

Bush

After School Program

Student Enrollment Application

Site Coordinator: Krista Johnson

2015 - 2016

Please complete the entire packet; missing information will delay the enrollment process.

YWCA Bush After School Program

C.V. Bush Elementary ~ 150 Pardee St. ~ Jamestown, NY 14701
Tel: (716) 338-3827 Email: bushadvantage@jamestown.wnyric.org
Site Coordinator: Krista Johnson

ENROLLMENT FORM 2015 - 2016

❖ Participant Information ❖

Child's Full Name: _____ DOB: _____ Grade: _____ Age: _____ Gender: M F

With whom does the child live with? (please circle) Mother Father Grandparent Guardian Other: _____

Child's Ethnicity: _____ Is you child's primary language English?: YES NO

If NO, please indicate language: _____

❖ Parent/Guardian Information ❖

Mother's Name/Guardian: _____ Telephone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Father's Name/Guardian: _____ Telephone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

❖ Attendance Policy & Parental Consent ❖

Attendance:

Funding for this program is provided in cooperation with Jamestown Public School District, NYS Education Department Extended School Day / School Violence Prevention Grant and parent fees. **The cost for attending is \$8.00 per day each additional sibling enrolled in the same school will be free (This policy is subject to change without notice).** Children must enroll and attend the program a minimum of 3 days per week, but can attend 3, 4 or 5 days a week. If your child is enrolled less than 5 days a week, you must specify the days that he/she will attend and he/she may only attend on those days. Please check with your program Site Coordinator as to what time the first activity session is scheduled to end if you plan to pick up your child before 6:00 pm. Children who do not attend at least one full activity session on a regular basis (90% minimum) run the risk of losing their registration in the program.

Please indicate which days your child will attend by circling the days below.

M T W TH F

Parental Consent:

I hereby give my permission for my child to participate in the YWCA Bush After School Program and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YWCA sponsored activities. I also waive any liability against the Jamestown Young Women's Christian Association (YWCA) it's officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child while my child is practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YWCA. I agree and support that students are expected to follow program rules and regulations for the health, safety, and rights of all participants. I understand that program staff will exercise a reasonable amount of discipline to enforce these rules and that parents will be notified and expected to take home any child who infringes on the rights of others. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital by ambulance and to the physician selected by the Site Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein.

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Date

❖ **Applicant Medical & Lunch Information** ❖

Will you be using the program as childcare while you are working? YES: _____ NO: _____

My child receives: (check one) Free Lunch: _____ Reduced Lunch: _____ Neither (Full Price): _____

My child's physician is: _____ Phone: _____

Does your child take any medications?: YES NO If YES, please list (including dosage): _____

Please list any chronic/reoccurring illnesses, medical conditions, or allergies and explain: _____

Does your child have any dietary allergies/restrictions? (Please include reactions): _____

Please list any additional services or supports that your child receives during the school day that we should be aware of?: _____

(Example: Child receives extended test taking time, receives read aloud tests, IEP services, 504 services, speech, OT/PT, etc...)

❖ **Authorization for Release** ❖

My child _____ will be picked up each day of the program. I hereby authorize the YWCA Bush After School Program to release my child from the program to the individuals on the emergency contact list included in the enrollment packet who are at least age 14. Authorized adults other than parents should be prepared to **show picture ID**. If for some reason I do not pick up my child, and you cannot reach me, I authorize the program to call the emergency contacts until you find someone to pick up my child.

I hereby give my permission for my child to be dismissed from the Bush After School Program as I have indicated above. I waive any liability against the Jamestown Young Women's Christian Association (YWCA) it's officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child once my child has been signed out by a parent, guardian, other authorized adult. I understand that program staff cannot release my child to anyone not listed on this enrollment form as a parent/guardian or emergency contact without my written permission, and all adults authorized to pick-up my child must be at least 14 years old with photo ID. In the event of inclement weather I understand that program staff will exercise reasonable judgement in attempting to arrange for other transportation home for my child by authorized adults. In the event that I do not arrive to pick-up my child by 6:00pm, I authorize the Bush After School Program to attempt to contact any/all parent/guardians and/or authorized emergency contacts to arrange for safe travel home. If no one can be reached to secure transport home for my child I understand that the program will follow the "Child Not Picked-Up Procedure" as outlined in the parent/student handbook.

