

Dear Parents or Guardians:

Thank you for your interest in the HEART After School Program. During the HEART Program, your child will receive homework assistance, academic instruction, physical education, nutrition lessons, and lots of fun enrichment activities. Our mission is to provide a safe, healthy environment with caring, responsible adults and engaging activities that will connect your child to his or her school, family, and community.

Because the HEART Program is a grant funded program and we are responsible for helping to improve academic success in our schools, it is imperative that your child attends the full program every day. The HEART Program is not daycare, but an opportunity for your child to receive valuable additional support to excel academically, physically, and socially. Therefore, if your child is frequently absent or picked up early without a critical reason, he or she will be dropped from the program to make room for a student on the waiting list who will attend the full program every day.

If you wish to enroll your child in the HEART Program, please read the attached rules and fill out the required enrollment forms. Once you have completed the forms, return them to the HEART Site Supervisor at your child's school. When we have received all of the required enrollment forms, you will receive a letter or phone call notifying you of the date your child may start the after school program. Enrollment is limited and applications are accepted on a "first-come, first-served" basis, so prompt return of the application is recommended.

Please be advised that your child may not start in the HEART Program until we have received all of the required forms and you have been notified that your child has been enrolled.

We look forward to your child participating in the wealth of diverse curricular, recreational and enriching activities that we have planned. If you have any questions, please contact the HEART Site Supervisor at your child's school or call our home office at (559)624-5810.

Sincerely,



*Daryn Davis
CEO, ProYouth HEART*

HEART Program Agreement 2014/2015

1. **ENROLLMENT:** Enrollment is limited. After receiving all completed forms, the Site Director will call to let you know if your child will be in the program and the day he/she may begin.
2. **ATTENDANCE:** Attendance until 6:00 p.m. is mandatory. If a student is picked up before 6:00 p.m., an Early Release Code must be indicated on the Daily Attendance Card. Children who have three (3) unexcused absences may be dropped. An excused absence is a doctor's appointment, illness, counseling appointment, other mandatory appointments, or special needs approved by the Site Director. Students attend the HEART Program only when they attend school.
3. **STUDENT PICK-UP:** Children participating in HEART must be signed out by you or someone you have designated on the child's registration form (i.e. relative, friend, Program Leader). Your child must be picked up promptly at the end of each HEART day. If your child is not picked up by 6:00 p.m., HEART staff will try to contact you or those individuals designated as emergency contacts. After every effort has been exhausted to reach you or someone you have designated to pick up your child with no success, law enforcement will be contacted. Late pick-up may result in a child being dropped from the HEART Program.
4. **EMERGENCY CONTACT:** As part of the Enrollment Packet, we are requiring that parents/guardians complete the Emergency Contacts section. In the event of an emergency, the HEART Program will contact you in the following order: both parents and then those designated to sign out your children. In order to ensure the safety of your child in the HEART Program, please update your contact information as needed.
5. **DISCIPLINE:** Participation in the HEART Program is a privilege. Disruptive or disrespectful behavior toward other students or HEART staff or behavior that endangers the safety of others is grounds for dismissal. We encourage you to discuss concerns about your child's behavior with the Site Director
6. **HOMEWORK:** The HEART After School Program is not a homework completion program. It is designed to support the state grant requirements which include academic and behavior improvement. Parents should still check their child's homework each day to ensure completion and accuracy.
7. **POLICY ON LIABILITY:** HEART is not liable for the payment of expenses incurred as a result of any injuries. Parents are informed that HEART is not liable for any personal items that may be damaged or lost or for the cost of replacing such items.
8. **STUDENT DATA & SURVEYS:** To comply with state and federal grant requirements, HEART obtains data from the school/school district regarding student instructional day attendance, academic scores and social/behavioral impacts of the program on each participating child. Children enrolled in HEART will be asked to take surveys as part of our grant requirement. The Site Director has the surveys available for your review. When required by law, HEART must provide information to law enforcement agencies that you have provided to us.
9. **PARENTAL SUPPORT:** HEART staff is committed and qualified to work with your child. You are an important partner to our program and your child's success. We appreciate your help with field trips, events, activities, tutoring, and other projects. Contact the HEART Site Director for information if you would like to volunteer in any way.

