

## Sara Holbrook Community Center Afterschool Registration Form 2016-2017

- Participants:** The Afterschool Program is for children enrolled in Kindergarten through 5<sup>th</sup> grade; space is limited to a total of 36 children.
- Program Hours:** Monday, Tuesday, Thursday & Friday 2:50pm – 5:30pm  
Wednesday 1:50pm – 5:30pm  
Early release days: 1:30pm – 5:30pm  
November, December & April Break: Closed  
February Break: February 22-26, 2015; Monday-Friday 8:30am-5:30pm (if there is sufficient interest by participants/parents)
- Program Begins:** August 31, 2016  
The program follows the Burlington School District Calendar.
- Transportation:** Children will be escorted from the Sustainability Academy at Lawrence Barnes to the Center by SHCC staff, **except** for early release days. Typically, children who do not attend the Sustainability Academy take the city bus to the Center, or are transported by a parent/guardian.
- Cost:** The cost is \$100 per child per week. Child Care Resource offers a subsidy for those who qualify. **If you can't pay full tuition and do not qualify for subsidy (must have proof), a scholarship may be available for those who reside in the Old North End. Cost with the Sara Holbrook scholarship is \$100 per child for the year.** Scholarship payments may be made in two installments of \$50. The first payment is due upon enrollment, and the second payment must be made prior to/or on January 31, 2017. To receive the scholarship, you must make arrangements with the program director. If you need assistance with the Child Care Subsidy form, please let us know.
- Please Note:** **Payment or proof of subsidy is due upon registration.**
- Enrollment is on a first come, first served basis; space is limited to 36 children.
  - Snack is provided
  - It is very important to notify SHCC staff if your child will not be attending the program on a particular day. If we do not hear from you and your child is not present, we assume your child is missing and notify the police. **Please call 864-6364 to tell us if your child will not be attending.**
- Questions:** For more information regarding the SHCC Afterschool Program, please contact the Program Director at 864-6364 (program landline) or 557-2096 (program mobile).

**KEEP THIS PAGE**

**CHILD'S INFORMATION**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender:  Male  Female  Transgender  Gender Unknown

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

During the school year, does your child have any of the following: Individual Aide (IA)?  Yes  No  
Individual Education Plan (IEP)?  Yes  No  
Behavior Management Plan?  Yes  No

**PARENT'S / GUARDIAN'S INFORMATION**

*Parent(s)/Legal Guardian(s):*

Name(s): \_\_\_\_\_ Email Address \_\_\_\_\_

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

Street Address

City

Sate

Zip

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

*Other Parent(s)/Guardian(s): (only complete if there is a shared custody agreement)*

Name(s): \_\_\_\_\_

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

Street Address

City

Sate

Zip

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

**EMERGENCY CONTACTS**

*(These **MUST** be people **other than the parent/guardian**, and will be used if the parent/guardian cannot be reached)*

**CONTACT #1:**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CONTACT #2:**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**OTHERS AUTHORIZED TO PICK-UP**

*(SHCC reserves the right to ask for identification)*

1. \_\_\_\_\_

NAME

RELATIONSHIP

PHONE #

2. \_\_\_\_\_

NAME

RELATIONSHIP

PHONE #

**Transportation:** (Please put a check mark on the lines next to ALL your child's method of transportation.)

- My child will be:  Walking from the Sustainability Academy to the Center with the SHCC Staff
- Walking to the Center without adult supervision
- Dropped off at the Center by an authorized adult
- Walking home from the Center without adult supervision
- Picked up at the Center by an authorized adult

## CHILD'S MEDICAL INFORMATION

### Physician/Dentist Information:

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist/Orthodontist: \_\_\_\_\_ Phone # \_\_\_\_\_

### Medication:

Does your child take medication that needs to be administered during camp hours?  Yes  No

Is your child required to carry an epinephrine pen with him/her at all times?  Yes  No

### Allergies:

Does your child have any allergies to food, medication or the environment?  Yes  No

If yes, please describe in detail the source of the allergy, reaction and the management or care needed.

