

21st Century Community Learning Centers (21CCLC)

Student Enrollment Form Wellsville After School Program

School Year 2020-2021

Student Information

Student Name:		Date of Birth:
School:	Grade:	Teacher:
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Gender: Male ___ Female ___	
Racial Group (optional) 1.American Indian/ Alaska Native 2. Black or African American 3. Hispanic or Latino 4. Asian 5. White 6.Pacific Islander 7. Other _____		
My Child will Attend Program on: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday		

Parent/ Guardian Information

Name of Primary Parent/ Guardian 1:		
Relationship to Student: Mother Father Grandmother Grandfather Other: _____		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	Email	
Name of Primary Parent/ Guardian 2:		
Relationship to Student: Mother Father Grandmother Grandfather Other: _____		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	Email	

Child Release Information

I give my child permission to ride the bus home after program: Yes ___ No ___

Address for bus to drop my child off: _____

I give permission for the following individuals to pick up my child:

Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:

The following individuals **MAY NOT** pick up my child:
 (If a person listed is a biological parent, court documentation must be provided)

Name:	Relationship to Student:
Name:	Relationship to Student:
Name:	Relationship to Student:

If I am not available during an emergency, my child may be released to one of the following Individuals:

Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:

Parents/ Guardians: Are you interested in receiving in a GED? Yes ___ No ___

Do you want to improve your reading or math skills? Yes ___ No ___

Authorizations

I agree to communicate with the YMCA staff regarding any questions or concerns in a timely manner and that I am to have a current telephone number listed with the YMCA staff and that I am responsible for answering and returning phone calls to the YMCA in a timely manner Yes ___ No ___

I have received and read the YMCA School Age Child Care Handbook and I agree to abide by all YMCA Policies Yes ___ No ___

I grant permission for the YMCA to transport my child in the DOT inspected bus, to and from field trips/ activities and in emergency circumstances Yes ___ No ___

I grant permission for my child to participate in walking field trips Yes ___ No ___

I grant permission for my child to be photographed by the YMCA and partnering organizations Yes ___ No ___

I understand that my child is responsible for their own behavior, clothes and belongings Yes ___ No ___

I understand that the afterschool program has a staff to child ratio of 1:10 for elementary school and 1:15 for middle school and I feel confident that my child can successfully participate within this ratio Yes ___ No ___

I grant permission for my child to participate in swimming activities at the YMCA pool and I understand that for them to do so my child must have appropriate swim attire. Yes ___ No ___

I authorize staff to administer the following, if I personally provide it:

Sunscreen Yes ___ No ___ Bug Spray Yes ___ No ___

Health Information

* To be completed by the parent/guardian. 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:

Allergies to food: Yes _____ No _____ Specify _____

Behavioral/Emotional: Yes _____ No _____ Specify _____

Physical Disabilities: Yes _____ No _____ Specify _____

Corrective Device: Yes _____ No _____ Specify _____

Asthma: Yes _____ No _____

Does your child use an inhaler or nebulizer: Yes _____ No _____

Allergy 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 _____

Other: _____

Does your child have special health care needs that require treatment or medication? Yes _____ No _____

Please explain: _____

(The after school program is unable to administer any medications except, emergency inhalers, emergency Epi-pens and Benadryl if given as a preventative medication with the Epi-pen. We are only able to administer these medications when we are provided with the proper paperwork filled out by the parent/ guardian and the child's doctor).

Does your child take medication for any condition or illness? Yes _____ No _____

Please explain: _____

Are there any activities your child cannot participate in: Yes _____ No _____

Please explain: _____

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21st CCLC Program to obtain the necessary medical care for my child. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent Signature _____ Date _____

Parent/Guardian Authorizations: This registration form is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all program activities except as noted. Any questions or concerns, contact Brianna Simms at 585-808-2124 or at briannas@twintiersymca.org.

Parent Signature _____

Date _____

Parent Name (Printed) _____

Date _____



21st Century After-School Program
 Wellsville YMCA
 STUDENT DATA AND EVALUATION
 CONSENT FORM



Your child, _____, is enrolled in our after-school program that is funded by the 21st Century Community Learning Center grant (21st CCLC). In order to monitor the effectiveness of the program and to ensure its future success, an independent evaluator is conducting an ongoing evaluation. It is the intention of the evaluation to learn how these services that are offered help students, and how they can be improved in order to meet the need of our students and the grant requirements.

Specifically, we ask permission to:

- Obtain demographic data including: racial/ethnic group, gender, grade level, English proficiency, free or reduced price lunch eligibility, and special needs from the Wellsville Central School District.
- Obtain your child's records showing his/her progress, including information about enrollment, grades, local and statewide test scores and attendance.
- Survey you and your child about the 21st CCLC program.
- Talk to administrators, teachers and staff from the Wellsville Central School district about your child's progress and participation in the 21st CCLC program and review program records with them.

Individual student data we collect will be used solely to assess the 21st CCLC program and will not be made public. Participating in the evaluation will not affect your child in school, in the 21st CCLC program, or in any other way. Your child's name will not be used in any report. At the end of the evaluation, we will destroy all records that contain personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the following options below and return to the program director.

_____ 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 21st CCLC program.

_____ 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 21st CCLC program.

If at any time you change your mind about this decision, please contact the site coordinator or program director.

Student Name _____ Date _____

PRINT Parent/Guardian Name _____

SIGNATURE Parent/Guardian _____



New York
 21st Century Community Learning Centers
 SOARING BEYOND EXPECTATIONS

Behavior Contract

21st Century After-School Program

Wellsville YMCA

The staff of the 21st Century Program is here to provide a safe, educational and fun environment for our students. While we want everyone to enjoy themselves, certain expectations must be followed in order for the program to succeed. Some offenses may not warrant a write-up, but may result in loss of privileges.

iPads may be used **DURING HOMEWORK TIME** only. We are required by our OCFS, our licensing agency, to monitor all iPad use. Students **MUST** be seated at a table/desk in their program area, no exceptions. Students may use school-appropriate, educational sites/apps only. Volume must be kept to a minimum so that students can hear staff members' instructions/questions. Earbuds may be worn, with one in and one out **ONLY SCHOOL-ISSUED DEVICES MAY BE USED DURING PROGRAM.**

Level 1 Offense: Minor infractions, such as creating a disturbance in the classroom, lying etc.

Level 1 Intervention: Students will receive 3 verbal warnings. Students may be sent to the waiting/pick-up area.

Level 2 Offense: Disrespectful of staff or others; failure to adhere to directions set by staff and volunteers; continued Level 1 behaviors.

Level 2 Intervention: Conference with student and parent/guardian, possible suspension from program.

Level 3 Offense: Fighting, hitting, kicking, inflicting physical injury, making verbal or physical threats, inappropriate language; continued Level 2 behaviors.

Level 3 Intervention: Telephone call home; conference with parent/guardian; suspension from program.

When a child has been admitted back into the program after a suspension, and the same behaviors are repeated, the site director will notify parent/guardian that their child's slot could be forfeited for the remainder of the year if such behavior is not corrected.

We, the undersigned, agree to abide by the terms outlined in this document:

_____ Student _____ Date

_____ Parent/Guardian _____ Date