KEEP THIS FOR YOUR RECORDS

Authorized Early Release Policy

ER-1 Attending a Collaborative Program (On or Off Site)

Attending an academic or enrichment program (such as Intervention, SES, Sports, Dance, etc.) Provide appropriate collaborative schedules.

ER-2 Transportation Needs

Bus Rider - Children who are scheduled to ride a bus home from the After School Program where the bus leaves before 6:00 p.m. In the best interest of the child, parents or guardians are required to meet the bus at the designated stops to ensure the child's safe arrival at home. Children who are not picked up at the bus stop will be returned to the After School Program for parents to pick up.

Restricted Transportation - Parents who must pick up their children due to vehicle problems or schedule conflicts which necessitate pick up before 6:00 p.m.

ER-3 Safety Concerns

Time Change/Weather Conditions (i.e., heavy rain, fog, snow, storms) - Children who are given permission by their parent or guardian to walk home before 6:00 p.m. or those whose parents/guardians walk them home and pick them up before 6:00 p.m. when Daylight Saving is in effect (dark before 6:00 p.m.) or weather conditions warrant it.

Other Safety Considerations – If a situation arises which can reasonably be assessed by the Site Director as a risk to the safety of a student.

ER-4 Family Obligation

Custodial Issues – Children who have limited visitation with a parent, and it is in the best interest of the relationship between the child and parent to be picked up before 6:00 p.m. Court documents must be provided.

Family Emergencies (Such as death in the family, catastrophic incidents, etc.)

Family Event/Affair (Such as Family Reunion, Special Occasions, Open House, etc.)

ER-5 Medical/Dental Appointments

ER-6 Sent home – Injury/Illness/Behavior issues

Program staff will notify parent/guardian

ER-7 Other conditions prescribed by the school and/or School Board (Gas leak, Power Outage, etc.)

This Code applies to reasons when the Program is closed by the School or District Administration ONLY.

SEARCH AND SEIZURE POLICY

The HEART After School Program recognizes that incidents may occur which jeopardize the health, safety and welfare of students and staff and which necessitate the search and seizure of students or property by HEART officials. The HEART After School Program requires that discretion, good judgment and common sense be exercised in all cases of search and seizure.

Individual Searches

HEART Administrative Staff may search individual students and their property when there is a reasonable suspicion that the search will uncover evidence that the student is violating the law or the rules of the district, the school, or the HEART Program.

The HEART Administrative Staff shall notify the parent/guardian of a student subjected to an individualized search as soon as possible after the search.

Searches shall be made in the presence of at least two other HEART employees.

Employees will not conduct strip searches, body cavity searches and will not engage in any inappropriate physical contact with the students.

The cooperation of students is expected, and is a requirement for on-going participation in the program.

HEART COMPUTER AND INTERNET USE POLICY AGREEMENT

I agree to the following for my child:

1. To have access to HEART-provided technology resources
2. To have supervised access to the internet
3. To allow student work to be published by Pro-Youth/HEART
4. To enforce safe internet practices at home
5. Not to hold Pro-Youth/HEART liable for any damages resulting from a violation of the agreement or from any failures of Pro-Youth's internet controls.
6. I will be held financially responsible for any and all damage to the technology resources that are intentionally caused by the student named below
7. Any misuse of technology resources by the named student will result in immediate withdrawal of any and all access privileges, and may result in other disciplinary action up to and including dismissal from the HEART program. For further details, please see the Pro-Youth/HEART internal Student Use of Technology Policy.

**2014/2015 HEART Program
Registration Form**

Return this form to the HEART Program

Please fill out a separate registration form for each child enrolling in the HEART Program.

