

## CFYCD Summer/Afterschool ENROLLMENT FORM

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**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
Student's CFYCD After School Program history (check one)	<input type="checkbox"/> NEW	<input type="checkbox"/> RETURNING
<p><b>*Students attending all 4 days will be given priority for enrollment in the event of a waiting list with the possibility of loss of enrollment in preference of students who are able to attend all 4 days. Special exceptions may apply.</b></p>		

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

**Summer 2022:**  Monday  Tuesday  Wednesday  Thursday

Summer Program runs 9:00 to 1:00 pm. **Please send a packed lunch for your child.**

**School Year 2022-23:**  Monday  Tuesday  Wednesday  Thursday

### Parent/Guardian Agreement (please read carefully)

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 have full knowledge of the nature and extent of the COVID- 19 health 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 social distancing, wearing a face covering and temperature check. I understand that in the event of my child having symptoms, I will be notified and will immediately pick my child up from program.
4. 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.
5. I give permission for CFYCD staff to obtain the following information for my child and share/use it in compliance with the 21<sup>st</sup> CCLC Professional Development Survey: 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.
6. 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.
7. 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.
8. 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)

## EMERGENCY CONTACT INFORMATION

### 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 Number(s): \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Phone Number(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.
- 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.

### TRANSPORTATION FOR THE SUMMER PROGRAM

- **Bus rider pick-up sites** to camp will be centrally located. Please arrive 15 minutes prior to departure time you are given. **Bus rider drop-off will be at the same site your child is picked up.**
- **Car riders drop off & pick up at camp location:** please sign in with CFYCD staff. Pick up begins at 1:00pm,
- You will need to sign your child out with CFYCD staff, and may need to provide I.D. Please be sure to arrive on time for pick up, lateness may result in removal from the program.

Is there a PFA or a "NO PICK UP" order we should know about: \_\_\_\_\_

Any other information that the CFYCD Program Coordinator should know:  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_