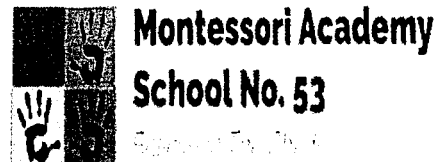


**GREAT FUTURES START HERE.**



**Boys & Girls Clubs/School #53 After-School Program**

353 Congress Ave  
Rochester, NY 14619  
(585) 325-0935

Dear Parent/Guardian:

The Boys & Girls Clubs/School #53 After-School Program is now accepting applications for enrollment. Your child will be required to attend the program Monday - Friday from 2:00 p.m. - 5:00 p.m. During the After-School Program, your child will receive a host of services from warm nutritious meals, tutoring assistance, computer skills, arts & crafts, performing arts, literacy, STEM projects, sports, life skills training, and more. In order for your child/children to enroll, please complete all necessary information in this package and return it to your child's teacher or an After-School Program representative. I am delighted that your child will participate in this enriching program with the Boys & Girls Clubs of Rochester, NY Inc.

The Boys & Girls Clubs/PS #53 After-School Program doesn't offer transportation as part of your child/children's participation. Instead of boarding the bus for home or walking home at the end of the regular school day, your child/children will remain at school #53, and participate in the After-School Program activities until 5:00 p.m. We urge all parent(s)/guardian(s) to arrive on time to provide proper transportation home for your child/children when the program ends at 5:00 p.m.

For additional information about the program, please don't hesitate to contact Phillipa Wynter-Stuart, Program Director for the After-School Program at 585-355-0000.

Sincerely,  
Phillipa Wynter-Stuart  
Program Director Boys & Girls Clubs/PS 53

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I give permission for my child \_\_\_\_\_ in grade \_\_\_\_ room \_\_\_\_ to participate in the Boys & Girls Clubs/PS 53 After-School Program. I also understand that I am responsible for providing transportation home for my child/children at the end of the program at 5:00 p.m.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_  
Date \_\_\_\_\_ Contact \_\_\_\_\_

# New York State 21<sup>st</sup> Century Community Learning Centers (CCLC)

Program Name:

**Enrollment Form**

School Year:

<b>PHOTO OF CHILD</b> (Optional)	Student's Full Name:		Date of Birth:	Gender:
	Preferred Name:			
	Student's Home Address:			
	Home Phone:		Language(s) Spoken at Home:	
	Racial/Ethnic Group: <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Two or more races <input type="radio"/> Other _____			
	Student ID Number (to be completed by Program): <input type="radio"/> NYSED ID <input type="radio"/> District ID		Attending School:	Grade:
	Student's Primary Teacher (Required for Students in Grades 1-5 only) Indicate N/A if not applicable			
	Name of Person Enrolling Student:		Relationship to Student: <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Caretaker <input type="radio"/> Relative <input type="radio"/> Other _____	
Address of Person Enrolling Student (if different than student):				
Phone Number(s) of Person Enrolling student: Email:				

Emergency Contact Names	Authorized to Pick Up	Primary Phone Number	Other Phone Number/Email
Primary Contact:	<input type="radio"/> Yes <input type="radio"/> No		
Primary Contact:	<input type="radio"/> Yes <input type="radio"/> No		
Secondary Contact:	<input type="radio"/> Yes <input type="radio"/> No		

## Release of Student at Dismissal

I give my child permission to walk alone at dismissal: <input type="radio"/> Yes <input type="radio"/> No		
If no, my child will be picked up afterschool by me or one of the following individuals:		
Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:

My child MAY NOT be picked by the following individuals:

Name:	Relationship to Student:
Name:	Relationship to Student:
Name:	Relationship to Student:

## Release of Student During Medical Emergencies

If I am not available during emergencies, my child may be released to one of the following individuals:

Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:

### Student's Health Information

*All information is confidential and is used by the program staff to ensure the safety of students.*

Does your child have any of the following?

