

YWCA Jamestown After School Program Enrollment Form

Child's Full Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Address:		Child's City:	Child's State:	Child's Zip:
Child's Ethnicity/Race:	Child's Primary Language:		Child's School:	Child's Grade:

Name of Person Enrolling / Consenting to Child's Enrollment:	
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Mother / Guardian 1 Information:			
Full Name:		Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City:	State: Zip:
Employer:		Occupation:	
Email Address:		Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please describe):	
Is this person restricted from contact with the child, or otherwise restricted by court order? <input type="checkbox"/> Yes, & I will provide court documents. <input type="checkbox"/> No			
If yes, please explain:			

Father / Guardian 2 Information:			
Full Name:		Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City:	State: Zip:
Employer:		Occupation:	
Email Address:		Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please describe):	
Is this person restricted from contact with the child, or otherwise restricted by court order? <input type="checkbox"/> Yes, & I will provide court documents. <input type="checkbox"/> No			
If yes, please explain:			

Authorization For Enrollment:

My signature below serves as an authorization to enroll my child in the YWCA Jamestown After School Program, and I understand that the submission of this form indicates my desire for my child to be enrolled in the program in accordance with the information that I have provided herein.

I further understand that the submission of this form obligates me to pay a \$10.00 registration fee and any/all tuition fees associated with my child's enrollment and/or attendance in the program.

I understand that submission of this form does not guarantee my child an enrollment spot in the program. I understand that by submitting this enrollment form I am indicating my willingness to pay the associated costs for my child to attend and complete any or all paperwork and parent orientations as required.

I further attest that all the information contained herein is accurate and true. By signing below, I agree to all statements and terms contained herein on this page.

Parent/Guardian Printed Name	Signature of Parent/Guardian	Date
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Please indicate the days each week your child will attend the program:

Billing is based upon these days, regardless of attendance

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MINIMUM OF 3 DAYS ENROLLED IS REQUIRED!

Emergency Contact 1 – REQUIRED (can NOT be a parent/guardian)

Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip:
Relationship to the child:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact 2

Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip:
Relationship to the child:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact 3

Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip:
Relationship to the child:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby authorize the above listed individuals to be contacted for any reason regarding the well-being and/or safety of my child, and in the event that my child is not picked up by 6:00pm. These individuals are hereby authorized to pick up my child at any time during program hours with appropriate photo identification, unless I revoke such permission in writing to the program. All authorized emergency contact MUST be at least 18 years of age.

If my child is not picked up by 6:00pm and I cannot be reached, I authorize the program to contact the emergency contacts listed in this packet to arrange for the safe pickup of my child. I understand that if within fifteen (15) minutes of the close of the program my child has not been picked up and an emergency contact hasn't been reached, the program will contact the proper authorities at their discretion.

In the event of inclement weather, I understand that program staff will exercise reasonable judgement in the release, which may include attempting to arrange for other transportation home for my child by authorized adults contained in this enrollment form which I have authorized. In the event that I do not arrive to pick-up my child by 6:00pm, I authorize the YWCA Jamestown After School Program to attempt to contact any/all parent/guardians and/or authorized emergency contacts to arrange for safe travel home. If no one can be reached to secure transport home for my child I understand that the program will follow the "Child Not Picked-Up Procedure" as outlined in the parent/student handbook.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Insurance Information:

Carrier / Insurance Company: _____

Policy / Group Number: _____

** A copy of a valid insurance card **must** be submitted to the Site Coordinator for our records **

Medical Information	
My Child's Physician:	Phone:
My Child's Dentist:	Phone:
My Child Takes Daily Medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list medication & dosage:	
My child has chronic or reoccurring illness, medical concern, or environmental allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
My child has dietary restrictions or food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
My child has medical devices, implants, or other medically necessary items that are required during the program operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

* **Please Note:** YWCA Jamestown does **NOT** administer any medications during our program. All information above must be accompanied by documentation from the child's physician.

Photo Opt In / Out:

Yes. I give my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown and/or Jamestown Public Schools. This includes, but is not limited to: social media, website, print materials, and all other media as deemed fit. I understand that this authorization does not expire, and remains valid until I revoke such permissions in writing to the YWCA of Jamestown and Jamestown Public Schools.

- I hereby assign and grant to the YWCA of Jamestown, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child, and I hereby release the YWCA of Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA program from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the YWCA, and I specifically waive any right to any compensation I may have for any of the foregoing.

No. I DO NOT give my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown and/or Jamestown Public Schools.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Policies Acknowledgements:

PLEASE INITIAL NEXT TO EACH POLICY & SIGN AT THE BOTTOM

_____ I understand that I am required to pay an annual (school year Sept. – June) registration fee in the amount of \$10.00 per child, **prior** to my child being able to attend the After School Program. I understand this fee is non-refundable.

