



ASEP / BRIDGES 2019 - 2020 ENROLLMENT FORM

Important Note:

Please fill out this form in its entirety. Incomplete applications will not be considered for enrollment.
If a question or section does not apply, do not leave the space blank; instead, please write "None" or "N/A".

STUDENT INFORMATION

Student's Name: _____ Grade for 2019 - 2020 school year _____

Address: _____

Gender: _____ Female _____ Male Birth date: _____ Age _____

PARENT/ GUARDIAN INFORMATION

Child Lives with: Both Parents _____ Mother _____ Father _____ Other _____

Parent Name _____ Relationship to Student _____

Does the parent/guardian speak English? Yes No Some English

Phone: (Home) _____ (Cell) _____

Are you able to receive text messages? Yes _____ No _____

E-mail address (please print clearly): _____

Where can you be reached while your child is in the program? _____

Parent Name _____ Relationship to Student _____

Does the parent/guardian speak English? Yes No Some English

Phone: (Home) _____ (Cell) _____

Are you able to receive text messages? Yes _____ No _____

E-mail address (please print clearly): _____

Where can be reached while your child is in the program? _____

EMERGENCY CONTACT

Provide phone number of at least 2 people, other than the parents/guardians listed above, who can be contacted in case of an emergency:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Please list all other family members in household

Name	Age	School	Relationship to Student

Pick-Up / Dismissal Authorization

* **Important Note:** Anyone who is not listed will not be able to pick up your child unless advance written notice is given by you. Program staff will not be able to accept phone calls for authorization.

Please list the names of individuals authorized to pick up your child.

NAME	RELATIONSHIP TO STUDENT

MEDICAL INFORMATION

MEDICAL CONDITIONS			
1.	2.	3.	
ALLERGIES TO MEDICATIONS OR FOOD			
MEDICATION/FOOD ALLERGIES		REACTION	
CURRENT MEDICATION REGIMEN			
MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

ADDITIONAL INFORMATION

Does your child have any religious, holidays, practices, restrictions or limitations for which we need to know?

What are your child's greatest **strengths**: (Please include any academic, physical, behavioral, and social strengths.)

What are your child's greatest **challenges**? (Please include any academic, physical, behavioral, and social challenges.)

What are your child's greatest interests or hobbies?

Please explain any specific learning disabilities, behavioral disorders, medications, etc. that may affect your child's performance?

Please share any additional information that you feel would be helpful for our program staff to know in order to best meet the needs of your child?



SCHOOL COMMUNICATION RELEASE

I give permission for the school personnel (administrators, counselors, and teachers) of my child’s school to share his/her academic information with the AVPRIDE program staff. This is to include, but not limited to: Infinite Campus grades, logins, progress, and special education meeting, goals, and SST meetings. I understand that any information shared will solely be used for the purposes of aiding my child’s academic success.

Child’s Name (PRINT)

PARENT/ GUARDIAN NAME (PRINT)

PARENT / GUARDIAN SIGNATURE

DATE

Name of student _____

Parent/Guardian Release Form

Please read each section carefully. Your signature must be given for **General Release of Liability** in order for your child to participate in our program.

GENERAL RELEASE OF LIABILITY

In consideration of my child being allowed participation privileges in any AVPRIDE programming, I hereby assume full responsibility for any risk of bodily injury, death, and/or property damage while using the premises or any facilities or equipment hereon. I further agree to hold harmless the AVPRIDE, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of AVPRIDE, and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

***I have fully read, understood, and accept the terms and conditions of general release of liability.**

Parent/Guardian name (Print) Parent/Guardian Signature Date

EMERGENCY MEDICAL TREATMENT

I authorize AVPRIDE via the program staff to arrange for transportation for emergency medical treatment in case of accident or acute illness of volunteer/participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the program staff and AVPRIDE. in conjunction with any authorized event.

*** I have fully read, understood, and accepted the terms and conditions for emergency medical treatment.**

Parent/Guardian name (PRINT) Parent/Guardian (SIGNATURE) Date

I DO NOT authorize AVPRIDE program staff release for emergency medical treatment.

Parent/Guardian Name (PRINT) Parent Guardian (SIGNATURE) Date

MEDIA RELEASE

I hereby consent to publish in print or electronically the likeness/image, speech in any audio tape, video tape, film or photograph made by any AVPRIDE, and its partners of my child. I expressly release all claims against AVPRIDE, and its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program, including any compensation claim related to the use of the materials.

*** I have fully read, understood, and accepted the terms and conditions for Media Release.**

Parent/Guardian name (PRINT) Parent/Guardian (SIGNATURE) Date

I DO NOT agree to the Media Release

Parent/Guardian Name (PRINT) Parent Guardian (SIGNATURE) Date

Parent/Family Participation Agreement 2019 - 2020

Participation in AVPRIDE's Afterschool Enrichment Program is a privilege for those students who meet our funder's criteria. Funding and support from organizations, various church and community partners, means that we can offer the program at a REDUCED RATE to you and your family. There are however, specific requirements that must be met in order to enroll and maintain eligibility in our program. Research shows that students have a greater chance for success when parents are involved in their education.

