

Child's Name: _____

School Name: _____



**2020-2021 School Year
GRANT**

Signature Section

Forms in this section must be signed and returned to RGEC. Please check all boxes below, attach forms and RGEC Staff will sign below acknowledging that all forms are complete and signed.

- ☐ **Registration Form (Enrollment Form)**
- ☐ **Parent Contract**
- ☐ **Non-School Foods Permission and Release**
- ☐ **Parent Authorization for Over-the Counter Medications**
- ☐ **Handbook Acknowledgement Form**
- ☐ **Enrollment Agreement**
- ☐ **Guidance Policy**
- ☐ **Travel Permission Form**

****Indicate the program you wish to register, please check ALL that apply***

AM & PM care	AM care only	AM drop-in	PM care only	PM drop-in	Early release day only
Summer-Full Day					

Site Supervisor (Print): _____

Site Supervisor (Signature): _____ **Date:** _____



Grant Registration Form

Please complete **BOTH SIDES** of this form

One Form Per Child

- ☐ Before School Program
☐ After School Program
☐ Before & After School Program
☐ Summer Program

Child's Name: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____ Teacher: _____ School: _____
Last First MI Name Called

State School Id #: _____ Child's primary language: _____ Ethnicity/ Hispanic: Yes ☐ No ☐

Primary Guardian/ Contact Name: _____

Mailing Address: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Employer: _____

E-Mail Address: _____ (required for program communication)

Secondary Guardian Name: _____ Mailing Address (if different): _____

Cell Phone : _____ Work Phone: _____ Other Phone: _____

Employer: _____ E-mail Address _____

Important - State law requires: Two relatives/friends (must be at least 18 years old) in the area who are authorized to act on your behalf in case you cannot be reached. Name and phone number of child's physician.

Name: _____ Relationship: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

I authorize this person to pick up my child from RGEC: Yes ☐ No ☐

Name: _____ Relationship: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

I authorize this person to pick up my child from RGEC: Yes ☐ No ☐

Physician: Name: _____ Address: _____ Phone: _____

Preferred Hospital: _____ Location: _____

Initial Below: Read Carefully.

_____ I authorize RGEC staff to take my child to the aforementioned physician or facility for medical treatment in the event of an emergency in which neither parent nor legal guardian can be reached.

_____ I assume full financial responsibility for any medical attention or treatment provided.

_____ I authorize RGEC to obtain assessment and test data from teachers and/or school administration for my child.

_____ I authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the aforementioned physician cannot respond.

_____ I authorize RGEC to allow my child to enter a swimming pool.

_____ I certify that I have received a copy of the parent manual, understand and agree to abide by the policies of RGEC as outlined in the Parent Manual.

_____ I give my permission for my child to be photographed and for these photographs to be used in educational and/or promotional materials produced by RGEC, which may include social media outlets. I understand that neither my child's name nor any other identifying information will appear with the photographs. Further, I understand that neither I nor my child will receive any monetary compensation for the use of these photographs.

Parent/Legal Guardian Signature

Printed Name

Date

Starting Date of Enrollment

By signing above, I certify that the information given in this form is true, complete and accurate.

Child's Name: _____

Does your child currently take any medication? Yes ☐ No ☐ Type: _____

Does your child have any allergies? Yes ☐ No ☐ If yes, please indicate: _____

Description of reaction: _____ Care Instructions: _____

Does your child have any type of medical, physical or mental condition? Yes ☐ No ☐

If yes please provide the following information. Use an additional sheet of paper if necessary.

Condition: _____ Current Treatment: _____

Frequency: _____

Is your child in a special education program? Yes ☐ No ☐ Is your child in Gifted education program? Yes ☐ No ☐

If yes please describe program: _____ Does your child have limited English proficiency? Yes ☐ No ☐

Race (optional): White ☐ African American ☐ Asian ☐ Native Hawaiian ☐ American Indian or Native Alaskan ☐

Some other race ☐ Decline to state ☐

In addition to the parents, the following people are authorized to pick up my child from RGEC (must be different from those listed on previous page):

Name: _____ Relationship: _____ Home phone: _____ Work phone: _____

Name: _____ Relationship: _____ Home phone: _____ Work phone: _____

Name: _____ Relationship: _____ Home phone: _____ Work phone: _____

Please indicate how you would like to be involved. I will participate each year in one of the three activities listed below: (please circle one)

Help with clean-up of the site

Volunteer to help with a learning activity

Other (please give us your ideas): _____

Please include anything else you feel we should know about your child. (likes/dislikes, special needs, helpful hints, preferred/most successful behavior guidance techniques, social/intellectual/physical goals, etc.)

Legal Status Issues (please check all that apply):

Restraining Order _____ Guardianship _____ Court Orders _____ CYFD Custody / Involvement _____

Powers of Attorney _____ If any, please explain: _____

PLEASE PROVIDE A COPY OF WRITTEN DOCUMENTATION PROVIDING ABOVE STATUS.