_____ I understand that I am required to provide copies of any/all court related documents pertaining to my child. I understand without official court documents on file with the program, the program can only uphold the requests of any parent/guardian to the extent the law allows.

_____ I understand that I must notify my child's teacher when I enroll my child in the After School Program, and of which days my child will be attending the program. I must notify the Site Coordinator and my child's teacher before 12:00pm if my child will not attend the after school program that day.

_____ I understand that I **must** attend a Parent Orientation meeting scheduled at the beginning of each program year, and that my child's participation in the program is contingent on the completion of the orientation. If my child's start date is after the parent orientation has been held, I understand I am required to complete a parent conference with the Site Coordinator within the first 3 weeks of my child's start date in order for my child to remain in the program.

_____ I understand that as a parent/guardian, involvement in the after school program is **expected** and I will make every effort to attend family events and special functions.

_____ I understand that the after school program operates on full days of school only and that my child must be picked up by 6:00pm each day. I understand that I am responsible for making suitable alternative child care arrangements when the After School Program is not available to my child for any reason.

_____ I understand that acceptable behavior is a condition of my child's enrollment in the program, that my child must follow the rules, policies and procedures set out in the YWCA Jamestown Student & Parent Handbook, and that he/she will be subject to consequences detailed under Discipline Action Guidelines.

_____ I give permission for my child to travel by bus from YWCA Jamestown After School Program on supervised field trips with a signed permission slip.

_____ I give my permission for my child to travel on foot while properly supervised by After School Program staff to nearby locations within a reasonable distance of the school building as determined by the Site Coordinator without my written permission. I understand these will be called "walking field trips" and may happen unannounced.

_____ I give permission for my child to view videos and/or audio/visual materials deemed appropriate by program administration that are rated G, PG, and PG-13 for purposes of enrichment and/or recreation.

_____ I understand the program expectation for attendance is for my child to attend one activity session each day they are registered. I also understand that my child's spot in the program may be terminated if the minimum attendance is not met. I understand that if I choose for my child to attend less than five days each week, I must specify the days my child will attend and that he/she may attend only on those days.

_____ **I understand the fee for attending program is outlined in the Finance Agreement portion of this enrollment application, siblings attending the same school are free.** (This policy is subject to change without notice)

_____ **I understand that financial responsibility exists regardless of my child's attendance.** I understand fees are based on enrollment, not attendance and there are no adjustments made for non-attendance.

_____ I understand that NSF checks and a \$25 bank fee must be paid within 3 days once the parent is notified. I understand that if there is a second NSF check I will be required to pay in cash, money order or cashier's check until further notice.

_____ I understand that a violation of any YWCA After School Program policies on my part or on the part of my child may result in termination from program.

_____ I understand that all policies contained in this enrollment packet, and in the Parent/Student Handbook are subject to change without notice.

_____ I understand that the After School Program is not a solely academic program, and therefore the YWCA and/or Chautauqua Striders does not guarantee that homework will be completed while my child is in the After School Program. I understand that the After School Program requires all students to attend Striders activity at least once weekly, and that more sessions will be made available to those children who need the additional support.

_____ I understand that failure to make payment will result in any awarded discounts, credits, or scholarships being revoked and therefore my account will be charged the full rate of daily tuition for the time period in question as well as any additional late fees or collection fees.

_____ I give permission to the YWCA After School Program staff to communicate with Jamestown Public Schools Personnel (teachers, principals, guidance officers, nurse, administration, etc..) on behalf of my child, and for said communications to be permissible in any format (phone, email, in-person, etc...) as deemed necessary.

_____ I understand that the attached FERPA form provided by Jamestown Public Schools is optional, and that it is not required to be signed for my child to be eligible to participate. However, I understand that if I choose not to sign the FERPA form, I will be required to provide hard copies of specific documentation regarding my child before he/she can attend the program (ie. Medical exam report, immunization records, etc...) as deemed necessary in accordance with YWCA policies, NYS OCFS Regulations part 414, and funding partners requirements.

The YWCA is committed to providing equal enrichment opportunities to all children enrolled, and maintains a strict policy prohibiting unlawful discrimination. No qualified student shall, on the basis of disability, race, religion, color, sex, national origin, or ability to pay, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under YWCA After School Programs.

My signature below indicates my acceptance of the policies stated herein on this page, and will uphold those policies to the best of my abilities as a condition of my child's enrollment in the program.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Informed Consent, Release Agreement, & Authorization:

I understand that participation in some activities may involve the risk of personal injury, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the Director. I understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. Children who opt to not participate may be provided an alternate activity if one is available, but may be asked to observe quietly when alternative activities are not available.

In case of an emergency involving my herein named child, I understand that efforts will be made to contact the parents/guardians and/or individuals listed as the emergency contacts regarding the situation. In the event that an authorized person cannot be reached, permission is hereby given to the medical provider selected by the YWCA and/or Director to secure proper treatment, including hospitalization, anesthesia, surgery, medical transportation, blood transfusions, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the YWCA and/or Director, medical staff, management, and/or any physician or health-care provider involved in providing medical care to my child. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the programs activities.

In the event of an emergency, regardless of the ability to contact parents, guardians, or other authorized emergency contact I hereby authorize the YWCA and/or Director to arrange for the safe transportation of my child to a medical facility of their choice, this may include calling EMS services for appropriate transportation (ie. ambulance, helicopter, etc) for which I will be responsible for.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered by the program.

I further authorize the sharing of the information on this enrollment packet and medical information on file with the program with any staff, contractors, vendors, volunteers, or professionals who need to know of medical conditions that may require special consideration in conducting program activities. With appreciation of the dangers and risks associated with program activities, on behalf of my child, I hereby fully and completely release and waive any and all claims for liability, personal injury, death, or loss that may arise against YWCA Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA Jamestown program, in this case I waive all liability against YWCA Jamestown while my child is participating in the After School Program / Childcare.

Alternative Care Arrangements:

I understand that I am responsible to make suitable arrangements for alternative care for my child when my child is unable to attend the program, or when the program is not available to my child. I understand that in the event of cancelation of the program, I will be contacted by program staff via a variety of communication methods to make suitable arrangements for the safe dismissal of my child. I take full responsibility for making appropriate arrangements for alternative care of my child when the program is not available as care for my child, regardless of the reason care is not available (ie. Parent/guardian removal, discipline removal, cancelation, etc).

Parental Consent:

I hereby give my permission for my child to participate in the YWCA Jamestown After School Program and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YWCA sponsored activities. I hereby willingly waive any liability against the Jamestown Young Women's Christian Association (YWCA) it's officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child while my child is practicing for, or participating in any program activity sponsored by the YWCA, or in any activities as a part of the YWCA Jamestown After School Program. I agree and support that participants are expected to follow program rules and regulations for the health, safety, and rights of all participants. I understand that staff will exercise a reasonable amount of discipline to enforce these rules and that parents will be notified and expected to take home any child who infringes on the rights of others. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital by ambulance and to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein.

Supervision Waiver:

I authorize permission for the herein named child to walk unsupervised from the activity he/she is participating in to the sign-out desk when I arrive to pick him/her up as per the supervision waiver on file with the New York State Office of Children and Family Services.

Parent Handbook:

I acknowledge that I am responsible to access the YWCA Parent Handbook which is available online at: www.ywcajamestown.com/afterschool

I agree and understand that I am responsible for reading that handbook and agree to held responsible for compliance with the contents of the handbook.

By signing below, I agree to be held responsible for compliance with all policies, rules, and regulations as stated in the Handbook. I also understand that if I need a printed copy of the Handbook, I can request one from the YWCA Jamestown or from the Site Coordinator at my child's program site and one will be provided to me free of charge.

I agree to all terms and conditions enclosed herein. My signature below binds me to these terms, and I solely and fully accept the responsibility of those obligations in their entirety.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Parent-Provider Childcare Contract:

1. The following contract is between _____
Parent / Guardian Name
and YWCA Jamestown at the _____ After School Program for _____
Name of School Name of Child in Care
2. Standard Rates & Policies:
- a. A yearly registration fee of \$10.00 is required for each child enrolled in care.
 - b. The daily rate is \$16.00 per day, and each child **MUST** be enrolled for a minimum of three days per week.
 - i. Attendance based grant funding is available to help offset costs for children who attend at least two days per week.
 - ii. For those who attend at least two days per week, the parent fee will be: (select one)
 1. Bush After School Program: \$10.00 per day enrolled
 2. Fletcher After School Program: \$10.00 per day enrolled
 3. Jefferson After School Program: \$4.00 per day enrolled
 4. Washington After School Program: \$4.00 per day enrolled
 - c. Any child who is enrolled, but does not attend the program could be counted as absent; those absences may impact your billing. Absences from school due to illness do not count against the child's attendance. Absences from the program due to illness do not account against the child's attendance. All other absences will be counted.
 - d. Billing is based on the days the child is enrolled to attend, not the actual attendance. There is no refund or discount for scheduled days that a child does not attend; days cannot be exchanged for other days of the week. Additional days will be added to billing as we staff each day based on expected attendance as per NYS OCFS regulations.
 - i. Should the child need to attend on an unscheduled day a parent should contact the program to ensure there is space for the child to attend. The additional day will be added to your bill.
 - e. Payment is required weekly.
 - f. Invoices will be delivered via email and/or parent portal access on a monthly basis.
 - g. Payments are accepted as:
 - i. Cash & Check – At the program site location. Cash is only accepted in exact change, or change due will be credited to the account.
 - ii. Credit Card – Online via link on invoice, through parent portal, or in person at YWCA Jamestown (401 N. Main St.)
 - h. Children from the same household / family, attending the same After School Program location will receive a 50% discount on the regular rates when attending at least two days per week. This discount is only applied when more than one child is enrolled at the program during the same period, if at any time only one child from the household is enrolled and attending the discount will be removed.
 - i. Late fee will be charged in the amount of \$10.00 per week that my payment is late, for each week my account is delinquent. Late fees will accrue on each following week thereafter until the balance is paid or the account is turned over to a collection agency.
 - j. Accounts more than one-week delinquent, my child(ren)'s spot in the program will be terminated and my account will continue to accrue late payment fees until my account is paid in full or turned over to a collections agency.
 - k. Delinquent accounts will be turned over to a collection agency, at an additional charge of at least \$25.00.
 - l. An outstanding balance will prevent the enrollment of any child(ren) in any After School program within the Jamestown Public Schools District by a parent/guardian listed herein until the delinquent balance is paid in full.
 - m. It is the responsibility of the payor to collect and retain a receipt for all payments I make to the program.
 - i. We highly recommend making all payments online through our Parent Portal as part of our Zoho system, which is available free of charge to all families; this will track all payment for you and give you the ability to run your own reports for tax purposes.
 - n. Additional fees will apply in accordance with the pick-up policy as outlined in the Parent Handbook.
 - o. In the event a clerical error is made or subsidy case status changes, the corrected account balance will be sent to the responsible party. Late fees will not apply in this case.
 - p. I agree to all terms and conditions outlined in the Parent/Student Handbook regarding payments, late fees, late pick-up fees, and the policies regarding scholarships.
3. Damages:
- a. Costs for damages to program property will be the responsibility of the herein signed financially responsible adult. Only in the case where the program is negligent shall there be no charge for child inflicted damages.
 - b. Damages to school property will be at the discretion of Jamestown Public Schools.

4. Termination of Care and Contract:
- This contract begins when the contract signed, or on the child's first scheduled day for attendance.
 - This contract may be terminated by either party for any reason.
 - Termination by the child's parent/guardian requires at least one a week notice, in writing. Failure to provide one week notice will result in one week additional being billed as required notice.
5. Changes:
- Any changes may require the implementation of a new contract.
6. Subsidy:
- YWCA Jamestown does accept subsidy cases from the Chautauqua County Department of Health and Human Services (DHHS/DSS).
 - All subsidy cases are required to pay per contract rates until subsidy case is confirmed with DHHS/DSS.
 - Any payment made prior to DHHS approval date, if covered by DHHS will be either applied towards future weekly family co-pays or issued as a refund back to the payer.
 - Do you intend to use a Chautauqua County DHHS/DSS subsidy to pay for your child's attendance? Yes No
 - If Yes, do you have an active DHHS/DSS subsidy case with Chautauqua County? Yes No
 - If Yes, what is your weekly co-pay \$ _____, and my caseworkers name is: _____
 - If No, you will need to apply as soon as possible, and make payments as per this contract until your case is reviewed by DHHS/DSS.
 - Any lapse in coverage for DHHS/DSS subsidy cases will be billed to and the responsibility of the financially responsible adult.
 - This includes any absences that exceed the DHHS/DSS limit, those charges will be billed to the financially responsible adult.

Financially Responsible Individuals Contract REQUIRED Information:			
Full Name:	Primary Phone Number:	Adult's Date of Birth:	
Address:	City:	State:	Zip:
Relationship to the child:	Work / Secondary Phone Number:	Adult's Social Security Number:	

The above information is **required** as part of New York State Department of Taxation and Finance regulations regarding the extension of credit to anyone who is receiving a service, in this case childcare, prior to payment for the service. All information above is required, and omission of any information will result in rejection of the enrollment form.