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Date

❖ **EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP** ❖
(Persons to be notified if parents cannot be reached)

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Full Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

❖ **Enrollment procedure and requirements:** ❖

- a. Submit a completed enrollment packet consisting of the following:
 1. Enrollment Form
 2. Program Policies Agreement
 3. FERPA form
 4. Unescorted walking permission form
- b. Once the registration packet is received, the parent will be notified by the Site Coordinator to verify the child may begin attending on the first day of program. **Program is scheduled to begin on the first full day of school.**
- c. If the registration packet is received after program begins, the Site Coordinator will notify the parent when the child can begin attending.
- d. The program provides child care services throughout the school year. Once a family has enrolled their child, the child maintains his/her enrollment slot for the entire school year. The child's enrollment may be suspended or terminated and the enrollment slot made available to another child who is first on the waiting list for the enrollment slot when one or more of the following occurs:
 1. The legal guardian communicates (written or verbal) to the Site Coordinator that the services are no longer needed.
 2. The program's services are no longer made available to the child because minimum attendance requirements were not met.
 3. The child's enrollment has been suspended or terminated for disciplinary reasons.
 4. Parent orientation not completed within 3 weeks of child's start date.
 5. Parents have not provided or updated our records with a valid phone number or emergency contact phone number in the event the program staff needs to reach them.
 6. Payment is more than 2 weeks late.
- e. Enrollment for one year does not guarantee enrollment for the following year. Enrollment is on a first come first serve basis.

❖ PROGRAM POLICIES AGREEMENT ❖

Parental Requirements: (you **MUST INITIAL** next to each paragraph)

_____ I understand that I must notify my child's teacher when I enroll my child in the Bush After School Program, and which days my child will be attending the program. I must notify the Site Coordinator and my child's teacher by 1:30pm if my child will not attend the after school program that day. I will be called if my child fails to arrive at the after school program when expected.

_____ I understand that I must attend a Parent Orientation meeting scheduled at the beginning of each program year, and that my child's participation in the program is contingent on the completion of the orientation. If my child's start date is after the parent orientation has been held, I understand I am required to complete a parent conference with the Site Coordinator within the first 3 weeks of my child's start date in order for my child to remain in the program.

_____ I understand that as a parent, involvement in the after school program is **expected** and I will make every effort to attend family events and special functions scheduled throughout the year.

_____ I understand that the after school program operates on full days of school only and that my child must be picked up by 6pm each day.

_____ I understand that acceptable behavior is a condition of my child's enrollment in Bush, that my child must follow the rules, policies and procedures set out in the YWCA Student & Parent Handbook, and that he/she will be subject to consequences detailed under Discipline Action Guidelines.

_____ I hereby give permission for my child's medical and academic records for the September 2014—June 2015 school year to be made available to the YWCA Bush After School Program by Jamestown Public Schools from this date forward until I revoke my authorized permission in writing to the YWCA.

_____ I give permission for my child to travel by bus from Bush School on supervised field trips with a signed permission slip.

_____ I give permission for my child's likeness and/or photo and/or video and/or name to be used in program promotions by YWCA Jamestown and/or Chautauqua Striders and/or Jamestown Public Schools.

_____ I give permission for my child to view videos and/or audio/visual materials deemed appropriate by program administration that are rated G, PG, and PG-13 for purposes of enrichment or recreation.

_____ I understand the program expectation for attendance is for my child to attend one activity session each day they are registered. I also understand that my child's spot in the program may be terminated if the minimum attendance (based on the days that child attends school) is not met. I understand that if I choose for my child to attend less than five days each week, I must specify the days my child will attend and that he/she may attend only on those days.

_____ **I understand the fee for attending program is \$8.00 per day for the first child, siblings attending the same school are free.**

I understand that financial responsibility exists regardless of my child's attendance.

