



RSG 21<sup>st</sup> CCLC – Gettysburg Afterschool Program Enrollment – School Year 2019 - 2020

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

Teacher \_\_\_\_\_ School \_\_\_\_\_

Demographics: (this information is used only for reporting purposes)

Is English the first language of the student? YES NO

Student's gender: (check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Student is eligible for: (check one)	<input type="checkbox"/> Free Lunch	<input type="checkbox"/> Reduced Price Lunch	<input type="checkbox"/> N/A
Student receives learning support services: (circle one)	YES	NO	
Student's race/ethnicity: (check one or more)	<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	

a) The Program is Monday – Friday, b) Starting at the end of school day, c) Dismissal from program starts at 5:30 pm

Please, check the days your child will attend the program:

Monday  Tuesday  Wednesday  Thursday  Friday Starting on: \_\_\_\_\_

Parent/Guardian Agreement

- 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.
- 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 RSG to seek emergency medical care if necessary.
- I understand that the afterschool program has the same expectation for student behavior as the school, and that attending any RSG program is a privilege and is voluntary.
- I give permission for RSG staff to obtain the following information for my child: 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
- I give permission for RSG 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, RSG's Website/Facebook/Twitter pages; in the local newspapers and share with RSG partners/collaborators.
- I understand that if school is canceled or dismisses early, there will be no program that day, if RSG chooses to cancel program, staff will contact parents/guardians before 2:00 pm whenever possible.
- To facilitate communication; I agree to have my cell phone number included in the RSG 21<sup>st</sup> CCLC Afterschool remind app to receive announcements, reminders or updates.
- I have read and understand the cover letter of this enrollment and agree to comply with the expectations of attendance and participation.

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

\*Please complete the emergency contact information form.



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**EMERGENCY CONTACT INFORMATION**

Child's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

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Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

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**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: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please list any known allergies or medical conditions/concerns:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any disabilities or special needs:**

\_\_\_\_\_  
\_\_\_\_\_

**Transportation:**

\_\_\_\_\_ My child is permitted to walk home at 5:30 pm from the program. (This option is not available at all schools, neither for students in Pre-K, Kindergarten and First Grade)

Please pick up your child at 5:30 pm. (Monday – Friday) You will need to sign your child out with RSG staff, and may need to provide I.D.

\* Please send a signed, dated note to RSG staff if you need to make different transportation arrangements for your child.

**Any other information that the RSG program coordinator should know:**

\_\_\_\_\_  
\_\_\_\_\_

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