

After School Program

Open Enrollment



We offer a **safe**, supportive and **FREE** place for students to **GROW** as individuals.



- 
- Help with homework/tutoring
 - Interactive/cooperative activities
 - Positive character development
 - Academic enrichment
 - Environmental exploration
 - Career development options
 - Fitness and healthy lifestyle activities
 - STEM projects
 - Social Emotional Learning
 - Visiting musicians, artists, and community partners

Our programs are
FREE to all families
regardless of income.
3 hours per day M-TH,
beginning at last bell

For more information
about the CFYCD Afterschool Program
located in your school,
or to enroll your child,
please contact Melisa at
(717) 339-6201 or
mpatrono@cfygettysburg.com

Collaborating for youth has been providing
services to Adams County for over 20 years.

Visit our website at www.cfygettysburg.com

COLLABORATING

Doing what works
in Adams County

FOR YOUTH

CFYCD Afterschool Program ENROLLMENT FORM 2021–22

Please use a black pen to fill out this form. Only 1 child per form.

School: _____ Teacher: _____ Grade: _____

Student's Name: _____ DOB: _____

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

Student's gender (check one):	☐ Male ☐ Female
Student receives (check one):	☐ Free Lunch ☐ Reduced Price Lunch ☐ N/A
Student receives learning support services (check one):	☐ YES ☐ NO
Student's race/ethnicity (check all that apply):	☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Pacific Islander ☐ More than One Race ☐ Unknown/Other
Does your student speak English as a second language?	☐ YES ☐ NO
Student's CFYCD After School Program history (check one)	☐ NEW ☐ RETURNING
Days student will attend programs*:	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
*Students attending all 4 days will be given priority for enrollment in the event of a waiting list with the possibility of loss of enrollment in preference of students who are able to attend all 4 days. Special exceptions may apply.	

Parent/Guardian Agreement (please read carefully)

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/guardians if First Aid is necessary. I give Consent for CFYCD to seek emergency medical care if necessary.
3. I have full knowledge of the nature and extent of the COVID- 19 health risks inherent in participating in CFYCD activities. I, on behalf of myself and the named student, am voluntarily assuming said risks and agree to give consent of participation which may include social distancing, wearing a face covering and temperature check. I understand that in the event of my child having symptoms, I will be notified and will immediately pick my child up from program.
4. I understand that the afterschool program has the same expectation for student behavior as the school, and that attending any CFYCD program is a privilege and is voluntary.
5. I give permission for CFYCD staff to obtain the following information for my child and share/use it in compliance with the 21st CCLC Professional Development Survey: school attendance and tardiness data; state assessment data (PSSA, Keystone, etc.); report card grades; school discipline data; programming pre and post data; and feedback from teachers and administrators to comply with grant reporting requirements, with the understanding that this information will be kept confidential.
6. I give permission for CFYCD to take pictures and video of my child during the afterschool program with the understanding that these images may be used for: projects/ display boards; student yearbooks, CFYCD's Website/Facebook/Twitter pages; in local newspapers and, shared with CFYCD partners/collaborators.
7. I understand that if school is canceled or dismisses early, there will be no program that day. If CFYCD chooses to cancel program, staff will contact parents/guardians before 2:00 pm whenever possible.
8. To facilitate communication; I agree to have my cell phone number included in the CFYCD Afterschool remind app to receive announcements, reminders, or updates.

(Parent/Guardian Signature)

(Date)

CFYCD Afterschool Program
EMERGENCY CONTACT INFORMATION
SY 2021-2022

CHILD'S INFORMATION

Child's Name: _____ Age: _____ Grade: _____
School: _____ Teacher: _____
Street Address: _____
City/State/Zip: _____

CAREGIVER INFORMATION

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____ Cell: _____ Email: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____ Cell: _____ Email: _____

ADDITIONAL EMERGENCY CONTACTS

Please list other two persons that we may contact and that have permission to pick up your child in the case parents/guardians are not available. These contacts should be available during program hours.

1. Name: _____ Relationship to Child: _____
Phone Number(s): _____
2. Name: _____ Relationship to Child: _____
Phone Number(s): _____

SPECIAL REQUIREMENTS

Please list any known allergies or medical conditions/concerns: _____
Please list any disabilities or special needs: _____

TRANSPORTATION FOR AFTERSCHOOL PROGRAM

- **Pick-up begins ½ hour prior to the close of the program.** Late pick-ups may result in removal from the program. You will need to sign your child out with CFYCD staff, and may need to provide I.D.
- If you need to make different transportation arrangements for your child for any given day, a signed and dated note must be given to the CFYCD staff.

Any other information that the CFYCD Program Coordinator should know:

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