

# Project Youth Afterschool Program

## 2011 – 2012 Enrollment

My child is attending:  Gorham  Brown  Hillside  Berlin Jr. High

**Student Name:** \_\_\_\_\_

**Ethnicity:**  American Indian/Alaskan Native  Hispanic/Latino  
 Asian/Pacific Islander  White  
 Black/African American  I respectfully decline to answer


Does your child receive special educational services at school?  yes  no

Does your child have special needs?  IEP  504  no

Is English the primary language spoken at home?  yes  no

Does your child receive free or reduced lunch?  free  reduced  no

Is a member of your immediate family in the Military?  yes  no

**If your child receives free/reduced lunch you may be eligible for a reduced fee so please complete the bottom portion of this page. If not eligible for free/reduced lunch please proceed to the next page:** 

### USDA Parental Release Form SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with: Tami Hartley, Program Director  
Family Resource Center  
Project Youth / Afterschool Program

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs. **(If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.)**

**If you checked yes fill out the form below. Your information will be shared only with the Project Youth Afterschool Program.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Transportation Information:** How will your child get home at 5:00 p.m.?

Bus transportation is available to any student who currently participate in school bus transportation.

Picked up \_\_\_\_\_ Walk home \_\_\_\_\_ **Berlin Only:** Take the bus \_\_\_\_\_ Bus stop \_\_\_\_\_

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

Be picked up \_\_\_\_\_ Walk home \_\_\_\_\_ Ride the bus home \_\_\_\_\_ Other, please specify \_\_\_\_\_

**\*\*Please provide 2 direct contact numbers so that our pre-recorded, automated system can contact you (not a receptionist or switchboard).** \_\_\_\_\_, \_\_\_\_\_ (there is a long delay so please stay on the line for the notification.)

**Attention Parents/Guardians:** Please initial in the spaces below to show that you have read and understand the following:

\_\_\_\_ My child will not be able to attend unless I have provided health and immunization forms no greater than 2 years old, and a registration fee has been paid or a payment arrangement has been made.

\_\_\_\_ I understand that all forms must be completed before my child can attend the Afterschool Program.

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

\_\_\_\_ I will read all Project Youth information that comes home.

\_\_\_\_ I will attend at least one Family Event 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!

\_\_\_\_ Please contact me about: Family Event Planning \_\_\_\_\_ Donating Supplies \_\_\_\_\_ Sharing a talent/hobby \_\_\_\_\_

**School Release Information**

**Release must be signed in order for your child to attend programs:**

1. I understand some of the programs are off school grounds. I give permission for my child to leave school grounds and be transported if necessary.
2. I understand photographs may be taken for publication purposes. I give permission for my child's photograph to be used in The Family Resource Center's Project Youth 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 my child permission to view G and PG rated movies only at Brown and Hillside and G, PG and PG-13 rated movies at Berlin Jr. High and Gorham Middle School if shown during program hours.
4. I give my child permission to use the Internet in programs that include the use of technology.
5. I give my permission for the Site Director to obtain a copy of my child's immunization and physical from the school nurse. (for our records 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. 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, classroom behavior assessments and IEPs.
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 DCYF.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Release does NOT apply to # \_\_\_\_\_

**Office Use Only:** \$ \_\_\_\_\_ Registration fee paid in full (date) \_\_\_\_\_ (cash/ck#) \_\_\_\_\_  
\_\_\_\_\_ Contacted Office about other arrangements

**AFTER SCHOOL CARE REGISTRATION AND EMERGENCY INFORMATION**

The Family Resource Center Project Youth  
**PROGRAM NAME**

Gorham 5781, Brown 5988, Hillside/Jr. High 5683  
**CHILD CARE LICENSE NUMBER**

**TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children enrolling in the program.

**DATE OF ENROLLMENT** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **Gender** \_\_\_ **Grade** \_\_\_ **Age** \_\_\_ **Date of Birth:** \_\_\_\_\_  
**Teacher:** \_\_\_\_\_ **Siblings:** \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

**Mother/Guardian Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**With whom does the child live?** \_\_\_\_\_

**\*\*\*Special Instructions for reaching parent/guardian:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON** You (parent/guardian) are required to list at least 2 persons 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 non emergency. These people could also assume responsibility if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child was sick or injured and you were not accessible, or if you experienced sudden illness or were injured between work and picking up your child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**NOTE TO PARENTS:**

(1) "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 NEW HAMPSHIRE <http://childcaresearch.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852- 3345, extension 4624"; and

(2) "During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference."

**MEDICAL INFORMATION**

**Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:**

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**CHILD'S USUAL PHYSICIAN:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**PHYSICIAN'S ADDRESS** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission for the staff of Project Youth Afterschool Program to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary, and 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 hospital or other emergency medical facility to receive emergency treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by childcare program personnel as soon as possible regarding any emergency involving my child.

\_\_\_\_\_  
**PARENT OR GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**