Thank You! Please ensure that this form is filled out completely.



RIO GRANDE EDUCATIONAL COLLABORATIVE BEFORE/AFTER SCHOOL & SUMMER PROGRAM

PARENT CONTRACT

Site: _____ Term / Period: Fall _____ Spring _____ Summer _____

The Rio Grande Educational Collaborative (RGE) offers more than just before/ after-school and /or summer care to you and your children. Our activities are designed to help improve a student's academic performance in reading, science and math. In addition, our program seeks to help young students develop the leadership and interpersonal skills they will need to be a good community leader/member in the future.

Please be advised, that this contract is a written agreement between you and RGE. Failure to comply with the terms of this agreement may result in the dismissal of your child from the Before/ After-school or Summer Program hereafter referred to as the "Program".

PARTICIPATION:

- My child will only be signed out by those noted on the registration form (over the age of 18).
- My child may participate in the enriching and challenging activities (including physical activities, art and water play) provided by RGE and other partnership agencies.
- My child may use the computer and Internet with adult supervision.

ABSENCES

- For my child's safety, I will call RGE to report all absences.

PARENT RESPONSIBILITIES

- I understand that it is my responsibility to keep all emergency information and my child's health records and information current.
- I will work with Program staff and/or other parents to support and improve the Program.
- I will accompany my child into the Before School program and sign-in each day no earlier than 6:45am.
- When picking up my child from After School program I will sign him/her out of program no later than 6:00pm.

OTHER

- I will work with the staff to ensure proper behavior of my child. I understand that my child will be dismissed from the program for any severe or persistent behavior problems.

I have fully read, understand and accept the above procedures and I recognize that the RGE Program is relying on such acceptance in permitting my child,
_____ **to participate in all program-related activities.**

Parent/Guardian Signature: _____ Date _____



RIO GRANDE EDUCATIONAL COLLABORATIVE BEFORE/AFTER SCHOOL & SUMMER PROGRAM

NON-SCHOOL FOODS PERMISSION AND RELEASE

From time to time throughout the program, we may plan parties and special events that involve food brought in from outside sources. These items are not being provided by and are not regulated by the strict safety guidelines exercised by RGEC and/or the school district. As well, we may conduct gardening and culinary arts activities. Because of growing concern over children's food allergies and overall student safety, we want to make sure we have your permission for your child to participate in these and similar events and activities.

Commercially prepared and sealed products may be served at special events, but parents and relatives often wish to bring items from home. Items prepared by parents and others working at home and in private kitchens not regulated by the Health Department, however, may not always meet the same sanitation standards required by commercial food preparers. For that reason, we ask that you approve or deny permission for your child to be served food that is brought in from private and non-regulated kitchens.

Please fill in the information below and sign, indicating your permission.

Student _____ Site _____

I, the undersigned parent (or legal guardian) of the student named above, give permission for him/her to be served non-commercial food prepared by parents or relatives of classmates and other students in non-regulated kitchens as indicated below. I release RGEC and all RGEC employees and contractors from liability as a result of illness or injury thereunto.

Permission Granted for the Following Events / Activities:	<u>Yes</u>		<u>No</u>
Seasonal parties and special events (Thanks-Giving, Christmas, Easter, Halloween, etc.)			
Program members' birthday parties			
Program cultural events involving food			
Other parties and special events of the program; program gardening and culinary arts activities			

Please list any food allergies or food this student cannot eat:

Please list any other restrictions: _____

Parent/Guardian Signature: _____ Date: _____



RIO GRANDE EDUCATIONAL COLLABORATIVE BEFORE/AFTER & SUMMER PROGRAM

PARENT AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS

Student's Name _____

Date of Birth _____ School _____

Name of Medication _____ Dosage _____

Time of Administration _____

This student is expected to be receiving this Medication for _____

(How long?)

Special instructions regarding this medication _____

RGEC does not have the capacity to store prescription medications per regulations or a Nurse on duty to administer them at our sites. Thus, if your child requires prescription medications during program hours, a parent/guardian will have to come to the program and administer them to their child.

I/We understand that our child _____ will be responsible for carrying and taking his/her own medication, and that he/she is only authorized to carry one day's worth of medication in the ORIGINAL LABELED container that indicates the name of the medication, and the dose of the medication or dosing recommendations.

I/We understand if our child _____ needs to take a non-prescription over-the-counter medication for more than 5 consecutive school days we will be asked to get a written physician/provider authorization before any more of the medication will be given.

Parent/Guardian Signature _____

Printed Name _____

Date _____ Phone number (s) _____

****PARENT/GUARDIAN MUST SIGN THIS PAGE, EVEN IF NON-APPLICABLE**



RIO GRANDE EDUCATIONAL COLLABORATIVE BEFORE/AFTER & SUMMER PROGRAM

STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT FORM

I, _____, parent/guardian of

(Print Parent/Guardian's Name)

_____, who attends RGEC's Before / After-School /

(Print Student's Name)

Summer Program at _____, acknowledge that I have received a copy
(Print Name of School / Program Site)

of the RGEC Student / Parent Handbook. I have read it and I am willing to abide by the policies, procedures, and responsibilities set forth therein.

