



Project Youth Gorham Afterschool Program 2016-2017 Enrollment Form



My child is attending: Edward Fenn Elementary School Gorham 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

This year we will be offering a morning program at Edward Fenn that will operate from 7:00-8:15 AM. The cost for this service will be a flat rate of \$2.00 per day. However, if your child attends both the morning and afternoon programs, there will be no additional charge to attend the morning program beyond your usual daily sliding fee scale rate.

- My child will only be attending the morning portion of the Afterschool Program.
- My child will only be attending the afternoon portion of the Afterschool Program.
- My child will be attending BOTH the morning and afternoon portions of the Afterschool Program.

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

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