\_\_\_\_\_

### Medical Conditions:

Does your child have any Medical Conditions that we need to be aware of?  Yes  No

If yes, please describe in detail the condition and the management or care needed.

\_\_\_\_\_

## ADDITIONAL INFORMATION

Please provide any additional information about your child's special needs including behavior, physical, emotional, dietary, or mental health that the staff should be aware of:

\_\_\_\_\_

## AUTHORIZATION

**Consent & Medical Authorization:** I attest that the information above is true and correct to the best of my knowledge, and I am fully aware of the risk inherent. I hereby give my consent for my child, listed above, to participate in the SHCC program indicated. The person herein described has permission to engage in all activities, except as noted. I agree to hold harmless the Sara Holbrook Community Center, its employees, or volunteers from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, related activities or events. I understand that medical insurance coverage is not provided. I hereby give permission to the staff to provide routine health care (including the application of non-prescription medications and products, ointments, creams, tick and insect repellents, and other topically applied ointments and lotions as deemed necessary). I agree to the release of any of the above-described information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the program to arrange necessary related transportation for my child and give permission to the attending physician to secure and administer treatment, including hospitalization.

**Waiver:** In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Burlington Parks District, the Burlington School District, or the Sara Holbrook Community Center and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

**Permission to Access Immunization Records:** (It is a licensing requirement that the Sara Holbrook Community Center have a copy of your child's immunization records on file.) I give permission for the Sara Holbrook Center to access my child's immunization records through the Vermont Immunization Registry.

**Photo Consent:** Registration for the Afterschool Program grants permission to Sara Holbrook Community Center to photograph or videotape your child for possible use in publications, promotional materials, social media sites, or grant reports. To opt-out, please contact the program director at 864-6364.

**I have read the above waiver carefully and sign it voluntarily with full knowledge of its significance**

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent/Guardian's Name Printed: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## CONSENT FORM FOR THE RELEASE OF A STUDENT'S EDUCATION RECORDS

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

Address of School: \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_

This Consent Form **must be filled out and submitted** to the District before the District can comply with the parent or eligible student's request to release information, other than Directory Information, regarding a student, to **The Sara Holbrook Community Center**, the "Afterschool Program."

(Name of Afterschool Program)

**Name of Student:** \_\_\_\_\_, the "Student"

**I. Specifications of the education records to be disclosed:** Any and all education records of the Student maintained by the District that the After School Program believes will assist it in meeting the educational needs of the Student and improving the Student's educational achievement. Such records may include or be relevant to, but are not limited to:

- |   |                                       |   |
|---|---------------------------------------|---|
| • First and last name                   | • Parent/guardian name                | • Student behavior data                     |
| • Date of birth                         | • Email address(es)                   | • Student Attendance                        |
| • Student ID number                     | • School attending                    | • Medical Records (including immunizations) |
| • Race/ethnicity                        | • Phone numbers                       | • Address                                   |
| • Gender                                | • Grade Level                         | • Grades                                    |
| • IEP                                   | • Special education                   |   |
| • Bilingual/Limited English Proficiency | • Scores on standardized tests        |   |
| • Free/reduced lunch                    | • Progress Monitoring Assessment Data |   |

**II. The purpose(s) of disclosure is/are:** To improve instruction and other out-of-school time services that promote the Student's success in school, to meet the needs of the Student more effectively, to equitably support students from all demographic segments of the population, to identify gaps in service, and determine whether these programs are supporting student achievement in alignment with educational needs as well as creating a culture of positive behavior and strong youth engagement.

**III. Describe the party or class of parties to whom the disclosure may be made:** The Afterschool Program's staff who work with the student and or staff who record data relating to the student's participation and progress in the Afterschool Program.

**My signature below demonstrates my consent to the release of the above named Student's education records to the After School Program, all as more fully described above. This Consent is valid from September 1 through August 31 of the current school year.**

\_\_\_\_\_  
Signature of Parent/Guardian of Eligible Student

\_\_\_\_\_  
Date

Copies of the Disclosed Education Record(s) are available upon request to parent(s) or eligible student(s). If you have any questions regarding this request, please call your child's school.