2014/2015

Child's Legal Name: _____ Birth Date: _____ Age: _____ Grade: _____

Child's Address: _____ City: _____ Zip: _____ School: _____

Parent/Guardian: _____ Relationship: _____

Cell #: _____ Work #: _____ Home#: _____

Email: _____

Release Authorization: Yes No Pick Up Days: All Specific Days: _____

Parent/Guardian: _____ Relationship: _____

Cell #: _____ Work #: _____ Home#: _____

Email: _____

Release Authorization: Yes No Pick Up Days: All Specific Days: _____

Please list the names of any additional children you will be enrolling in the HEART program

Name: _____ Grade: _____ Name: _____ Grade: _____

Emergency Contacts & Release Authorization

No child enrolled in HEART will be released from the program without a Parent/Guardian signature or that of one of the three individuals listed below. (NOTE: Names listed must be of someone 16 years or older with ID upon request by HEART staff.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Transportation

Where available, the HEART Program will provide after school bus transportation from designated HEART Programs. All participants must have parental consent on the HEART Program Registration Form. Please note that by designating your child as a bus rider or walker, you waive all claims against the HEART Program from accidents occurring once your child has been released from program. .

Should I choose to designate my child as a bus rider or a walker, I give permission for the HEART staff to sign my child out of the HEART Program.

Should I designate my child as a pick-up, they must be signed out by a parent, guardian, or anyone else designated by the parent/guardian.

Please check the appropriate box(es): Bus Rider Pick-Up Walker

Parent Guardian _____ Signature _____
Print name



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STUDENT PICK-UP: Children participating in HEART must be signed out by you or someone you have designated on the child's registration form (i.e. relative, friend, Program Leader). Your child must be picked up promptly at the end of each HEART day. If your child is not picked up by 6:00 p.m., HEART staff will try to contact you or those individuals designated as emergency contacts. After every effort has been exhausted to reach you or someone you have designated to pick up your child with no success, law enforcement will be contacted. Late pick-up may result in a child being dropped from the HEART Program.

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DISCIPLINE: Participation in the HEART Program is a privilege. Disruptive or disrespectful behavior toward other students or HEART staff or behavior that endangers the safety of others is grounds for dismissal. We encourage you to discuss concerns about your child's behavior with the Site Director.

HOMEWORK: The HEART After School Program is not a homework completion program. It is designed to support the state grant requirements which include academic and behavior improvement. Parents should still check their child's homework each day to ensure completion and accuracy.

POLICY ON LIABILITY: HEART is not liable for the payment of expenses incurred as a result of any injuries. Parents are informed that HEART is not liable for any personal items that may be damaged or lost or for the cost of replacing such items.

STUDENT DATA & SURVEYS: To comply with state and federal grant requirements, HEART obtains data from the school/school district regarding student instructional day attendance, academic scores and social/behavioral impacts of the program on each participating child. Children enrolled in HEART will be asked to take surveys as part of our grant requirement. The Site Director has the surveys available for your review. When required by law, HEART must provide information to law enforcement agencies that you have provided to us.

PARENTAL SUPPORT: HEART staff is committed and qualified to work with your child. You are an important partner to our program and your child's success. We appreciate your help with field trips, events, activities, tutoring, and other projects. Contact the HEART Site Director for information if you would like to volunteer in any way.

I verify that the information contained in the registration form is complete and accurate. I understand that reasonable measures will be taken to engage my child in all after school program activities to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize transportation to a medical facility and/or the calling of a physician at my expense to provide whatever emergency medical treatment is necessary. I understand that the School District and the HEART Program do not carry medical or dental insurance for children injured on the school premises.

I am signing below as an indication of my intent to have my child participate in the HEART Program. I have read and understand the conditions of my child's participation in the HEART Program Agreement below.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

This form authorizes the program to receive and use your student's individually identifiable health information, as set forth below, consistent with federal laws (including HIPAA) concerning the privacy of such information. This information will enable us to support the needs of your child. Please complete.

