



Edward Fenn After School Program 2019-2020 Enrollment Form

Child's Name: _____ Gender ____ Grade ____ Age ____ Date of Birth: _____

With whom does the child live? _____ Siblings: _____

Parent's Email Address _____ Child's Homeroom Teacher: _____

Does your child have special needs? No Yes: IEP 504

Does your child receive free or reduced lunch? No Yes: Free Reduced

Is English the primary language spoken at home? No Yes _____
Primary Language if not English

Has a member of your immediate family served in the Military? No Yes: _____
Relationship to child Retired/Active/Deployed

PROGRAMMING INFORMATION

All Students

Which days would you like your child to attend? Monday Tuesday Wednesday Thursday Friday

On school in-service days, the After School Program will run until 4:00 p.m. There will be a fee on these days of \$20 per day. This is an optional service. Please indicate whether your child will attend those days:

Yes No Will let you know for each specific day (and I am aware it is "first come, first serve" so the days will not be guaranteed).

TRANSPORTATION INFORMATION

How will your child get home at the end of the day?

Picked up _____ Walk home* _____

*A note signed and dated by the legal guardian is required for walkers.

STOP – Restrictions for picking up my child(ren)

If there are any restrictions on who may NOT pick up your child please list them:

If there is a custody restriction, please provide us with a copy of the Court Order

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PROGRAM CANCELLATION

In case of program cancellation due to weather or emergency, my child will:

Be picked up _____ Walk home _____ Additional Instructions _____

***Please provide 2 direct contact numbers so that our pre-recorded, automated system can contact **you** (not a receptionist or switchboard): _____ (Please stay on the line to hear the notification)

***Please call your ASP Site Director regarding cancellation concerns and refrain from calling the school.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT

Child's name:

Date of birth:

Address:

Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
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Address:	Address:
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Home phone number:	Home phone number:
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Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.

Business Name:	Business Name:
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Address:	Address:
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Phone number:	Hours:	Phone number:	Hours:
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Special Instructions for reaching parent/guardian:

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
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Relationship:	Relationship:
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Address:	Address:
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Phone number:	Phone number:
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NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
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Relationship:	Relationship:
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Address:	Address:
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Phone number:	Phone number:
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CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852-3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:	
Child's Usual Physician:	Phone number:
Physician's Address:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:

FEE INFORMATION

Please complete your monthly or yearly family income so that we may determine a fee affordable for your family income*.

Monthly Income _____ OR Yearly Income _____

Number of family members in household _____

*Our sliding fee scale is based on free and reduced hot lunch federal guidelines in addition to State Child Care Assistance Guidelines. **All families are required to pay a registration fee and submit it with the Enrollment Form.**

Registration Fee: \$10.00 per student or \$15.00 total for a family of two or more

Daily Afternoon Program Fee: Based on sliding fee scale (please refer to Sliding Fee Scale Insert)

PARENT HANDBOOK

- I have read the Project Youth Parent Handbook and understand what is expected of me and my child.
- I agree to the content of this handbook.

Parent/Guardian Signature _____ Date _____

- My parent/guardian has talked with me about the rules regarding my personal belongings.
- I know what is expected of me.

Student Signature _____ Date _____

PARENT INVOLVEMENT

How would you like to be involved in the Afterschool Program? (Please check all that apply)

___ I would be interested in attending Family Events during or after program hours throughout the school year.

___ I am interested in volunteering in my child’s Afterschool Program. Please send me more information!

___ I am interested in being considered as a member of an Advisory Board for Project Youth. Please contact me with more information!

Office Use Only: \$ _____ Registration fee paid in full Cash/MO/Check # _____

_____ Contacted Office about other arrangements Date Received _____

Billing Arrangements: _____

Release Information

Release must be signed in order for your child to attend programs. Please indicate any item(s) for which you do not give consent if necessary.

1. I understand some of the programing is off school grounds. I give permission for my child to leave school grounds and be transported if necessary.
2. I understand recorded images of my child (both visual and audio) may be made of my child during the After School Program. I give permission to The Family Resource Center, its designees, and its partner agencies providing services during the After School Program to make and use such images/recordings in publications, advertising, brochures, newspapers, website or other advertising medium. I hereby waive any right to inspect and/or approve the finished product or the advertising copy that may be used, and the use in which it might apply. I hereby release and agree to hold harmless The Family Resource Center and its duly authorized agent from all legal responsibility or liability for the use of photographs as authorized herein.
3. I give permission for my K-5 child to view G and PG rated movies only if shown during program hours.
4. I give my child permission to use the Internet and other forms of technology in the After School Program.
5. I give my permission for the Site Director to obtain a copy of my child's immunization and physical from the school nurse. (examination must be completed within the past 2 years)
6. I give my permission for the Site Director to discuss behavior and academic issues concerning my child with the teachers and administration of my child's school to better serve my child. I also give permission for the Site Director to access my child's records that are kept by the school administration, including, but not limited to, school performance indicators, progress reports, report cards and classroom behavior assessments.
7. I give my permission for Site Directors to release any confidential information involving my child with other Family Resource Center service providers, school personnel including the school nurse and Law Enforcement. We are mandatory reporters for the Department of Children Youth and Families (DCYF).
8. **I give my permission for the Site Director to have access to my child's 504 and/or Individualized Education Program (IEP) and to discuss his/her educational needs with school personnel.**

Release does NOT apply to # _____

Child's Name

Date of Birth

Parent/Guardian Signature

Date

*****This page must be returned with your Enrollment Packet*****