



21st Century Grant After School Program Enrollment 2022-2023

Child's Name: _____ Date of Birth: ___/___/___ Grade for 22//23 school year: ___

Mailing Address: _____

Gender: ___ Male ___ Female

Racial/Ethnic Group (circle all that apply)

American Indian/Alaska Native Asian

Black or African American White

Hispanic or Latino Other

Pacific Islander

My child will attend the program on: (all four days are expected with exception to previously scheduled programs and appointments) (check all that apply)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday

My child attended the program in the 21-22 school year ___ Yes ___ No

CONSENT

I give my child permission to participate in the 21st Century Community Learning Centers' Afterschool program at Wyalusing Area School District.

PARENT/GUARDIAN SIGNATURE _____

Date: _____

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 (Primary Contact)

Name: _____ Relationship to Student: _____

Mailing Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Work Phone: _____

Email Address: _____ Language(s) Spoken: _____

TRANSPORTATION AUTHORIZATION

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

In the afternoon my Child will: ___ Take the bus ___ Be picked up from the program by parent/guardian

Bus stops are being determined by enrollment.

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
1 st				
2 nd				
3 rd				

I, _____, understand and give permission to Wyalusing ACTION 21st CCLC Staff 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

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

Contact 2

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (____) _____

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 Devices: 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 to any of the above, please give us any detail that will help us provide *prompt Care & proper Educational service*. Remember that the Sayre Nurses' office is NOT open after school so other arrangements have to be in place through us.

PERMISSIONS

Child's Name: _____ School: _____

Consent to Photograph, File, or Videotape a Student for Non-Profit Use (Educational, Public Service or Health Awareness Purposes)

_____ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movie or video tapes of the Student named above by **Wyalusing ACTION 21st CCLC Afterschool Program**.

_____ I also grant to **Wyalusing ACTION 21st CCLC Afterschool Program** the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

_____ I also hereby release to **Wyalusing ACTION 21st CCLC Afterschool Program** and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Student Data and Evaluation Consent Form – (Only used TO IMPROVE our program)

In order to monitor the effectiveness of the afterschool program and 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 CBO **Tricia Tietjen** and the Evaluator, **Laura Payne-Bourcy** 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 or 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, progress reports, report cards) and to interview me and my child if I wish at that time.

_____ 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 the Program Director.

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

Parent/Guardian Signature _____

Date _____