<b>Allergies</b>	<input type="radio"/> Yes <input type="radio"/> No	If yes, list what child is allergic to:  If yes, does your child need/use an EpiPen? <input type="radio"/> Yes* <input type="radio"/> No
<b>Asthma</b>	<input type="radio"/> Yes <input type="radio"/> No	If yes, does your child use an inhaler or other medicine for his/her asthma? <input type="radio"/> Yes* <input type="radio"/> No
<b>Diabetes</b>	<input type="radio"/> Yes <input type="radio"/> No	If yes, does your child need medication or blood glucose monitoring? <input type="radio"/> Yes* <input type="radio"/> No If yes, does your child have a prescription for glucagon? <input type="radio"/> Yes* <input type="radio"/> No
<b>Seizure Disorder</b>	<input type="radio"/> Yes <input type="radio"/> No	If yes, does your child need medication for preventing or treating seizures? <input type="radio"/> Yes* <input type="radio"/> No
<b>Vision Condition</b>	<input type="radio"/> Yes <input type="radio"/> No	If yes, and your child needs aids at school other than wearing glasses or contacts, please describe:
<b>Hearing Condition</b>	<input type="radio"/> Yes <input type="radio"/> No	If yes, and your child needs aids at school other than wearing a hearing aid, please describe:
<b>Physical Limitations</b>	<input type="radio"/> Yes <input type="radio"/> No	Is your child able to participate in physical education class at school with no limitations? <input type="radio"/> Yes <input type="radio"/> No If no, please list his/her activity limitations:
<b>Other Medication(s)</b>	<input type="radio"/> Yes* <input type="radio"/> No	If yes, please list:

Does your child have special diet needs, other health needs, or behavioral/emotional needs?  
 If yes, please describe:

*\*Please note medications taken or administered at the program will need written parent/guardian consent and health care provider order. Please check with program director/site coordinator for details.*

## Agreements

I give my child permission to enroll and participate in the 21<sup>st</sup> CCLC program ☐ Yes ☐ No

I understand that following agreements and consents are **not pre-conditions for approval** to participate in the 21<sup>st</sup> CCLC program.

☐ Yes ☐ No

I consent to emergency medical treatment for my child ☐ Yes ☐ No

I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the [Program Name]. I also grant [Program Name] the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release [Program Name] and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. ☐ Yes ☐ No

I consent for my child to take part in field trips, away from the program site, under supervision. ☐ Yes ☐ No

I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips. ☐ Yes ☐ No

I provided information on my child's special needs to the program to assist in the safety of my child. ☐ Yes ☐ No

I understand that information regarding my child's special learning needs will be shared by my child's school of enrollment with 21<sup>st</sup> CCLC program staff on a need-to-know basis for my child's educational benefit. ☐ Yes ☐ No

I agree to review and update this information whenever a change occurs and at least once every year. ☐ Yes ☐ No

I agree to talk to the program staff about my child's progress and participation in the 21<sup>st</sup> CCLC program. ☐ Yes ☐ No

If at any time I change my mind about my child's participation (any or all aspects), I will contact the site coordinator. ☐ Yes ☐ No

## Student Data Requirements and Surveys/Interviews Consent

*I understand that my child's academic, behavioral, attendance, and engagement information will be shared with the New York State Education Department and its lawful contractors, to measure and evaluate the quality and implementation of the local 21<sup>st</sup> Century Community Learning Center (21<sup>st</sup> CCLC) program as well as the effectiveness New York State's program in supporting student growth, as required by Title IV, Part B of the Every Student Succeeds Act (ESSA) [see generally sections 4205 (b) and 4203 (14)].*

*I understand that my child and I may be asked to participate in surveys and/or interviews about the 21<sup>st</sup> CCLC program and its effects. Only check the following box if you would like to opt-out and not participate in surveys and/or interviews. ☐*

By signing below, I certify that all information (above) is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name of Parent/Person in Relation/Guardian:

\_\_\_\_\_  
Signature of Parent/Person in Relation/Guardian

\_\_\_\_\_  
Date Signed

**MEMBERSHIP APPLICATION 2025-2026**  
**Boys & Girls Clubs of Rochester, Inc.**

Date: \_\_\_\_\_

**\*Child Information\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Ethnicity: (circle one) \*Black/African American \*White/Caucasian \*Hispanic/Latino \*Asian \*Multi-racial/Mixed \*other: \_\_\_\_\_

**\*Parent/Guardian's Information\*** (person signing child up)

Cell/Home Phone: \_\_\_\_\_ / \_\_\_\_\_ Phone Carrier: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Do parents serve or have served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which branch? \_\_\_\_\_

**\*Education Information\***

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Special ED: Yes \_\_\_\_\_ No \_\_\_\_\_  
I.E.P or Life Plan? Yes \_\_\_\_\_ No \_\_\_\_\_ Rochester City School ID#: \_\_\_\_\_

**\*Medical Information\***

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
\*Permission for Doctor/Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_ \*Does your family have health insurance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Health Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ \*If yes, explain \_\_\_\_\_  
\*Medications: Yes \_\_\_\_\_ No \_\_\_\_\_ \*Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
Other: Does applicant receive services from any other agencies? If yes, please list: \_\_\_\_\_

**Household:**

(Please check one)

(NOTE: This information is collected for Grant writing purposes ONLY)

☐ Less than \$15,000 ☐ \$15,000- \$24,000 ☐ \$25,000- \$44,000 ☐ \$45,000- \$74,000 ☐ \$75,000 or greater

(For Official Use)

Date	Card #	Age	School	Date Expired

**Disclaimer:**

I \_\_\_\_\_ do hereby give my child permission to attend and participate in the activities sponsored by the Boys & Girls Clubs of Rochester. I hereby release the Boys & Girls Club, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. I understand that the Boys & Girls Club is no longer responsible for any lost or stolen items. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. I further understand that the Boys & Girls Club has an "Open Door" policy, which means that my child may come and go at will. Pictures taken of the undersigned member and parent may be used for publicity reasons. **The undersigned member has parental permission to obtain student information from All School District's for which the member attends and participate in programs and field trips at or sponsored by the Boys & Girls Club.** My signature indicates that I completely understand the above statements.

Parents Signature: \_\_\_\_\_ Member Signature: \_\_\_\_\_

OFFICE USE ONLY: New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Bus \_\_\_\_\_ Staff initials \_\_\_\_\_

**Housing:**

Child lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Is there a Member of the Household 65 years old or older: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a Member of the Household Handicapped: \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Head of Household: \_\_\_\_\_ Female \_\_\_\_\_ Male

Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

**General:**

Birth Certificate on File: \_\_\_ Yes \_\_\_ No Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Parent Understood Signed Insurance Disclaimer and Permission Statement: \_\_\_ Yes \_\_\_ No

My child has permission to be used in public relations materials: \_\_\_ Yes \_\_\_ No

My child may participate in all Boys &amp; Girls Club activities in or adjacent to the club building: \_\_\_ Yes \_\_\_ No

**Does child belong to:**

\_\_\_ Boy Scouts or Girl Scouts \_\_\_ School Club \_\_\_ YMCA or YWCA \_\_\_ Church Group

\_\_\_ Other: \_\_\_\_\_

**\*How did you hear about the Club?** ( ) TV ( ) Radio/Pandora ( ) Social Media ( ) Friends ( ) Relatives ( ) Bus Ad  
( ) Website ( ) Other (Please specify) \_\_\_\_\_

**\*I (guardian) am active on these social media platforms –** ( ) Facebook ( ) Twitter ( ) Instagram

**\*New Members Background Information:**

**What type of activities/programs interest you and your child?** ( ) Sports Leagues ( ) Music ( ) Arts & Crafts  
( ) Educational Programs ( ) Group Clubs ( ) Camping ( ) Other \_\_\_\_\_

