

This form must be completed by the child's caregiver
2020-2021 Quad A for Kids After-School Program Enrollment Application

**Please note, you must complete one application for each child.*

*** In response to COVID-19, Quad A programming will begin the school year offering program virtually at all school sites.**

Note: Upon acceptance into the program, parents will receive an enrollment packet with the remaining enrollment documents to be completed prior to starting the program.

School Information:

School Site (please select one)	<input type="checkbox"/> School No. 2	<input type="checkbox"/> School No. 4	<input type="checkbox"/> School No. 16	<input type="checkbox"/> School No. 34
RCSD Student ID #				

Family Information:

Primary caregiver name		Second caregiver name	
Relationship to child		Relationship to child	
Home address		Home address	
Primary phone number		Primary phone number	
Alternate phone number		Alternate phone number	
Email address		Email address	

In case of emergency, which parent/guardian should we contact first? Primary Second

At which address does the child reside (if different)? _____

Participant Information:

Name		D.O.B.		Age		Grade	
Ethnicity	<input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander					Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Was your child in Quad A in previous years?	<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, what year?				
Does your child have any siblings that attend this school?	<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes, please list names below.						
Sibling(s)' names (if applicable):							

Virtual Programming:

New York State and the RCSD have developed a hybrid plan for reopening schools following the current Covid-19 pandemic crisis. As a result, your child's school building will be closed during traditional after school program hours. Quad A will offer program virtually until building are cleared to resume evening programming. Please answer the questions below so we can work with your child's school to advocate that they have the necessary resources for success in school and to participate in the Quad A program.

Will your student have access to a computer, laptop or device that connects to the internet?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Will your student have access to internet?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Would you and your child like to continue receiving meals provided by FoodLink?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are any of your children attending in-person classes this school year?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you open to program supplies being delivered to your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you need a tutorial on how to use Zoom or Class Dojo?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Virtual Programming Information:

Quad A plans to offer virtual programming to complement the hybrid learning model outlined by the RCSD in alignment with the plan of our partner schools. Quad A for Kids will be scheduling weekly virtual meeting sessions with students Mondays through Fridays, excluding holidays and school closures. Sessions will include project-based learning activities and targeted academic support.

Do you have any concerns of your child(ren) participating in scheduled Quad A virtual meeting sessions? Note: All sessions will be monitored and facilitated by a staff member.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below:
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Office Use Only: Date Received: _____

Student ID: _____

Emergency Contact Information:

In case of emergency and the staff are unable to reach the parent/guardian listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the program.

Contact #1 name		Contact #2 name	
Relationship to child		Relationship to child	
Primary phone		Primary phone	
Alternate phone		Alternate phone	
Home address		Home address	

Child Pick Up Authorization:

I give permission for my child to be released from the Quad A after-school program to the people listed below at any time. I understand the staff requires these people to furnish photo identification before releasing the child.

Name		Name	
Relationship to child		Relationship to child	
Phone number		<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Home

Health Information: Please check each of the following health challenges or allergies that your child has.

Child's Name:	
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Allergies:

<input type="checkbox"/> Hay fever	<input type="checkbox"/> Dust mites	<input type="checkbox"/> Food (list here):
<input type="checkbox"/> Insect bites	<input type="checkbox"/> Medication (list here):	<input type="checkbox"/> Others (list here):

Existing physical and mental health conditions:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical Restrictions	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision	<input type="checkbox"/> Injury	<input type="checkbox"/> Emotional / Psychological Learning
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Special Diet	<input type="checkbox"/> Other (list here):	

Health Care Coverage

Is your child covered by any hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance company		Primary Doctor Name	
Policy # (include all letters & numbers)		Primary Doctor Phone	
		Dentist Name	
Policy holder name		Dentist Phone	
Any additional Health information we should know?			

If my child requires emergency medical care and I cannot be reached, I give my consent to the Quad A after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives.

Parent Signature

Parent/Guardian Agreement

Child's Name:	
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- I, the undersigned, hereby enroll my child, in the Quad A enrichment program. I understand that the program assumes responsibility for my child's well-being during the hours of the program and will make every effort to immediately contact me should any type of emergency arise.
- I have provided the staff with pertinent, complete, and correct information that will assist them in caring for my child and will update that information when necessary.
- The program's responsibility for my child begins when they reach the program and check in with a staff member. My child is responsible for walking from the classroom to the program.
- I give my consent for my child to take part in field trips away from the facility under proper supervision and to be transported by bus when necessary, including for swimming.
- I give my consent that any photographs/videos of my child may be used in promotional material such as brochures, web sites, or newspaper releases. I understand that I will not be informed or reimbursed for such photographs/videos.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, staff may need to contact the police.
- I understand that the enrichment program staff is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities.

My signature acknowledges my understanding of and agreement to the above and that all the information I provided is accurate and complete.

Caregiver name (PRINT):	
Caregiver signature:	
Date:	

Texting Notification

To help keep you informed and up to date, Quad A will be using a text reminder application that will allow us to periodically send out important notifications, updates and messages to you via a short text message or email. To participate in this service, please provide your cell phone number and email below.

Cell phone number	
Email address	



THE COMMUNITY FOUNDATION

STANDARD IMAGE USE RELEASE FORM

I, , freely grant Rochester Area Community Foundation irrevocable permission to publish any images of my child/grandchild/other child under 18 in my care in whole or in part and for a length of time determined by the Community Foundation, on its website, in newsletters, or in their Biennial Report without remuneration. I understand that pictures will be used, in conjunction with other images, to represent the **Quad A for Kids Program**. I will hold harmless the aforementioned Community Foundation from any liability by virtue of any distortion or alteration unless it can be proven that such alterations and or distortions were done with malicious intent.

I have read and fully understand the contents of this release. I do attest that I am the parent or legal guardian of the above named minor child, and have legal authority to sign this release on his/her behalf. I have read and fully understand the contents of this release, and consent to the use of said photograph.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature Date

Child's Name (printed)

Please **SEND** all completed registrations to dsinkler@racf.org.

Please include the following information in your email:

- Subject Line: “**Quad A Registration**”
- Email body (message): I have attached a registration for [**ENTER STUDENT NAME(S)**], who attends school at [**ENTER SCHOOL NAME**]. Should you have any questions feel free to contact me at [**ENTER PHONE NUMBER**].

NOTE: Once we receive your application we will confirm by replying to your email.

Questions about the registration process should be sent to: mhaskins@racf.org & ibliss@racf.org or call us at (585) 341-4401.