respective solutions GROUP

Pennsylvania 21st Century Community Learning Centers

Soaring Beyond Expectations

NCMS After School Program

Parent/Guardian Agreement Form

Funded in full or in part with a grant from the Pennsylvania Department of Education.

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 if First Aid is necessary.

3. 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.

4. I give permission for RSG staff to obtain the following information for my student: school attendance and tardiness data; state assessment data (PSSA, Keystone, etc.); report card grades; school discipline 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 pictures and 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; and in the local newspapers.

***Program is scheduled for Monday, Wednesday and Friday from after school until 4:30 p.m. and Tuesday and Thursday from after school until 5:30 p.m.**
****Please circle the days that your student will attend program:**

Monday (4:30) **Tuesday (5:30)** **Wednesday (4:30)** **Thursday (5:30)** **Friday (4:30)**

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

Child's gender: (circle one) M F

Child is eligible for: (circle one) Free Lunch Reduced Price Lunch N/A

Child receives learning support services: (circle one) Y N

Child's race/ethnicity: (circle one or more)

Hispanic/Latino American Indian/Alaska Native Asian

Black or African American Native Hawaiian or Pacific Islander White

Please turn over and complete the other side of this form.

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: _____Email: _____

Parent/Guardian Name: _____Relationship to Child: _____
Street Address: _____
City/State/Zip: _____
Phone: _____Email: _____

Please list two persons 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: _____
   Phone: _____

2. Name: _____Relationship to Child: _____
   Phone: _____

Please list any known allergies or medical conditions/concerns:

_____
_____
_____
_____

Please list any disabilities or special needs:

_____
_____
_____
_____

Transportation (please check one of the following):

- ❑ My child will ride the bus home, and be dropped off at the bus company's designated stop.
- ❑ I will pick up my child by no later than 4:30 p.m. (M, W, F) or 5:30 p.m. (T, TH)

***Please send a signed, dated note to the program coordinator if your child needs to make different transportation arrangements.**

Any other information that the RSG program coordinator should know:

_____
_____

Parent/Guardian Signature: _____ Date: _____