respective solutions GROUP

Pennsylvania Nita M. Lowey 21st Century Community Learning Centers Program

Funded in full or in part with a federal USDE grant provided by the PA Department of Education

Respective Solutions Group's 21st CCLC After School Program
Forest Hills Elementary School 2025/26 SY Enrollment Packet
Program start date TBD

Dear Parents/Guardians/Caretakers:

Respective Solutions Group (RSG) is hosting an educational and FREE after school program at Forest Hills Elementary School for the 2025/26 school year! Forest Hills students in grades 1-6 may attend. Program will be offered Monday-Thursday from after school until 5:15 PM on days that school is held. The school provides a snack for enrolled students.

On days that school is canceled, program is also canceled—this includes inclement weather days, holidays, in-service, etc. If school dismisses early, there will be no program that day. There will be no program on Fridays. The current after school schedule is aligned to Forest Hills's school calendar and will be subject to change according to updates from the school. RSG will observe the health and safety practices in place at the school.

Our Nita M. Lowey 21st Century Community Learning Center programs are funded, in full or in part, with a grant by the Pennsylvania Department of Education. We do homework and academic enrichment every day. Students can look forward to: STEAM (science, technology, engineering, art, and math) education, creative arts, positive behavior reinforcement and more.

If you are interested in enrolling your child(ren), please fill out the attached two-page parent/guardian agreement form and return it to us by one of these methods:

- Send it with your child to school to be given to the office
- Email it to chelsea@respectivesolutions.com
- Mail it to-
  Respective Solutions Group
  948 Ben Franklin Hwy
  Ebensburg, PA 15931

We must receive both pages, completed and signed, BEFORE your child(ren) will be enrolled in program. We will let you know when your child(ren) may begin attending. In the event of a waiting list, students scheduled to attend the entire day for all 4 days will be given priority enrollment. Exceptions may apply.

If you need to update your child's schedule or contact information, email chelsea@respectivesolutions.com. Please keep this letter for your records.

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21st CCLC After School Program at Forest Hills Elementary School
2025/26 SY Parent/Guardian Agreement Form

Child's Name: _____ **Grade (1-6):**

By completing and signing this form, you agree to these terms:

1. I authorize the people listed on this form as the emergency contacts for my child while enrolled in Respective Solutions Group's (RSG's) program. I understand that my child will only be released to these people, and that my child must be signed out from program. I understand that people picking up my child may need to provide I.D.
2. I understand that program staff will apply minor First Aid (bandages/ice packs) to my child but cannot dispense oral medications. Staff will contact parents/guardians if First Aid is necessary. I give consent to RSG to seek emergency medical care if necessary.
3. I have full knowledge of the nature and extent of the COVID-19 health risks inherent in participating in RSG activities. I, on behalf of myself and the child named, am voluntarily assuming said risks and agree to give consent to participate which may include social distancing, wearing a face-covering and temperature checks. I understand that in the event of my child having any symptoms, I will be notified and will immediately pick my child up from program.
4. I understand that RSG's programs have the same expectations for student behavior as the school, and that attending any RSG program is a privilege and is voluntary.
5. I give permission for RSG to obtain the following information about my child, for current and past years when applicable, to comply with grant reporting requirements, with the understanding it will be kept confidential: PA Secure ID/PIMS number; PSSA scores; report card grades; school attendance/tardiness/discipline/ISS data; feedback from school teachers and administrators; and voluntary data collected by clearance-earning Saint Francis University students offering academic or positive behavior learning opportunities.
6. I give permission for RSG to take pictures/video of my child during the 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 shared with RSG partners/collaborators. (Please send a signed, dated note or email to opt out.)
7. I understand that if school is canceled or dismisses early, there will be no program that day. If RSG chooses to cancel program, then staff will notify parents/guardians as soon as possible.
8. I agree that the phone numbers and email addresses for the first two people listed on this form may be added to RSG's automated contact system and that data rates may apply.

Please indicate the following information for contact, scheduling and grant reporting purposes. (Program will be held Monday-Thursday from after school to 5:15 PM on school days.)

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

Gender: ☐ Male ☐ Female

Receives learning support services: ☐ Yes ☐ No

Race/ethnicity:

☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino ☐ Asian

☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Multiracial

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Please complete the following information for contact, scheduling and grant reporting purposes.

Child's information:

Child's Name: _____ Birthdate: _____ Grade: _____

Street Address: _____City/State/Zip: _____

Allergies (including food), medical conditions/concerns, disabilities, special needs or any other information RSG should know:

Parent/legal guardian information:

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Please list two additional people (18 years of age or older) that RSG staff may contact during programming hours and that have permission to pick up your child in case of an emergency:

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Name: _____ Relation to Child: _____

C. Phone: _____ H. Phone: _____ W. Phone: _____

Address: _____ Email: _____

Transportation

Your child must be picked up and signed out by an authorized person, listed above, by 5:15 PM at the Forest Hills Elementary School cafeteria doors. People picking up children may need to show I.D. Late pick-ups will not be tolerated and may be cause for removal from program.

Parent/Legal Guardian Signature: _____ **Date:** _____