



City Wide After School Program  
 Fischer Middle School  
 Beginning Monday, September 23, 2013  
 Monday and Wednesday  
 3:00 pm – 6:00 pm

**STUDENT INFORMATION**

Today's date:	Student's Grade Level (2013-2014):	Student's School ID #:		
Student's Last Name	First	Middle		
Street Address	City	State and Zip Code	Student's Birthdate / /	Age /
Language spoken in the home:		Free or reduced lunch: Yes No If yes, please circle which one.		
Ethnicity: Check all that apply		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific		
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other				

Mother's Name	Mother's Address if Different from Student's	Mother's Home Phone	Mother's Cell Phone Mother's Work Phone
Mother's Email Address:			
Father's Name	Father's Address if Different from Student's	Father's Home Phone	Father's Cell Phone Father's Work Phone
Father's Email Address:			

Other family members enrolling in program: Separate registration packet must be completed for each child enrolling.

First Name	Last Name	Student's Grade Level (2013-2014)
First Name	Last Name	Student's Grade Level (2013-2014)
First Name	Last Name	Student's Grade Level (2013-2014)

**AUTHORIZED PERSONS FOR PICK UP AND EMERGENCIES**

I authorize the following individuals to pick-up my child at any time including emergencies when a parent cannot be reached. I know these persons and agree to allow MyTime staff to release my child into their care upon providing valid identification for verification purposes. In doing so, I relieve Communities In Schools and employees of all responsibilities for my child after he/she has been released from the program. Communities In Schools does not have the authority to deny a non-custodial parent his/her rights but does have full authority to regulate how those rights might be exercised when disputes between parents over the physical custody of a child intrude into the after school program scene. It shall be the policy of Communities In Schools to elicit written agreement between separated parents for the purpose of clarifying who may or may not pick up a child from the after school program. If required a court order will specify which parents may or may not have physical custody.

Name of person picking up	Home Phone Number	Cell Phone Number	Work Phone Number	Relation to Child

**STUDENT MEDICAL HISTORY**

Are there any special medical needs that your child has that we need to be aware of?  YES  NO If YES, please describe:

Any allergies?  YES  NO If YES, allergic to what?

Prior diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or ADD?  YES  NO If YES, describe treatment:

Any special education services or accommodations during the school day? Behavior or Physical?  YES  NO If YES, describe services:

Corrective lenses for vision?  YES  NO      Hearing aids or FM system:  YES  NO

**Attendance Policy**

Daily attendance is taken when your child comes to the after school program. Your child must be responsible for coming straight to the program after school is dismissed. If your child is involved in after school activities (SES, scouts, sports, etc.) and will be arriving late to the program, let the Site Coordinator know. Regular attendance and punctuality are essential.

**Sign-Out Policy**

When your child is picked up, they must be signed out for the day. Only authorized individuals will be able to sign out your child, and they will be required to show identification. Dismissal begins at 6:00 pm and children will not be dismissed from the program prior to 6:00 pm each day. Along with attending each day, students should not be picked up prior to the 6:00 pm dismissal time each day. We have committed staff assisting students with homework completion along with committed community partners providing hands-on engaging activities during the program up to dismissal time. It is important for each student to remain in the program for the full program hours to receive these benefits. If you are not able to have your student attend two days a week and remain until dismissal, we unfortunately will have to dismiss your child from the program and offer this program to other students able to make the commitment. This program is not offered as an after school childcare program, but an academic enrichment program.

