

# YWCA Wash Advantage After School Program

Site Address: Washington Middle School, 159 Buffalo Street, Jamestown, NY 14701

(716) 484-0676 or 338-3829

Site Coordinator: Shane Monroe

## ENROLLMENT FORM 2009-2010

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Will you be using the program as childcare while you are working?  Yes  No

Mother's Name/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Other phone \_\_\_\_\_

Father's Name/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Other phone \_\_\_\_\_

With whom does the child live with? (please circle) Mother Father Grandparent Guardian other \_\_\_\_\_

Child's Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_

Does the applicant receive: (check one)  free lunches  reduced lunches  neither

Your child's physician is \_\_\_\_\_ Phone \_\_\_\_\_

Please list any chronic or reoccurring illnesses, medical conditions, or medication and explain: \_\_\_\_\_

Does your child have any dietary allergies or restrictions? (Please include reactions ) \_\_\_\_\_

### Attendance:

Funding for this program is provided in cooperation with Jamestown Public School District, Office of Children and Family Services Advantage Grant and parent fees. The cost for attending is \$15.00 per week. Children must enroll and attend the program a minimum of 4 days per week but can attend 4 or 5 days a week. If your child is enrolled less than 5 days a week, you must specify the days that he/she will attend and he/she may only attend on those days. Please check with your program Site Coordinator as to what time the first activity session is scheduled to end if you plan to pick up your child before 6:00 pm. Children who do not attend at least one full activity session on a regular basis (90% minimum) run the risk of losing their registration in the program.

**Please indicate which days your child will attend by circling the days below.**

M T W TH F

### Parental Consent:

I hereby give my permission for my child to participate in the YWCA Wash Advantage After School Program and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YWCA sponsored activities. I also waive any liability against the Jamestown Young Women's Christian Association (YWCA) it's officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child while my child is practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YWCA. I agree and support that students are expected to follow program rules and regulations for the health, safety, and rights of all participants. I understand that program staff will exercise a reasonable amount of discipline to enforce these rules and that parents will be notified and expected to take home any child who infringes on the rights of others. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Site Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Print Name Signature (Parent or Guardian) Date

## AUTHORIZATION FOR RELEASE

**RELEASE OF CHILD(REN)** : Please select only **ONE** of the following options below:

### **Option # 1: Walking**

1. My child(ren) \_\_\_\_\_ may walk home at (circle one) 4:30pm or 5:30pm.

I am taking full responsibility and will not hold the YWCA, Jamestown Public Schools or any other partner in the YWCA Wash Advantage After School Program liable for my child once they are released from the program. I will notify the Site Coordinator of any changes in my child's release procedures.

### **Option # 2: Pick Up**

2. My child(ren) \_\_\_\_\_ will be picked up each day of the program. I hereby authorize the YWCA Wash Advantage After School Program to release my child from the after school care program to the following individuals over the age of 14. Authorized adults other than parents should be prepared to show picture ID. If for some reason I do not pick up my child(ren) and you cannot reach me, please call the emergency contacts until you find someone to pick up my child.

### **EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP** **(Persons to be notified if parents cannot be reached)**

My child(ren) \_\_\_\_\_ will be picked up each day of the program. I hereby authorize the YWCA to release my child from the after school care program to the following individuals over the age of 14. Other authorized adults should be prepared to show picture ID. If for some reason I do not pick up my child(ren) by 6:00 pm and you cannot reach me, please call the emergency contacts until you find someone to pick up my child(ren).

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please list any special circumstances for release or Individual(s) **not allowed** to pick up my child(ren)

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(All Restrictions must be supported by documentation.)

