



Solvay Union Free School District Afterschool Program Enrollment Form 2019-2020

Child's Name: _____

Mailing Address: _____

2019-2020 Grade _____

My child will attend program on: (check all that apply)

- Monday Thursday Sunday
 Tuesday Friday
 Wednesday Saturday

Date of Application: _____

Date of Birth: / /

Gender: Male Female

Racial/Ethnic Group (check all that apply)

- American Indian/Alaska Native Asian
 Black or African American White
 Hispanic or Latino Other
 Pacific Islander

CONSENT

I give my child permission to participate in the Afterschool program at **SES** **SMS** **SHS**

PARENT/GUARDIAN SIGNATURE _____

Parent/Guardian #1 (Primary Contact)

Name: _____ Relationship to Student: _____

Mailing Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Work Phone: _____

Email Address: _____ Language(s) Spoken: _____

Parent/Guardian #2 (Secondary Contact)

Name: _____ Relationship to Student: _____

Mailing Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Work Phone: _____

Email Address: _____ Language(s) Spoken: _____

TRANSPORTATION AUTHORIZATION – NOT ALL PROGRAMS WILL HAVE TRANSPORTATION HOWEVER IF IT IS OFFERED -

The Afterschool program will be offering transportation home upon dismissal from the program.

My child will: Take the bus Be picked up from program by parent/guardian Walk home alone

Bussing Address (if different from mailing address): _____

The following individuals have permission to pick up my child:

Priority	Name	Relationship to Child	Cell Phone	Phone #2
1st				
2nd				
3rd				
4th				

I, _____, understand and give permission to _____ to release my child, _____, to the individuals listed above. If for any reason my child must be picked up from the program (i.e. illness, suspension, etc.) the afterschool staff may contact any of the persons listed above as having permission to transport my child.

Parent/Guardian Signature _____ Date _____



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EMERGENCY MEDICAL TRANSPORTATION

In the event of illness or an accident requiring immediate medical care permission is granted for emergency medical transportation and treatment. I, _____, give permission to the afterschool staff to call 911 and arrange transportation of my child to/from the closest medical facility, hospital or physician's office.

Parent/Guardian Signature Date

Hospital Preference: _____

Pediatrician/Family Physician: _____ Phone Number: (____) _____

It is understood that every effort will be made to contact the parent and/or guardian promptly, however, in an emergency situation where a parent and/or guardian cannot be reached please contact the following:

Contact 1

Name: _____

Address: _____

Phone: (____) _____

Contact 2

Name: _____

Address: _____

Phone: (____) _____

HEALTH INFORMATION

This confidential health information will only be used to ensure the safety of the children in this program. Please provide your child's medical history (if yes, please specify)

Allergies to food: Yes ___ No ___ Specify _____

Behavioral/Emotional: Yes ___ No ___ Specify _____

Physical Disabilities: Yes ___ No ___ Specify _____

Corrective Device: Yes ___ No ___ Specify _____

Asthma: Yes ___ No ___ Does your child use an inhaler: Yes ___ No ___

Allergies to penicillin: Yes ___ No ___ Allergy to plants: Yes ___ No ___

Allergy to insect stings: Yes ___ No ___ Hay Fever: Yes ___ No ___

Convulsions/seizures: Yes ___ No ___ Diabetes: Yes ___ No ___

Learning Disability: Yes ___ No ___

Other _____

Does your child have special health care needs that require treatment and/or medication? Yes ___ No ___

If Yes, Please List



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Student Data and Evaluation Consent Form

In order to monitor the effectiveness of the afterschool program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It is the intention of the evaluation to learn how these after-school services help students, and how they can be improved in order to meet the grant requirements.

Specifically, the Community Partners and the Evaluator, LPB Consulting asks permission to:

- Contact your child’s school to obtain records showing his or her progress, including information about grades and citywide and statewide test scores.
- Survey and/or interview you and your child about the afterschool program and its effects. Any information we collect will be used only to assess the after-school program and will not be made public. Participating in the evaluation will not affect your child in school in the afterschool program, or in any other way. We will not use your name or your child’s name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences. Please select one of the options below.

_____ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the afterschool program. I also consent for the evaluator and the CBO to obtain my child’s records (IEP’s, progress reports, report cards) and to interview me and my child.

_____ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the afterschool program.

If at any time you change your mind about this decision, you may contact us at anytime.

Behavior Consent Form

_____ YES, I give permission to the Afterschool Program to remove my child from the program if program rules are not followed and/or behavior becomes an issue.

I have read and understand all of the Afterschool Program permissions, I reviewed them with my child and agree to abide them.

Parent/Guardian Signature _____ Date _____

Student/Child Signature _____