



# respective solutions GROUP

Gettysburg, PA August 2021

Dear Parents/ Guardians

The RSG Afterschool program in Gettysburg funded by the Nita M. Lowey 21<sup>st</sup> Century Community Learning Centers grants of the PA Department of Education is now enrolling for the 2021-2022 school year. We are transferring from hybrid to full in person services starting Tuesday, September 07, 2021 and will follow the Gettysburg Area School District (GASD) calendar. Program will be from Monday-Thursday from school dismissal to parents pick up starting at 5:30 pm. We will observe all COVID-19 policies and procedures adapted by the host school.

- Free Program:  
This program is free for all families of GASD, Vida, Montessori, and St. Francis schools and is fully funded by the Pennsylvania Department of Education (PDE); therefore, we must comply with their requirements.
- Services:
  - a. Homework help
  - b. Time for questions and support to complete school projects
  - c. SPARK activities, (Sports, Physical Activity, Recreation for Kids)
  - d. Social Emotional Learning lessons
  - e. STEAM activities to reinforce mathematics, reading and writing (Science, Technology, Engineering, Art, Mathematics)
- To ensure your space, please complete the enrollment form including emergency contact information, COVID-19 waiver and mail it to my attention, RSG Afterschool, 353 Buford Ave. Gettysburg PA 17325, or return it to your school's office.

We are looking forward to continuing supporting your family by partnering with schools to promote academic success and social, emotional development.

*Amelia Contreras*

Sincerely,  
Amelia Contreras, MJ  
Program Director  
amelia@respectivesolutions.com  
717-752-9450



**948 Ben Franklin Hwy, Ebensburg, PA 15931 ☎ p. (814) 472-2225 ☎ f. (814) 472-2228**  
**353 Buford Ave, Gettysburg, PA 17325 ☎ p. (717) 420-2396**  
**☎ [www.respectivesolutions.com](http://www.respectivesolutions.com)**



RSG 21<sup>st</sup> CCLC – Gettysburg Afterschool Program 2021 Enrollment

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 Afterschool Program is Monday – Thursday,  
\* Starting at the end of school day, \* Dismissal from program starts at 5:30
- b) Please, check the days your child will attend the program:  
 Monday  Tuesday  Wednesday  Thursday Starting on: \_\_\_\_\_

**Parent/Guardian Agreement**

1. 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.
2. 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.
3. 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.
4. 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
5. 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.
6. 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.
7. 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.
8. 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, read and sign the COVID-19 waiver**



**EMERGENCY CONTACT INFORMATION**

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

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

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

**Please list two other people 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, disabilities, special needs or concerns.**

**Transportation: (Initial please)**

\_\_\_\_\_ **My child is permitted to walk from school to the afterschool site located at 230 Baltimore St. Gettysburg PA, under the guide and supervision of a RSG's employee.**

\_\_\_\_\_ 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 – Thursday) You will need to sign your child out with RSG staff, and may need to provide ID.

\_\_\_\_\_ I, or my designees will pick up my child after program at 5:30 pm.

**IMPORTANT:** Send to our program coordinator a dated note with changes in transportation arrangements.

**COVID-19** – I understood, signed and agreed to the contents of the COVID-19 waiver.

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

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



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### **After School Programs Coronavirus/COVID19 Family Waiver**

Coronavirus, COVID-19, is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend wearing masks and social distancing to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in activities with RSG afterschool programs could increase the risk of contracting COVID-19. RSG in no way warrants that COVID-19 infection will not occur through participation in RSG activities, during its programs or within its facilities.

I hereby certify on behalf of myself and the named student that I have full knowledge of the nature and extent of the risks inherent in participating in RSG activities. I, on behalf of myself and the named student, am voluntarily assuming said risks and agree to give consent of participation which may include keeping social distance and wearing an appropriate mask.

I further certify that the named student is in good health and has no conditions or impairments which would preclude his/her safe participation in RSG activities. Further I will support all social distancing/personal protective equipment practices at RSG for my student.

As such, I give consent to the named student to have temperature checks done by RSG staff and to have said student sign off that they are symptom free. In the event of symptoms, including but not limited to: fever, body aches, chills, coughing, shortness of breath, sore throat, nausea/vomiting, fatigue, loss of smell or taste, congestion/runny nose and/or diarrhea, you must immediately secure transportation for or pick up your student and recognize that your student may be asked to leave the RSG related event/activity.

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**Printed Student/'s Name/s and Grade/s**

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**Parent/Guardian Signature**

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**Date**



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