What are your strongest subjects in school? \_\_\_\_\_

What are your weakest subjects in school? \_\_\_\_\_

Have you ever repeated a grade? \_\_\_\_\_ If so, which grade? \_\_\_\_\_

**Are you in any of the following programs?** Map ( ) Non-Regents ( ) Regents ( ) Non-Regents ( ) Others

**Member's Emergency Contacts**

Name of Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Other Person (s) Authorized Contacts:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



# BOYS & GIRLS CLUB OF ROCHESTER, INC.

## WAIVER RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS

### ***TO BE COMPLETED AND SIGNED BY EVERY PARENT/GUARDIAN & MEMBER.***

In consideration of my participation in activities arranged for me by Boys & Girls Clubs of Rochester, Inc., I hereby release and covenant not to use Boy & Girls Clubs of Rochester, Inc., its owners, shareholders, directors, officers, employees, representatives, agents and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of my participation in any activities or arrangements and the use of the facilities and equipment of Boys & Girls Clubs of Rochester, Inc., including but not limited to my loss, injury, damage, or liability sustained by me while on or about the premises of the club.

I am full aware and understand that Boys & Girls Clubs of Rochester, Inc., does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I agree that immediately prior to participating in any activity arranged for me by the Boys & Girls Clubs of Rochester, Inc., I will inspect the facilities and equipment to be used and if any defect is apparent, I will not use the facility or equipment and I will notify the management of Boys & Girls Clubs of Rochester, Inc., of the defect.

I further agree that if I am not knowledgeable in the proper use of any Boys & Girls Clubs of Rochester, Inc., facilities or equipment, I will obtain proper instruction for the correct use of such facility or equipment for a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless Boys & Girls Clubs of Rochester, Inc., its owners, shareholders, directors, officers, representatives, agents, and lessees for any and all claims arising from my involvement in or receiving instruction for activities incidental thereto – wherever, whenever, and however the claim may arise including but not limited to travel to and from the activity site and participation at remote sites.

I assume all foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting thereon.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER RELEASE AND ASSUMPTIONS OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

***Any person under the age of 18 years must have a parent or guardian co-sign this form.***

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Member)

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/Guardian)

**ROCHESTER CITY SCHOOL DISTRICT  
AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL INFORMATION  
2025-26 PARENTAL CONSENT FORM**

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **RCSD School ID:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Relationship to student:**    ☐ **Parent**    ☐ **Legal Guardian**

I am the person legally responsible for the above named individual and I authorize the RCSD to release the following student data information to (Name of program), United Way of Greater Rochester, and Children's Institute.

**RCSD STUDENT DATA INFORMATION**

Assignments Attendance data English Language Learner (ELL) status Grade Point Average Grades IEP status (student having an Individual Education Plan, IEP) Interim results Local Exams	Report Card Information Results from AIMS WEB, NWEA, or Scholastic Reading Inventory Student schedule Student test scores Suspension data Transcript
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I understand that the program will record and share information about my student with the United Way of Greater Rochester, including name, demographics, and participation in the program. I also authorize United Way and the program to release the following information about my child to RCSD personnel.

**PROGRAM STUDENT INFORMATION**

Name/dob and RCSD ID Program(s) participated in Results of program assessments	Dates of participation Program attendance/contacts Student progress notes
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The purpose of these disclosures is to advance the education of the student and to evaluate the effectiveness of the program at improving student performance.

By signing below I am stating that:

- I hereby authorize the disclosure of educational and program information between organization(s) or name of person(s) listed above and Rochester City School District (District), in accordance with the Family Educational Rights and Privacy Act (FERPA).
- I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above.
- I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the District's General Counsel. Any revocation shall not apply to the extent the District has already taken action in reliance on this authorization.
- I authorize the periodic, on-going disclosure of the above information.
- Period for this authorization is 9/1/2025 to 8/31/2026.

***Please be sure to date this form in order for the District to process.***

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_