# PROGRAM POLICIES AGREEMENT

## Enrollment procedure and requirements:

- a. Submit a completed enrollment packet
  1. Enrollment Form
  2. Program Policies Agreement
  3. FERPA form
- b. Once the registration packet is received, the parent will be notified by the Site Coordinator to verify the child may begin attending on the first day of program. **Program is scheduled to begin Monday, September 14<sup>th</sup>, 2008.**
- c. If the registration packet is received after program begins, the Site Coordinator will notify the parent when the child can begin attending.
- d. The program provides child care services throughout the school year. Once a family has enrolled their child, the child maintains his/her enrollment slot for the entire school year. The child's enrollment may be suspended or terminated and the enrollment slot made available to another child who is first on the waiting list for the enrollment slot when one or more of the following occurs:
  1. The legal guardian communicates (written or verbal) to the Site Coordinator that the services are no longer needed.
  2. The program's services are no longer made available to the child because minimum attendance requirements were not met.
  3. The child's enrollment has been suspended or terminated for disciplinary reasons.
  4. Parent orientation not completed within 3 weeks of child's start date.
  5. Parents have not provided or updated our records with a valid phone number or emergency contact phone number in the event the program staff needs to reach them.
  6. Payment is more than 2 weeks late.
- e. Enrollment for one year does not guarantee enrollment for the following year. Enrollment is on a first come first serve basis.

## Parental Requirements: (you must initial next to each paragraph)

\_\_\_\_\_ I understand that I must notify my child's teacher when I enroll my child in the Wash Advantage After School Program, and which days my child will be attending the program. I must notify the Site Coordinator and my child's teacher by 1:30pm if my child will not attend the after school care program that day. I will be called if my child fails to arrive at the after school care program when expected.

\_\_\_\_\_ I understand that I must attend a Parent Orientation meeting scheduled at the beginning of each program year, and that my child's participation in the program is contingent on the completion of the orientation. If my child's start date is after the parent orientation has been held, I understand I am required to complete a parent conference with the Site Coordinator within the first 3 weeks of my child's start date in order for my child to remain in the program. I understand that as a parent, involvement in the after school program is expected and I will make every effort to attend family events and special functions scheduled throughout the year.

\_\_\_\_\_ I understand that the after school program operates on full days of school only and that my child must be picked up by 6pm each day.

\_\_\_\_\_ I understand that acceptable behavior is a condition of my child's enrollment in Wash Advantage, that my child must follow the rules, policies and procedures set out in the YWCA Advantage Student & Parent Handbook, and that he/she will be subject to consequences detailed under Discipline Action Guidelines.

Continued on back

\_\_\_\_\_ I hereby give permission for my child's medical and academic records for the September 2009—June 2010 school year to be made available to the YWCA Wash Advantage After School Program by Jamestown Public Schools. I give permission for my child to travel by bus from Washington School on supervised field trips and for the use of his/her photo in program promotions.

\_\_\_\_\_ I understand the program expectation for attendance is for my child to attend one activity session each day they are registered. I also understand that my child's spot in the program may be terminated if the minimum attendance (based on the days that child attends school) is not met. I understand that if I choose for my child to attend less than five days each week, I must specify the days my child will attend and that he/she may attend only on those days.

\_\_\_\_\_ I understand that payments are due the last program day of the week for the following week. A late fee of \$10.00 will be assessed if not paid by the following Wednesday. There will be no refunds or credits issued for days. If enrolled, that child's slot is reserved and the program is staffed accordingly and parents/guardians are still required to pay. **I understand that financial responsibility exists regardless of my child's attendance.** If payments are two weeks late, your child will be removed from program.

\_\_\_\_\_ I understand that NSF checks and a \$25 bank fee must be paid within 3 days once the parent is notified. I understand that if there is a second NSF check I will be required to pay in cash, money order or cashier's check until further notice.

\_\_\_\_\_ I understand that repeated violations of any YWCA Advantage After School Program policies on my part or on the part of my child may result in termination from program.

The YWCA Wash Advantage After School Program is committed to providing equal enrichment opportunities to all children enrolled at Washington Middle School and maintains a strict policy prohibiting unlawful discrimination. No qualified student shall, on the basis of disability, race, religion, color, sex, national origin, or ability to pay, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under YWCA Advantage Programs.

Child(ren)'s Full Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Homework Policy and Agreement

Dear Parent,

At Chautauqua Striders, we believe that we can support your family and your child's school success by providing an enriching environment with adult tutors to help your child with homework during our program.

Every child in grades 5 - 8 will have the opportunity to ask for assistance during snack time at the beginning of program. During the scheduled one hour tutoring sessions, the focus will be on the four main subject areas of math, reading/English language skills, science, and social studies. Even if your child does not have homework, he or she should expect to report to Striders if scheduled. Tutors will give him or her the chance to work on improving basic knowledge in core subjects and/or work on test taking skills. Students are responsible for bringing their agendas with assignments written in them and any materials or books required to complete their work. Tutors will focus on giving students the tools they need to think independently, including strategies for approaching and completing homework, and learning the value of organization and preparation. **Homework will not necessarily be completed in each session.** Striders will also provide enrichment activities in core academic areas including reading, writing, and math for students who do not have homework. Please do not use Striders as a "punishment" for poor grades. Students of all abilities make use of the opportunity to get a little extra guidance and support.