Patient/Student Name:		Date of Birth:	
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I, the undersigned, do hereby authorize the school district, agency and/or health care providers marked below,

<input type="checkbox"/> Visalia Unified School District, 5000 W. Cypress Ave, Visalia, CA 93277
<input type="checkbox"/> Woodville Unified School District, 16541 Rd. 168, Porterville, CA 93257
<input type="checkbox"/> Strathmore Unified School District, 19811 Orange Belt Dr., Strathmore, CA 93267
<input type="checkbox"/> Exeter Unified School District, 134 S. "E" St. Exeter, CA 93221

to provide health information from the above-named child's medical record to and from:

Pro-Youth, 505 N. Court Street, P.O. Box 387, Visalia, CA 93291 Contact Person: Daryn Davis, CEO 559-624-5810 Fax: 559-741-4886
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The disclosure of health information is required for the following purpose: _____

Requested information shall be limited to the following:

<input type="checkbox"/> Minimum necessary health information; or
<input type="checkbox"/> Disease-specific information as described:

DURATION

This authorization shall become effective immediately and shall remain in effect until _____ (enter date) or for one year from the date of signature, if no date entered.

APPROVAL

Printed Name:		Signature:	
Relationship to Patient/Student:		Date:	Telephone:

RESTRICTIONS:

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS:

I understand that I have the following rights with respect to this Authorization:
I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the health care agencies/persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization.

RE-DISCLOSURE:

I understand that the Requestor will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs. I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

PARTICIPANT WAIVER AND RELEASE

1 _____ has my permission to participate in
Print Name of Minor

Pro-Youth/ HEART After-School Program and all sponsored activities, including all sports and physical education activities that may be offered as a component of the HEART After-School Programs.

I understand and acknowledge that participation in sports and physical education activities poses risks to my child, including the risk of strains, sprains, broken bones and serious injury or death.

I hereby certify that the minor is my son / daughter (**circle one**) and that his/her date of birth is _____ and I do hereby certify that, to the best of my knowledge and belief, said minor is in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I, as parent or guardian of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Pro-Youth and the HEART After-School Program and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation and/or my participation in activities.

2 **PERMISSION TO PHOTOGRAPH**

Occasionally, Pro-Youth/ HEART program activities may be photographed, videotaped, or audio taped for educational, publicity or fundraising purposes. Please indicate if you give permission for your child and/or you to appear in videos, photos or audio recordings without compensation (e.g., as part of brochures, slide shows or program websites).

____ Yes, I give my permission for my child/myself to appear in photographs or videotape.

____ No, I do not want my child/myself to appear in a photograph or videotape.

3 **MEDICAL INFORMATION**

I hereby advise that the above named minor has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: **(If none, please write the word "none"). If your child has any medical conditions (anything as minor as glasses), please also complete the attached "Authorization for Use or Disclosure of Health Information."**

Any known allergies?

Any required medications?

Any other concerns the Program should be made aware of? _____

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HEART COMPUTER AND INTERNET USE POLICY AGREEMENT

By signing I agree to the following for my child named herein:

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2. To have supervised access to the internet
3. To allow student work to be published by Pro-Youth/HEART
4. To enforce safe internet practices at home
5. Not to hold Pro-Youth/HEART liable for any damages resulting from a violation of the agreement or from any failures of Pro-Youth's internet controls.
6. I will be held financially responsible for any and all damage to the technology resources that are intentionally caused by the student named herein.
7. Any misuse of technology resources by the named student will result in immediate withdrawal of any and all access privileges, and may result in other disciplinary action up to and including dismissal from the HEART Program.

For further details please see the ProYouth/HEART internal Student Use of Technology Policy

I acknowledge that I have carefully read this document in its entirety and understand the information herein. A copy will be made available to me upon my request.

I agree to each of the terms and acknowledgments above, Items 1-5: Pages 1 and 2, and agree to permit my child to participate in the Pro-Youth/ HEART After-School Program and all sponsored activities.

Date

Parent Name (printed)

Parent Name (Signature)

Address

City

State

Zip

Phone (include area code)