RSG 21st CCLC – Gettysburg Afterschool Program Enrollment – School Year 2017 – 2018

tuder rade:	nt's Name: :		DOB: Teacher:		
	Demographics: (this informatio	n is used only for reportir	ng purposes)		
	Student's gender: (check one)	Male	Female		
	Student is eligible for: (check one)	Free Lunch	Reduced Price Lunch	N/A	
	Student receives learning support services: (circle one)	YES	NO		
	Student's race/ethnicity: (check one or more)	Hispanic/Latino Asian White	American Indian/Alask Black or African Ameri Native Hawaiian or Pa	can	
	The Program is Monday – Friday from school's dismissal until 5:30 pm				
	-	eck the days your child w	-		
	Monday	TuesdayWed	InesdayThursday	Friday	
	P	arent/Guardian Agreemen	t		
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 p understanding that these images r	may be used for: projects/ d	lisplay boards; student yearboo	oks, RSG's	
6.	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.				
Par	ent/Guardian Signature:		Date:		
	lease complete the emergency co				



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:
		Relationship to Child:
Street Address:		
City/State/Zip:		
Telephone Number:	Cell	email:
 '•	•	permission to pick up your child in case of an
-	ese contacts should be avail	
		Relationship to Child:
2 Name:		Relationship to Child:
Please list any known allergies or i		s:
Transportation: My child is permitted to wa	alk home at 5:30 pm from the	e program.
Please pick up your child at 5:30 pn may need to provide I.D.	n. (Monday – Friday) You wil	I need to sign your child out with RSG staff, and
	to RSG staff if you need to n	nake different transportation arrangements for
Any other information that the RS	G program coordinator shou	uld know:
Parent/Guardian Signature:		Date: