



respective solutions
GROUP

After School Program at Cambria Heights Elementary School 25/26 SY Enrollment Packet

Program begins on Monday, September 8, 2025 and ends on Thursday, May 14, 2026.

Dear Parents/Guardians/Caretakers:

With support from Cambria Heights School District, Respective Solutions Group (RSG) is again hosting an educational and FREE after school program at Cambria Heights Elementary for the 25/26 school year! Students in grades 1-5 may attend.

- Program will be offered Monday-Thursday from after school until 5:00 PM on days that school is held.
- On days, that school is canceled, program is also canceled. 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 the school-day schedule 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 during program.
- **Please accept the Remind invitation, text @3k934d to the number 81010 or use the QR code at the bottom of this letter to set-up your account to get important program updates.**
- Send a signed, dated note to the RSG program coordinator if your child needs to change their information from what you have indicated on the initial enrollment form.

We do homework and academic enrichment every day. Students can look forward to: STEAM (science, technology, engineering, art, and math) education, exciting curriculum, positive behavior reinforcement and more.

If you are interested in enrolling your child(ren), please fill out the attached packet (pages 2 & 3) that includes the parent/guardian agreement form and emergency contact information. Return the forms 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



SCAN ME

We must receive pages 2 & 3 of this packet, completed, and signed, BEFORE your child(ren) will be enrolled in program. We will let you know when your child(ren) may begin attending.

PLEASE KEEP THIS LETTER FOR YOUR RECORDS.

If you need to contact RSG, please email chelsea@respectivesolutions.com or call 814-472-2225 ext. 4 (Chelsea) or ext. 2 (Sue)



After School Program at Cambria Heights Elementary School Parent/Guardian Agreement Form 25/26 SY

Child's Name: _____ Grade: _____

By completing and signing this form, you are agreeing to the following terms:

1. I authorize the persons listed on this form as the emergency contacts for my child while enrolled in Respective Solutions Group's (RSG) after school program. I understand that my child will only be released to these persons, and that my child must be signed out from program. I understand that persons picking up my child may need to provide identification to program staff.
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 for 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 named student, am voluntarily assuming said risks and agree to give consent of participation 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 the after school program has 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 staff to obtain the following information about my child: PA Secure ID #, school attendance/tardiness/discipline/ISS data; PSSA scores, report card grades; voluntary data collected by clearance-earning Saint Francis University students offering academic or positive behavior learning opportunities; and feedback from teachers and administrators to comply with grant reporting requirements, with the understanding that this information will be kept confidential.
6. I give permission for RSG to take pictures/video of my child during the after school 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.
7. 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 notify parents/guardians as soon as possible via *Remind.
8. *I agree to have my cell phone number and email address added to the RSG Remind class.

Program is scheduled for Monday-Thursday from after school until 5:00 PM.

Please check the days that your child will attend:

Monday

Tuesday

Wednesday

Thursday

Demographic information (this is only used for reporting purposes):

Child's gender (check one): **Male** **Female**

Child is eligible for free or reduced price lunch (check one): **Yes** **No**

Child receives learning support services (check one): **Yes** **No**

Child's race/ethnicity (check one or more): **Hispanic/Latino** **American Indian/Alaska Native**

Asian

Black or African American

Native Hawaiian or Pacific Islander

White



Emergency Contact Information

Child's Name: _____ Birthdate: _____ Grade: _____
Street Address: _____ City/State/Zip: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
Phone/s: c. _____ h. _____ w. _____
Email: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
Phone/s: c. _____ h. _____ w. _____
Email: _____

Please list two *additional* persons (18 years of age or older) that we may contact and that have permission to pick up your child in case of an emergency. These contacts should be available during program hours.

1. Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
Phone/s: c. _____ h. _____ w. _____

2. Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
Phone/s: c. _____ h. _____ w. _____

Please list any known allergies or medical conditions/concerns:

Please list any disabilities or special needs:

Pick-Up:

Your child must be picked up and signed out by an authorized person, listed above, by no later than 5:00 PM at the Cambria Heights Elementary School. Persons picking up children may need to show I.D.

Any other information that the RSG program coordinator should know:

Parent/Guardian Signature: _____ Date: _____