_____ I understand that payments are due the last program day of the week for the following week. A late fee of \$10.00 will be assessed if not paid by the following Wednesday. I understand that I must pay for all days indicated on enrollment form, and/or maintain payment for minimum required days per week to keep my child enrolled (unless fewer days are available due to school calendar). There will be no refunds or credits issued for days missed. If enrolled, that child's slot is reserved and the program is staffed accordingly and parents/guardians are still required to pay. If payments are two weeks late, my child will be removed from program.

_____ I understand that NSF checks and a \$25 bank fee must be paid within 3 days once the parent is notified. I understand that if there is a second NSF check I will be required to pay in cash, money order or cashier's check until further notice.

_____ I understand that repeated violations of any YWCA After School Program policies on my part or on the part of my child may result in termination from program.

The YWCA Bush After School Program is committed to providing equal enrichment opportunities to all children enrolled at Bush Middle School, and maintains a strict policy prohibiting unlawful discrimination. No qualified student shall, on the basis of disability, race, religion, color, sex, national origin, or ability to pay, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under YWCA After School Programs.

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Date

JAMESTOWN CITY SCHOOL DISTRICT

FERPA RELEASE FORM
(Family Educational Rights and Privacy Act)

2015-2016

TO THE JAMESTOWN CITY SCHOOL DISTRICT:

I am the parent or legal guardian of the following child(ren), who is a student in the Jamestown City School District:

(Please print child's name)

I hereby authorize the Jamestown City School District to release education records (as defined on the reverse of this form) to the following agency:

YWCA of Jamestown / Chautauqua Striders

I recognize that the purpose of this disclosure is to assist the Jamestown City School District and the Agency in providing programs or services to my child. I understand this Release remains in effect from the date it is received by the Jamestown City School District through June 30, 2016, unless I revoke such consent in writing and deliver such revocation to the Jamestown City School District.

I acknowledge that I have reviewed the information contained on the reverse of this form and that an explanation of the rights accorded to me under FERPA (Family Educational Rights and Privacy Act) has been made available to me at my request.

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Date

WHAT IS FERPA?

The Family Educational Rights and Privacy Act of 1974 (the “Buckley Amendment”) prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of a student’s parent (or a student over eighteen years of age). Please contact the Jamestown City School District for a full explanation and the exceptions contained in FERPA, or see the following website:

www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

WHY SHOULD I SIGN THIS FORM?

Your child has enrolled in a program provided by an agency under contract with the Jamestown City School District. The purpose of this Release is to permit the staff of the agency to obtain copies of your child’s records and to discuss the contents of those records with representatives of the Jamestown City School District without obtaining your written consent each time.

DOES EVERYONE NEED TO SIGN THIS FORM?

Parents of students who participate in programs or activities provided by independent agencies under contract with the Jamestown City School District are asked to sign this form, to permit their child to participate in such a program.

CAN I CHANGE MY MIND?

Yes. If you decide that you no longer want others to have access to your child’s records, you may fill out a new form and cancel this Release. Please note that canceling this Release may affect your child’s eligibility to participate in the program or activity for which this Release was granted.

WHAT TYPES OF INFORMATION WILL BE RELEASED TO THE DESIGNATED PARTIES IF I SIGN THIS RELEASE?

Your child’s records such as academic records, attendance records, grades, iep/504 accommodations, and medical records maintained by the school nurse will be made available to the designated parties at their request.

CAN THE JAMESTOWN CITY SCHOOL DISTRICT RELEASE INFORMATION ABOUT MY CHILD WITHOUT THIS RELEASE?

The law provides that directory information can be given out *without* the written consent of a student’s parent. The Jamestown City School District defines directory information as a student’s name, address, telephone number, date and place of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, and the most recent previous educational agency or institution attended by the student. This information is released to anyone, not just agencies who provide programs or activities under contracts with the Jamestown City School District. You may restrict the distribution of directory information by the Jamestown City School District. Please contact Jamestown Public Schools Pupil Services at 716-483-4350 if you wish to restrict this information.