

Did you know your school offers a **safe** and **supportive** place for students to grow as individuals through **supervised & fun activities** afterschool?



CFYCD Afterschool Programs offer:

- Help with homework/tutoring
- Interactive/cooperative activities
- Positive character development
- Academic enrichment
- Environmental exploration
- Career development options
- Fitness and healthy lifestyle activities
- Visiting musicians, artists, local craftsmen, and community partners

Our programs are **FREE** to all families regardless of income.

Mondays – Thursdays

3 hours/day beginning at last bell

Summer programming is also available for 6 weeks in summer 2020 located at the scenic Camp Nawakwa.

For more information about the CFYCD Afterschool Program located in your school, or to enroll your child, please contact Sami at CFYCD (717) 338-0300 x 104 or sami@cfygettysburg.com

CFYCD Afterschool Program ENROLLMENT FORM 2019–20

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

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** Starting on: _____.

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 2019-2020

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: _____