

CFYCD Summer & Afterschool Program ENROLLMENT FORM 2019-20

Register by May 13, 2019 to Secure Your Spot!

Student's Name: _____ DOB: _____ Grade: _____ School: _____

Demographics (this information is used only for reporting purposes):

Student's gender (check one):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student receives (check one):	<input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Price Lunch <input type="checkbox"/> N/A
Student receives learning support services (check one):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student's race/ethnicity (check all that apply):	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> More than One Race <input type="checkbox"/> Unknown/Other
Does your student speak English as a second language?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please, select the program(s) and days your child will attend:

Summer 2019 (6/24 – 8/2): ___ Monday ___ Tuesday ___ Wednesday ___ Thursday
(Summer Program runs 8:00 to 2:00 pm - bus travel time included)

School Year 2019-20: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday
(After school Program starts directly afterschool and runs for 3 hours)

Parent/Guardian Agreement

1. I understand that, for my child's safety, I must sign my child out when picking her/him up from program. I also understand that my child will only be released to the persons listed in my child's emergency contact information, and that I will be contacted immediately if any unauthorized persons attempt to pick up my child.
2. I understand that program staff will apply minor First Aid (bandages/icepacks) to my child, but cannot dispense oral medications. Staff will contact parents/guardians if First Aid is necessary. I give Consent for CFYCD to seek emergency medical care if necessary.
3. I understand that the afterschool program has the same expectation for student behavior as the school, and that attending any CFYCD program is a privilege and is voluntary.
4. I give permission for CFYCD staff to obtain the following information for my child: school attendance and tardiness data; state assessment data (PSSA, Keystone, etc.); report card grades; school discipline data; programming pre and post data; and feedback from teachers and administrators to comply with grant reporting requirements, with the understanding that this information will be kept confidential
5. I give permission for CFYCD to take pictures and video of my child during the afterschool program with the understanding that these images may be used for: projects/ display boards; student yearbooks, CFYCD's Website/Facebook/Twitter pages; in local newspapers and, shared with CFYCD partners/collaborators.
6. I understand that if school is canceled or dismisses early, there will be no program that day. If CFYCD chooses to cancel program, staff will contact parents/guardians before 2:00 pm whenever possible.
7. To facilitate communication; I agree to have my cell phone number included in the CFYCD Afterschool remind app to receive announcements, reminders or updates.

 (Parent/Guardian Signature)

 (Date)