Please initial each statement below and please  each statement below either yes or no.			
Initial	YES	NO	
			I give my permission for my student to be enrolled in the <i>MyTime program</i> , two days a week until dismissal each day. The program will not operate on school holidays, non-attendance days and half days.
			I do hereby give permission for the CIS staff to transfer my child off the property for the purposes of medical care as deemed appropriate and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by CIS staff, to hospitalize or secure proper treatment.
			I give permission for Communities In Schools and those community partners we may authorize to use any of my child's name, photographs, writings, artwork, and to film, and/or videotape and/or performance in any activity as part of the <i>MyTime program</i> for the purpose of promotional, marketing, publicity, or other purpose whatsoever without additional notification or approval by me for program activities (including websites, YouTube, Twitter and Facebook).
			I understand the <i>MyTime program</i> is not able to provide one-to-one attended care during the program hours. Participants must be able to operate in a group with at least 8-10 other children and one adult staff member. Please contact the Director of After School Programs if you have questions or concerns.
			I understand the program dismisses starting at 6:00 p.m. each day. I also understand students must remain in the program until the 6:00 p.m. dismissal each day to receive the full benefits of the program from our committed staff and community partners.
			I give my student permission to participate in all activities and field trips sponsored by <i>the MyTime Program</i> and I agree to further release and hold harmless, Communities In Schools including and not limited to their directors, officers, employees, partnering agencies in the <i>MyTime Program</i> for liability associated with my child's/ward's participation in the <i>MyTime Program</i> and I agree not to make any claim, suit or demand against the above mentioned agencies/entities for any injury or damage incurred on account of my child's participation in field trips and related activities.
			I authorize the school and the after school program staff or summer camp staff (collaborating with Communities In Schools and it's partners) to include my child in the evaluation of the after school program. This evaluation includes getting information including attendance, grades, and test scores from my child's school records and asking my child to complete surveys and/or interviews. The surveys or interviews are to learn about my child's experiences and behavior in school and at the after school program, as their attitudes and feelings about school and about the after school program. Copies of the surveys/interviews are available from the study coordinator. Reports about the program will not identify my child. There are no known risks to participating in the evaluation process. The benefit is that the program developers can learn more about how after-school programming can help promote child academic and social development. I understand that my child is not required to complete surveys or interviews and that he/she can stop filling out the surveys at any time. I understand that we will not experience any negative consequences if I do not allow my child to participate in the evaluation.
			Communities In Schools will permit the self-administration of inhaler medication by a student with asthma or other illness, if the following documents are provided by the student's parent or guardian. No other medication will be administered during the <i>MyTime program</i> . <ol style="list-style-type: none"> <li>1. Written authorization, signed by the parent or guardian; and</li> <li>2. A written statement from the student's physician, physician assistant or advanced practice registered nurse, containing the following information: <ol style="list-style-type: none"> <li>A. The name and purpose of the medication;</li> <li>B. The prescribed dosage; and</li> <li>C. The time or times at which or the special circumstances under which the medication is to be administered.</li> </ol> </li> </ol>
			I understand the program will follow the <i>MyTime</i> and School District Code of Conduct Policies. The following disciplinary actions will be taken if the participant does not follow the rules of the program: <ul style="list-style-type: none"> <li>■ 1<sup>st</sup> Verbal Warning</li> <li>■ 2<sup>nd</sup> Written warning/Phone call to parents</li> <li>■ 3<sup>rd</sup> Suspension from the program 3 days/with phone call home</li> <li>■ 4<sup>th</sup> Student will be out of the program/Parent and Student meeting</li> </ul> Note: Depending of the severity of the action (the Program Coordinator will decide the severity of that action), a student can be suspended or discharged from the program immediately. Also, the Program Coordinator will keep an eye on every participant's behavior, and according to it, he/she will decide if the student will be allowed to participate in certain activities.

**SELECTION CRITERIA**

The target population for the program will be students attending the designated school. Special emphasis will be placed on students who have not been successful in meeting Illinois State Standards and State and School Assessments and quarterly grades and local measures of adequate yearly progress will be considered first. Students will be recruited by school staff and administration. The *MyTime Program* is open to all students regardless of race, color, handicap, gender, or any other basis of unlawful discrimination. I agree to all the above policies, rules and procedures of the *Communities In School MyTime Program*. I realize that *MyTime* is a voluntary program and not required for students. I also agree to support my child's learning and progression by adhering to the items contained in this packet.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date