

21st Century Community Learning Centers (21CCLC)

Student Enrollment Form Wellsville After School Program

School Year 2016-2017

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:

Authorizations

I agree to communicate with the YMCA staff regarding any questions or concerns in a timely manner
Yes___ No___

I understand 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 Joan Wissert at 716-378-5253 or at joanw@yourymca.org.

Parent Signature _____

Date _____

Parent Name (Printed) _____

Date _____

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



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 _____





STUDENT MEMBERSHIP FORM

Please fill out the following form to activate your student's YMCA Membership and present it at the Y, located at 133 Bolivar Road in Wellsville. The YMCA offers a FREE student Membership to all participants in our 21st Century Community Learning Center (21st CCLC) After School Program. Membership begins September 1, 2016 and is active until August 31, 2017.

PARENT INFORMATION		TITLE	FIRST NAME	MI	LAST NAME	SUFFIX
BIRTHDATE / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREFERRED METHOD OF CONTACT <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL		RETURNING Y MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERRED BY The Connect 4 Schools
HOME ADDRESS LINE 1						
HOME ADDRESS LINE 2						
CITY			STATE		ZIP	
PREFERRED PHONE () -		OTHER PHONE () -		EMAIL ADDRESS		
STUDENT	FIRST	MI	LAST		GENDER	BIRTHDATE / /

ACCEPTANCE	<p>I agree to abide by the rules and regulations of YMCA of the Twin Tiers that are designed for the enjoyment of all members. I understand that participation in Y membership and programs is a privilege and the Y reserves the right to revoke these privileges as necessary. I understand my photo may be used for Y communications pieces. I understand I am required to give 30 days' notice to terminate my membership.</p>
	<p>_____ SIGNATURE OF PARTICIPANT/MEMBER/OR LEGAL GUARDIAN</p> <p>_____ DATE</p>

NEW MEMBER CHECKLIST	OFFICE USE ONLY		
	<input type="checkbox"/> PHOTO TAKEN <input type="checkbox"/> SCAN CARD ISSUED	<input type="checkbox"/> TOUR OFFERED <input type="checkbox"/> MEMBER PACKET GIVEN <input type="checkbox"/> WELLNESS CTR APPT	<input type="checkbox"/> POSTCARD SENT <input type="checkbox"/> DATA CHECK BY: _____

YMCA of the Twin Tiers



OUR MISSION

strong kids, strong families, strong communities

OUR VISION

The YMCA of the Twin Tiers provides opportunities to all by putting Christian values into practice through programs that build healthy spirit, mind and body for all. The Y embraces diversity and promotes community development.

MEMBERSHIP AGREEMENT

Instructions: Please complete the following according to your membership category.

Member/Program Member: Read and sign this document.

In consideration of being allowed to participate in any way, at any location, of the YMCA of the Twin Tiers membership, program, and related events and activities, the undersigned:

1. Agrees to inspect the facilities and equipment to be used at any location, and if the participant believes anything is unsafe, he/she will immediately advise the appropriate Y staff.
2. Agrees to complete the PAR-Q & You Questionnaire, and, if answered yes to one or more of questions 1-7, agrees to consult with a physician prior to beginning an exercise program.
3. Agrees to monitor personal condition throughout participation in an exercise program, and should any unusual symptoms occur, participant will cease participation and inform Y staff of the symptoms.
4. Agrees to follow the instructions of Y Staff and published code of conduct.
5. Agrees to read and adhere to the policies and procedures of the YMCA of the Twin Tiers including those written in the Annual Program Guide.

I wish to be a member of the YMCA of the Twin Tiers. I have no medical condition which would prevent me from participating in activities of the Y except _____.

GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

I personally assume all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in program events at any location. In consideration of my membership, I hereby release, absolve, indemnify and hold harmless the YMCA of the Twin Tiers, its staff, employees, volunteers, supervisors, instructors and any other representative, together with their agents, representatives or assigns (collectively the "Released Parties").

I hereby waive all claims against the Released Parties for any injury, including death, any loss due to theft of or damage to my personal property, or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or ever slight care. I agree to hold harmless the Released Parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from the above.

I have read this general liability release and waiver of claims. I understand the terms of this document, understand that I am waiving my rights to any claims against the released parties, and sign it freely and voluntarily.

	Member Name	Member Signature (or parent if under 18)	Date
Primary			
Child			

**WHEN YOU JOIN THE Y, YOU JOIN A COMMUNITY ORGANIZATION
THAT OFFERS MORE HEALTH, MORE HOPE, MORE OPPORTUNITY**