



Child Name: \_\_\_\_\_

**Please indicate the days each week your child will attend the program:**

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!**

**Partners In After School:**



**Emergency Contacts:**

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.

**Authorization For Self-Release:**

I hereby authorize my child to be released without an adult present, into the care of themselves. This authorization allows my child to be released at a specific time from the program. I understand that at that time when my child is released the YWCA Jamestown is no longer responsible for my child and that I take responsibility for ensuring their safety.

**I authorized my child to be allowed to sign themselves out of the program and leave the program at the designated time:**

Yes     No    IF YES, at designated time:     4:30pm     5:30pm     Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

<b>Insurance Information:</b>
Carrier / Insurance Company:
Policy / Group Number:

\*\* A copy of a valid insurance card **must** be submitted for our records \*\*

Copies / scans / photos of insurance cards can be sent to: Email: [insurance@ywcajamestown.com](mailto:insurance@ywcajamestown.com) OR text to: (716) 217-5684

<b>Medical Information</b>	
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 may be required to be obtained on NYS OCFs provided forms, which will require a signature from your child's physician.

<b>Photo / Video / Likeness / Voice / Artwork / Name Opt In or Out:</b>	
<input type="checkbox"/>	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. 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. 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.
<input type="checkbox"/>	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.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Policies Acknowledgements: PLEASE INITIAL NEXT TO EACH POLICY**

\_\_\_\_\_ 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 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 there is no fee for attending this program.** I understand that minimum attendance requirement of at least 3 days per week must be met in order to qualify to attend. If those requirements are not met, my child's spot in the program may be terminated.

\_\_\_\_\_ 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 does not guarantee that homework will be completed while my child is in the After School Program.

\_\_\_\_\_ 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 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 provided 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

**YWCA Mission:**

YWCA Jamestown's Mission is to *eliminate racism, empower women and to promote peace, justice, freedom, and dignity for all.*

By signing my child up for the YWCA Jamestown After School Program at Jamestown Public Schools, I acknowledge that I accept, understand, and support the mission of YWCA Jamestown. Further, I understand that the mission will be present in all part of the program, and that my child will participate in mission aligned activities for which I give my permission.

\_\_\_\_\_  
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 cancellation 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](http://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

Child Name: \_\_\_\_\_

## Program Evaluation & Student Data Tracking Consent

The before and/or after school 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 that this program is meeting the goals set forth in the original or amended application.

Specifically, the goal of New York State Office of Children and Family Services 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 may 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.

Additionally, your signature below authorizes YWCA Jamestown to track your child's attendance in the program and its activities through the New York State assigned data tracking system and/or a private data tracking system of the YWCA Jamestown's choice; and to maintain that data for at least the life of this grant opportunity.

I, the below signed parent/guardian of the below named child participant, have read and understand the above description.

I further agree to allow my child to participate in the above described and allow data tracking for the same for the duration of the grant period ending August 31, 2029.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Child Name: \_\_\_\_\_

### Parent or Guardian Consent for Partner Access to Student Records 2024 - 2025

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 Jamestown

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

	<b>Bush:</b>	<b>bushadvantage@jpsny.org</b>	<b>716.338.3827</b>
	<b>Fletcher:</b>	<b>fletchadvantage@jpsny.org</b>	<b>716.338.6226</b>
	<b>Jefferson:</b>	<b>jeffadvantage@jpsny.org</b>	<b>716.338.3066</b>
Contact Email & Phone:	<b>Shane A. Monroe:</b>	<b>shane.a.monroe@jpsny.org</b>	<b>716.217.5684</b>
	<small>Email</small>		<small>Phone</small>

**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, 2025**.
- 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.