian/Alaskan Native Hispanic/Latino
 Asian/Pacific Islander White
 Black/African American I respectfully decline to answer

Does your child have special needs? Yes: IEP 504 No

Does your child receive free or reduced lunch? Yes: Free Reduced No

Is English the primary language spoken at home? Yes No: _____
Primary Language

Has a member of your immediate family served in the Military? Yes: _____ No
Relationship to child/
Retired/Active/Deployed

PROGRAMMING INFORMATION

Which days do you anticipate your child attending? Monday Tuesday Wednesday Thursday Friday

This year we will be offering student dinners as part of the USDA Afterschool Meals program. This is in addition to the snack that is served at the end of the school day.

Yes, I would like my child to receive a dinner, which will be served at 5:00 PM at no additional cost to me.
 No, I would prefer my child to eat dinner at home. Please do not provide a dinner for my child.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of Project Youth Afterschool Program to provide simple first aid treatment to my child, _____ when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize hospital or other emergency medical facility to administer emergency treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by childcare program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date Signed

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Primary Physician: _____ **Telephone #:** _____

Physician's Facility Name and Address _____

Transportation Information: How will your child get home at the end of the day? Bus transportation is available to any student who currently rides the school day bus.

Picked up____ Walk home*____ Take the bus____ Bus stop_____

*A note signed and dated by the legal guardian is required for walkers.

Program Cancellation: In case of program cancellation due to weather or emergency, my child will:

Be picked up____ Walk home____ Ride the bus home____ Other, please specify_____

Please provide 2 direct contact numbers so that our pre-recorded, automated system can contact **you (not a receptionist or switchboard): _____ (Please stay on the line to hear the notification)

Attention Parents/Guardians: Please initial in the spaces below to show that you have read and understand the following:

___ My child will not be able to attend unless I have provided health and immunization forms no greater than 2 years old, a signed Parent Handbook Form, and a registration fee has been paid.

___ I understand that all forms must be completed before my child can attend the Afterschool Program.

Project Youth Release Information

Release must be signed in order for your child to attend programs. Please indicate any item(s) for which you do not give consent if necessary.

1. I understand some of the programing is off school grounds. I give permission for my child to leave school grounds and be transported if necessary.
2. I understand recorded images of my child (both visual and audio) may be made of my child during the Afterschool Program. I give permission to The Family Resource Center-Project Youth, its designees, and its partner agencies providing services during the Afterschool Program to make and use such images/recordings in publications, advertising, brochures, newspapers, website or other advertising medium. I hereby waive any right to inspect and/or approve the finished product or the advertising copy that may be used, and the use in which it might apply. I hereby release and agree to hold harmless The Family Resource Center and its duly authorized agent from all legal responsibility or liability for the use of photographs as authorized herein.
3. I give permission for my K-5 child to view G and PG rated movies only if shown during program hours. If my child is in grades 6-8 I give permission for my child to view G, PG and PG-13 rated movies.
4. I give my child permission to use the Internet and other forms of technology in the Afterschool Program.
5. I give my permission for the Site Director to obtain a copy of my child's immunization and physical from the school nurse. (examination must be completed within the past 2 years)
6. I give my permission for the Site Director to discuss behavior and academic issues concerning my child with the teachers and administration of my child's school to better serve my child. I also give permission for the Site Director to access my child's records that are kept by the school administration, including, but not limited to, school performance indicators, progress reports, report cards and classroom behavior assessments.
7. I give my permission for Site Directors to release any confidential information involving my child with other Family Resource Center service providers, school personnel including the school nurse and Law Enforcement. We are mandatory reporters for the Department of Children Youth and Families (DCYF).
8. **I give my permission for the Site Director to have access to my child's 504 and/or Individualized Education Program (IEP) and to discuss his/her educational needs with school personnel.**

Release does NOT apply to # _____

Child's Name

Date of Birth

Parent/Guardian Signature

Date

AFTER SCHOOL CARE REGISTRATION AND EMERGENCY INFORMATION

The Family Resource Center- Project Youth
Program Name

Brown 05988, Hillside 05683, BMS 06585
Child Care License Number

Child's Name: _____ Gender ____ Grade ____ Age ____ Date of Birth: _____
Homeroom Teacher: _____ Siblings: _____

PARENT/GUARDIAN CONTACT INFORMATION:

Parent/Guardian Name: _____ Home Phone #: _____

Email Address: _____ Cell # _____

Mailing Address: _____ City/State/Zip: _____

Street Address: _____ City/State/Zip: _____

Place of Work: _____ Work Phone #: _____

Parent/Guardian Name: _____ Home Phone #: _____

Email Address: _____ Cell # _____

Mailing Address: _____ City/State/Zip: _____

Street Address: _____ City/State/Zip: _____

Place of Work: _____ Work Phone #: _____

With whom does the child live? _____

***Special Instructions for reaching parent/guardian: _____

EMERGENCY CONTACT PERSONS You (parent/guardian) are required to list at least 2 persons with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or non-emergency. These people could also assume responsibility if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child was sick or injured and you were not accessible, or if you experienced sudden illness or were injured between work and picking up your child.

	Parent/Guardian Signature
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____

If there are any restrictions on who may NOT pick up your child please list them:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

If there is a custody restriction, please provide us with a copy of the Court Order

FEE INFORMATION: Please complete your monthly or yearly family income so that we may determine a fee affordable for your family income*.

Monthly Income _____ OR Yearly Income _____

Number of family members in household _____

*Our sliding fee scale is based on free and reduced hot lunch federal guidelines in addition to State Child Care Assistance Guidelines. All families are required to pay a registration fee.

Registration fee: \$10.00 per student or \$15 total for a family of two or more
Daily fee: Based on sliding fee scale (please refer to Sliding Fee Scale Insert)

Parent Involvement:

How would you like to be involved in the Afterschool Program? (Please check all that apply)

- I would be interested in attending Family Events during or after program hours throughout the school year.
- I am interested in volunteering in my child’s Afterschool Program. Please send me more information!
- I am interested in being considered as a member of an Advisory Board for Project Youth. Please contact me with more information!

NOTE TO PARENTS:

(1) "The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at NEW HAMPSHIRE <http://childcaresearch.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852- 3345, extension 4624"; and

(2) "During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference."

Office Use Only: \$ _____ Registration fee paid in full Cash/MO/Check # _____
_____ Contacted Office about other arrangements Date Received _____

Billing Arrangements: _____

