

RSU/MSAD #54's
R.E.A.C.H. After School Program
a 21st Century Community Learning Center

Registration and Release Form 2019

Child's Name: _____ **Gender:** _____ **Ethnicity:** _____

Grade: _____ **School:** _____ **D.O.B.** _____

Parent/Guardian Information (1)

Name: _____ **D.O.B.** ____ / ____ / ____

Address: _____

Email: _____

Phone 1: _____ **Phone 2:** _____

Parent/Guardian Information (2)

Name: _____ **D.O.B.** ____ / ____ / ____

Address: _____

Email: _____

Phone 1: _____ **Phone 2:** _____

Emergency Contact (other than Parent/Guardian)

Name: _____ **Relationship:** _____

Phone 1: _____ **Phone 2:** _____



Does your child receive special education support services: _____

Does your child have an I.E.P. in place: _____

If yes, for what? _____

Does your child require the services of a 1:1 educator? _____

This program is intended for students who do not have additional educational supports. To see if your child qualifies, please call our office at 207-474-3339.

Special Conditions (Medical Conditions, Allergies, Medications, Dietary Requirements) Please give detailed information: _____

Medical Information

Family Physician: _____

Phone #: _____

Insurance Company: _____

Policy # _____

Pick-up Authorization

The following people, along with parents/guardians & emergency contact listed above, are authorized to pick up my child from the MSAD #54 R.E.A.C.H Afterschool Program. I understand my child will be allowed to leave with these individuals only.

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Pick Up Authorization Continued...

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

FEES:

We take pride in offering our program to MSAD #54 families at no cost; however, maintaining a high-quality program is costly, and funding is limited. **Any contribution made by participants makes a difference!**

_____ We are able to make a contribution in the amount of \$ _____ (enclosed).

Please enclose cash, or make checks payable to: MSAD #54 School Department 21st Century Program

_____ We are unable to make a contribution at this time.

RELEASES AND PERMISSIONS:

Please sign on each line

FIELD TRIPS: Some of our after school programs will be taking field trips during the normal operating hours, throughout the Central Maine Area. At this time you may give permission for your child to participate in all of the Field Trips. If any field trip falls outside normal operating hours you will be asked to sign a separate permission slip.

By signing below, I give permission for my child to participate in all field trips that are part of the MSAD #54 R.E.A.C.H After School Program.

PHOTOGRAPHS AND VIDEOS: This form gives permission for your child's photograph and/or video to be used to advocate and/or publicize our R.E.A.C.H After School Programs. These publications may be used in our school newsletter, brochures, on our website, television, or any other type of publication.

By signing below, I give permission for my child to participate in any photo or video session that may be part of MSAD #54 R.E.A.C.H After School Program .

FIRST AID: We do not have nursing services provided during our after school hours of operation.

By signing below, I confirm that I have been informed and I agree to notify the program of all of my child's medical conditions/needs.

By signing below, I also authorize the R.E.A.C.H After School Program staff to take the appropriate action to protect the well-being and safety of my son/daughter including seeking emergency medical attention or hospitalization (or both) should the need arise and I am unable to be reached.

21ST CCLC and R.E.A.C.H. PERMISSION: In order to provide evidence to maintain our 21st CCLC grant we need to keep track of student demographics, free and reduced lunch status, academic progress and activity participation. All information collected will be restricted and used solely for serving student needs and program evaluation purposes.

By signing below, I authorize the release of my child's information in order to provide evidence to maintain MSAD #54 R.E.A.C.H After School Program and 21st CCLC grant and to track overall student progress for program evaluation.

SOYA (Survey of Youth Outcomes): The 21st CCLC program at MSAD #54 will administer student surveys from time to time in order to gather feedback regarding program offerings or

other experiences students are having within the program. An annual survey required by our grantors is called the SAYO or Survey of Youth Outcomes. This survey measures students experiences in the program as related to support, engagement, choice, leadership opportunity, and measures perceived competencies in academics and social skills. This survey is done electronically and is completely confidential. Staff will utilize the information for program improvement purposes only. Your signature below gives consent for your child to participate in these surveys.

CELL PHONE POLICY: Parents are expected to make their travel arrangements with their child prior to drop off. If students choose to bring their cell phones on the trip they are expected to have their phones turned off during the trips and placed in their backpacks. Violations of this policy will result in the cell phone being confiscated, the parent notified, and additional consequences may be assigned depending on the circumstance. MSAD #54 and R.E.A.C.H. After School Program, are not responsible for lost, stolen or damaged items of any kind, including cell phones.

By signing below you have read and understand the cell phone policy for the R.E.A.C.H. After School Program.

RELEASE OF LIABILITY: By signing this permission slip, I/we agree to hold harmless and indemnify RSU/MSAD 54 school system, officers, agents, employees, volunteers and contractors from all claims, demands, causes of action that arise from any unintentional or claimed negligent act or omission resulting from any student's participation in the R.E.A.C.H. After School Program.

Child's Name (Please Print)

Parent Guardian Signature

Date

RSU 54/MSAD 54
R.E.A.C.H After School Program
Behavior Agreement Form

Parents/Guardians, please read through all of the guidelines listed below with your child and make sure they understand the program guidelines for successful participation.

Participation in the R.E.A.C.H After School Program is considered a privilege; students are accepted, in addition to academic needs and school recommendations, based on their ability to consistently meet the following expectations below.

In order to attend the R.E.A.C.H After School Program at MSAD #54, I hereby agree to:

- Treat all staff respectfully.
- Listen to and follow directions.
- Follow all rules shared by any sight that we visit during our field trips.
- Solve our problems using our words.
- Respect each other's body space and keep our hands to ourselves.
- Be in control of my body.
- Use kind and respectful words in all our interactions with peers and staff.
- Play fairly and include everyone.
- Participate in all scheduled activities with a positive and helpful attitude.
- Treat all equipment with care and respect.
- Physical violence will result in an immediate and permanent dismissal of the program.

I have read and understand all of the above rules and I am aware that my failure to abide by these rules will result in suspension and/or permanent dismissal of the R.E.A.C.H After School Program. Please reference your child's student handbook from their school for a more comprehensive understanding of expected student conduct.

For most infractions' students will be given TWO warnings, with communication home, for repeated fractions of unacceptable behavior. If a THIRD infraction occurs, the student will not be allowed to return to the program for a period of time as to be determined by the 21st Century Program Director and Site Coordinator. If the student is allowed to return to the program, a meeting with the student, parents/guardian and R.E.A.C.H After School Program Director and Site Coordinator will set ground rules for that student's return to programming.

I further understand that by signing below, I agree to follow the behavioral expectations highlighted in any MSAD #54 student handbook.

Student Signature: _____ **Date:** _____

Name (please print): _____

I have read and understand the above rules with my child and will support my child's compliance and any consequences that may occur.

Parent/Guardian Signature: _____ **Date** _____