

CFYCD Afterschool Program ENROLLMENT FORM 2020–21

School: _____ Teacher: _____

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

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

The Program is Monday – Thursday, starting at the last bell, and runs 3 hours. Please, check the days your child will attend the program: Monday Tuesday Wednesday Thursday

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)

**CFYCD Afterschool Program
 EMERGENCY CONTACT INFORMATION
 SY 2020-2021**

CHILD'S INFORMATION

Child's Name: _____ Age: _____ Grade: _____
 School: _____ Teacher: _____
 Street Address: _____
 City/State/Zip: _____

CAREGIVER INFORMATION

Parent/Guardian Name: _____ Relationship to Child: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____ Cell: _____ Email: _____

Parent/Guardian Name: _____ Relationship to Child: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____ Cell: _____ Email: _____

ADDITIONAL EMERGENCY CONTACTS

Please list other two persons that we may contact and that have permission to pick up your child in the case parents/guardians are not available. These contacts should be available during program hours.

1. Name: _____ Relationship to Child: _____
 Phone(s): _____
 2. Name: _____ Relationship to Child: _____
 Phone(s): _____

SPECIAL REQUIREMENTS

Please list any known allergies or medical conditions/concerns: _____
 Please list any disabilities or special needs: _____

TRANSPORTATION FOR AFTERSCHOOL PROGRAM

- **Pick-up begins ½ hour prior to the close of the program.** Late pick-ups may result in removal from the program. You will need to sign your child out with CFYCD staff, and may need to provide I.D.
- My child is permitted to walk home from the program (*select one*): YES NO
- If you need to make different transportation arrangements for your child for any given day, please send a signed and dated note to be given to the CFYCD staff.

Any other information that the CFYCD Program Coordinator should know:

Parent/Guardian Signature: _____ Date: _____

Waiver

Coronavirus/COVID19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend wearing masks and social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in activities with CFYCD afterschool programs could increase the risk of contracting COVID-19. CFYCD in no way warrants that COVID-19 infection will not occur through participation in CFYCD activities, during its programs, or its facility.

I hereby certify on behalf of myself and the named student that I have full knowledge of the nature and extent of the risks inherent in participating in CFYCD activities. I, on behalf of myself and the named student, am voluntarily assuming said risks and agree to give consent of participation which may include keeping social distance and wearing an appropriate mask.

I further certify that the named students is in good health and has no conditions or impairments which would preclude his/her safe participation in CFYCD activities. Further I will support all social distancing / personal protective equipment practices at CFYCD for my student.

As such, I give consent to named student to have temperature checks done by CFYCD staff and to have said student sign off they are symptom free. In the event of symptoms including but not limited to fever, body aches, chills, coughing, shortness of breath, sore throat, nausea/vomiting, fatigue, loss of smell or taste, congestion/runny nose, and diarrhea, you must immediately secure transportation for / pick up your student and recognize your student may be asked to leave the facility CFYCD related event/activity.

Participant Signature

Date

(If youth is under 18, Parent/Guardian signatures are required below)

Required Parent/Guardian Signatures:

Parent/Guardian Signature

Date