My signature below signifies my financial responsibility in accordance with this contract, and acknowledges that I will be held financially responsible to YWCA Jamestown for the services of After School Program. I accept all terms and conditions outlined in this contract and in the Parent Handbook, which is available on our website at: www.ywcajamestown.com/afterschool

I acknowledge that the information contained herein will be used by the YWCA to maintain financial accounting for my child in this program, and may be used in the collections process should my account become delinquent.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

**Parent or Guardian Consent for
Partner Access to Student Records
2023 - 2024**

I consent to the release of my child’s education records by the Jamestown City School District to the partner agency contact person designated below. I understand that the partner organization may use these records to identify and assign services to my child, to monitor my child’s progress and academic success in school, and/or to evaluate the organization’s own programs and services. I understand that an employee of the partner organization may be permitted to access these records only for students registered in their program, and only to the extent necessary to perform his or her assigned duties, however these records must otherwise remain confidential and will not be released to any other individual or organization. I also consent to the release of partner agency records about my child to the Jamestown City School District to help the district provide better educational services to my child.

I authorize the release of my child’s records to the follow agency:

Organization/Agency: YWCA After School Program

Contact Person: Program Coordinator and/or Shane A. Monroe – YWCA

	Bush:	bushadvantage@jpsny.org	716.338.3827
	Fletcher:	fletchadvantage@jpsny.org	716.338.6226
	Jefferson:	jeffadvantage@jpsny.org	716.338.3066
	Washington:	washadvantage@jpsny.org	716.338.2806
Contact Email & Phone:	Shane A. Monroe:	shane.a.monroe@jpsny.org	716.217.5684

Email

Phone

I consent to the release of the education records selected below, to be shared with the designated contact person specified above. I understand that any of the following records may be shared, as deemed necessary or appropriate by the principal of my child’s school:

- demographic information, including race/ethnicity or participation in special programs (IEP/504/ELL)
- immunization and medical information
- attendance records
- course grades/report card
- upcoming & missed assignments, as provided by my child’s teacher(s)

I further understand that:

- Provision of this consent is voluntary, and is not required for my child to participate in the agency program.
- This consent will take effect upon the date of my signature and will remain valid through **June 30, 2024**.
- I may revoke this consent at any time by sending a written request to the principal of my child’s school.

By signing this consent agreement, I agree that I have read and understood the above. I further acknowledge that I am legally able to authorize the release of my child’s education records to the specified agency.

By signing this consent agreement, I agree that I have read and understand the above. I further acknowledge that I am legally able to authorize the release of my child’s education records to the specified agency.

Parent/Guardian Name (PRINT)

Student Name (PRINT)

Parent/Guardian Signature

Date

School of Enrollment

Parent/Guardian Email Address

Phone Number

Grade Level

Student Date of Birth

School Use Only:

Approved By: _____

Date: _____ / _____ / _____

Student ID #: _____

The organization listed above must return this form to the Main Office of the school of enrollment of the student whose records may be requested for review. The building principal of each school will determine the manner by which student educational records are to be released to the agency contact person listed above.

21st Century Program Evaluation Consent

The afterschool program that your child attends will be evaluated each year in an effort to ensure the quality of the program, demonstrating to New York State and the U.S. Government that after-school programs contribute to the well-being of our children.

Specifically, the goal of New York State is to know if program participants are gaining positive youth development skills, self-confidence, engagement in school, life skills, positive choices, and positive core values.

With your signed permission, your child will be asked to complete a brief survey regarding their opinion of the program and how attending the program has affected them. All responses are anonymous and confidential. The survey will include questions about the program as a whole, your child's feelings about the program, questions regarding self-esteem, and personal behaviors. The purpose of these questions is to help determine if participants may have changed as a result of attending the program.

Your child's participation is voluntary. Your child is free to refuse participation or skip questions. Participation in the survey is not required, nor does it affect program attendance in a positive or negative way.

Your child's name will not appear on any survey form or report, as all responses are confidential. The only exceptions to confidentiality exist in accordance with the laws requiring us to file a report with the appropriate agencies if a child discloses reasons to suspect risk of suicide, homicide, child abuse, or child neglect.

If you have any questions about this survey, your child's rights, or if you wish to have a copy of this survey, please contact Jamestown Public Schools.

I, the below signed parent/guardian of the below named child participant, have read and understand the above survey evaluation description. I agree that for any questions or concerns I have regarding this consent for participation in the 21st Century Evaluation and its surveys, I have requested and received a satisfactory explanation.

I further agree to have my child participate in the evaluation of the 21st Grant as administrated by Jamestown Public Schools for the duration of the grant period ending June 30, 2024.

I understand that my child's privacy will be protected because my child's responses cannot be traced to my child.

Child's Full Name: _____

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date