The RGEC Student / Parent Handbook Includes:

- Contact/Site Information
- Grievance Procedures
- Personal Belongings
- Child Pick-Up Procedure
- Personnel
- Emergency/Accident Procedures
- Code of Conduct
- Parent/Volunteer Involvement
- Discipline Plan
- Open Door Policy
- Hours of Operation, Fees, Charges, Funding
- Inclement Weather
- Snacks, General Information
- Frequently Asked Questions
- Student Profile/Registration and Permission Forms.

Parent/Guardian Signature: _____ Date: _____



RIO GRANDE EDUCATIONAL COLLABORATIVE BEFORE/AFTER & SUMMER PROGRAM

Guidance Policy

RGEC programs use positive discipline with firm but fair guidance and behavior management. The program's philosophy of discipline is based on respect for the child's self-esteem, setting reasonable limits and consequences and encouraging increased self-discipline. Our role in guidance is to teach children how to make good choices and help them develop self-discipline, a sense of caring, a sense of fair play and maturity. We encourage individuality and independence, but each child must be able to interact within the group's limits. Limits will be clear and consistent, and only constructive methods of discipline shall be used to promote good behavior. Corporal punishment, which is a disciplinary action taken with the intention of producing physical pain, will not be used with your child. The staff will work with your child and strive to cooperate with parents to resolve any problems that may arise.

RGEC operates with a "Zero Tolerance Policy" when it involves **Major Infractions**. In these cases, one infraction shall lead to immediate consequences. In such cases we may ask the parent(s) to pick up the child from the program immediately. Moreover, children may be dismissed or suspended from the program indefinitely with no warning where the safety of the program, staff or other children are compromised.

Parent/Guardian Signature: _____ Date: _____



RGEC Enrollment & Attendance Agreement

Enrollment

All students who attend schools where RGEC's before and after school programs are located are eligible for enrollment. Applications for enrollment are considered without regard to race, religion, sex, color, national origin, disability or primary language. Licensing regulations and funding parameters may limit enrollment at each of our sites. Therefore, participation is made based on elements such as: first come first serve, teacher and/or counselor referral, student's level of need for additional academic and/or behavioral support, etc. All prospective participants shall fill out the registration/application forms and return them to their Site Supervisor during registration and enrollment periods.

Enrollments are usually held at the beginning of each school year to coincide with each school's registration dates. If openings exist within a program, a student may be registered at any time during the year. Parents must be aware that RGEC is a guest in Albuquerque Public School Facilities and may be asked to suspend services at any time. Should this occur, RGEC shall make every effort to provide advance notice to parents if such event is to occur.

Attendance

This learning program is provided **FREE OF CHARGE** to students (and their families) attending RGEC After School Programs in Belen. Enrollment is on a first come, first served basis. This is possible because the program is funded through a federal grant, administered by the New Mexico Public Education Department and provided to you through Rio Grande Educational Collaborative.

After returning the Parent/Guardian Assurance and 21st CCLC Enrollment Forms, families will be notified if their child has been accepted for participation in the 21st CCLC program.

Attendance is a very important part of our program. In order for your child to get the most out of the program, he/she must attend daily. Attendance also impacts how the program is funded. It is important that each student attend each day for the full program length. When students are absent, funding is reduced, increasing the possibility of the loss of the program. Parents are responsible for contacting the Learning Center Program Supervisor, if their child will be absent. Because we may have a waiting list for available seats, frequent absences may result in your child's removal from the program.

21st CCLC EXCUSED ABSENCES: • Illness of student • Serious illness or death of family member • Head lice or nits • Doctor or dental appointments • Legal matters • Religious holiday or training • Unforeseen emergencies (e.g. natural disasters) • Prior commitment that has been communicated/documented in student file by the parent/guardian.

The Learning Center Supervisor or RGEC staff will contact the parent/guardian of any student having over three unexcused absences. Continued excessive absences may result in the student being removed from the program to allow space for another student on the waiting list.

Parent Signature_____ **Date:** _____



RIO GRANDE EDUCATIONAL COLLABORATIVE BEFORE/AFTER SUMMER PROGRAM

Travel Permission for Field Trips

I, _____ grant permission
(Name of parent or guardian)

for Rio Grande Educational Collaborative to transport my
child _____ for the following events .
(Name of Child)

Event Type	General Grant Permission	Grant permission only with Prior Notification	Decline Permission
Walk to Local Park or School			
Walk to Local Business			
Other:			

I understand that it is my responsibility to update this form in the event that
I no longer wish to authorize one or more of the above events.

Parent/Guardian Signature: _____ Date: _____