Tutors will be available everyday, Monday – Thursday. To help us better prepare, we ask that each parent and child complete the form below together and return it to your Site Coordinator. We can provide the best homework assistance when staff, children, and families have a clear understanding of each other's needs and expectations.

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Please complete the following Homework Agreement:

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

The specific academic needs of my child are: \_\_\_\_\_

\_\_\_\_\_

Which homework assignments are usually the easiest? \_\_\_\_\_

Which homework assignments are usually the hardest? \_\_\_\_\_

By signing this Homework Agreement, I understand that my child's homework may not be completed every night, and that when necessary, basic skills will be worked on instead of homework.

My child and I have discussed this Homework Agreement. I understand all information will remain strictly confidential.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**JAMESTOWN CITY SCHOOL DISTRICT**  
**FERPA RELEASE FORM**  
**(Family Educational Rights and Privacy Act)**

**2009-2010**

**TO THE JAMESTOWN CITY SCHOOL DISTRICT:**

I am the parent or legal guardian of the following child(ren), who is a student in the Jamestown City School District:

\_\_\_\_\_  
(Please print child's name)

\_\_\_\_\_  
(Please print child's name)

\_\_\_\_\_  
(Please print child's name)

I hereby authorize the Jamestown City School District to release education records (as defined on the reverse of this form) to the following agency:

YWCA of Jamestown/Chautauqua Striders

I recognize that the purpose of this disclosure is to assist the Jamestown City School District and the Agency in providing programs or services to my child. I understand this Release remains in effect from the date it is received by the Jamestown City School District through June 30, 2010, unless I revoke such consent in writing and deliver such revocation to the Jamestown City School District.

I acknowledge that I have reviewed the information contained on the reverse of this form and that an explanation of the rights accorded to me under FERPA (Family Educational Rights and Privacy Act) has been made available to me at my request.

X \_\_\_\_\_ X \_\_\_\_\_  
***Signature (Parent/Guardian)***                      ***Date***

## **WHAT IS FERPA?**

The Family Educational Rights and Privacy Act of 1974 (the "Buckley Amendment") prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of a student's parent (or a student over eighteen years of age). Please contact the Jamestown City School District for a full explanation and the exceptions contained in FERPA, or see the following website:

**[www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)**

## **WHY SHOULD I SIGN THIS FORM?**

Your child has enrolled in a program provided by an agency under contract with the Jamestown City School District. The purpose of this Release is to permit the staff of the agency to obtain copies of your child's records and to discuss the contents of those records with representatives of the Jamestown City School District without obtaining your written consent each time.

## **DOES EVERYONE NEED TO SIGN THIS FORM?**

Parents of students who participate in programs or activities provided by independent agencies under contract with the Jamestown City School District are asked to sign this form, to permit their child to participate in such a program.

## **CAN I CHANGE MY MIND?**

Yes. If you decide that you no longer want others to have access to your child's records, you may fill out a new form and cancel this Release. Please note that canceling this Release may affect your child's eligibility to participate in the program or activity for which this Release was granted.

## **WHAT TYPES OF INFORMATION WILL BE RELEASED TO THE DESIGNATED PARTIES IF I SIGN THIS RELEASE?**

Your child's records such as academic records, attendance records, grades, and medical records maintained by the school nurse, will be made available to the designated parties at their request.

## **CAN THE JAMESTOWN CITY SCHOOL DISTRICT RELEASE INFORMATION ABOUT MY CHILD WITHOUT THIS RELEASE?**

The law provides that directory information can be given out *without* the written consent of a student's parent. The Jamestown City School District defines directory information as a student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, and the most recent previous educational agency or institution attended by the student. This information is released to anyone, not just agencies who provide programs or activities under contracts with the Jamestown City School District. You may restrict the distribution of directory information by the Jamestown City School District. Please contact Jamestown Public Schools Pupil Services at 716-483-4350 if you wish to restrict this information.