Please read the following information, initial each bullet and sign at the bottom of this agreement; indicating that you have read, understand and agree:

_____ I/we understand that my student(s) will be expected to follow the Fayette County Board of Education's Code of Conduct while participating in AVPRIDE's program(s) and behave in a respectful manner toward AVPRIDE staff, other students, and volunteers/partners who support AVPRIDE programs..

_____ I/we understand that the absence of student(s) for more than two days a week for a period of 1 month, may result in my/our student(s) being withdrawn from the program.

_____ I/we understand that I/we must attend AVPRIDE meetings/assemblies/events **and** any meetings scheduled by the school for which my student attends.

_____ I/we understand that I/we must volunteer at my student's school and the after school program for a minimum of one hour each month, and submit the required documentation to AVPRIDE.

_____ I/we understand that I/we may be required to donate snacks, drinks, and/or class supplies when needed. Appropriate notice will be given when a donation is needed.

_____ I/we understand that my student(s) must be signed out of the program, in writing, everyday by designated persons only.

Parent/Guardian _____

Date _____

Afterschool Enrichment Program Behavior Management Policy 2019 - 2020

Child's Name: _____

The staff of AVPRIDE's Afterschool Enrichment Program request that you take time to discuss this information with your child prior to his/her enrollment in the program. It is important that both you and your child understand and agree to this policy. Disrespect to any staff will *NOT* be tolerated. Any student who repeatedly disobeys the rules will be referred to the Program Director and may be at risk of being removed from the program.

The behavior rules of AVPRIDE'S After School Enrichment & BRIDGES Programs are as follow:

- ☛ Follow all directions given by staff.
- ☛ Treat others as you would like to be treated. Be polite.
- ☛ Respect others (peers, staff, and volunteers) and the property of others.
- ☛ Everyone must help set up and clean up.
- ☛ Always get permission from staff before leaving an area.
- ☛ Disorderly conduct to include obscene language, teasing, bullying, threatening
- ☛ Fighting will **not** be tolerated under **any** circumstances!
- ☛ No talking while staff is talking.
- ☛ Personal music players and cell phones are **NOT** permitted to be used during program hours, which includes transportation times on the van or bus

Discipline procedures will be handled through the following procedures:

- 1. First Offense:** A conference between staff member and child will be held to determine the problem and seek solutions. The staff will complete a behavior report explaining the disruptive behavior and the action that was taken to try to stop the inappropriate behavior.

- 2. Second Offense:** A behavior report will be completed by the staff member, and the staff will also call the parent/guardian. The behavior of the child will be discussed and the parent/guardian will be asked to participate in resolving the problem. This behavior report will be given to the parent to read, sign, and return.

- 3. Third Offense:** Staff will complete a behavior report. The parent/guardian will be called or visited by the Program Director to set up a conference to discuss the problem and seek solutions in order for the student to continue in the program. (Depending on the severity of the situation, the child may or may not remain in the program until a conference is held and a decision is reached.)

After the conference, the Program Director will determine whether or not the child's behavior will result in exclusion from After School Enrichment Program. If a child is excluded s/he might not be considered for re-enrollment.

I have read and agree to this policy. I will discuss it with my child. Please sign the behavior management plan policy.

Parent's Name _____ Signature _____ Date _____

Child's Name _____ Signature _____ Date _____

**WAIVER OF LIABILITY
HOLD HARMLESS AGREEMENT
FOR TRANSPORTATION OF STUDENTS**

Transporting your child(ren) to and from AVPRIDE related activities by van/bus by an AVPRIDE driver and partner churches during the period between August 5, 2019 and May 21, 2020.

Please read this form carefully and be aware in signing this waiver for your child(ren) to be transported by van/bus by an AVPRIDE driver and or church partner to any activities associated. You will be waiving your rights to all claims for injuries to you and/or your child(ren) might sustain arising out of being transported by van/bus by an AVPRIDE driver and you will be required to indemnify, hold harmless and defend AVPRIDE for any claims arising out of your child(ren) being transported by van/bus by an AVPRIDE driver.

In consideration of my child(ren) being allowed to be transported by van/bus by an AVPRIDE driver and/or church partner, as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with being transported. I agree to assume the full risk of injuries that may be sustained by any minor child(ren) of mine, as a result of being transported by van/bus by an AVPRIDE staff member, church partner and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of my child(ren) that the child(ren) may have against AVPRIDE as a result of the child(ren) being transported by van/bus by an AVPRIDE staff member or church partner.

I do hereby fully release and discharge AVPRIDE and its staff and partners from any and all claims from injuries, damage or loss which I, or any child(ren) may have or which may occur to my child(ren) on account of his/her being transported by van/bus by an AVPRIDE staff members. I further agree to indemnify and hold harmless and defend AVPRIDE and its staff and partners from any and all claims sustained by me or my child(ren), and arising out of, connected with, or in any way associated with being transported by van/bus by an AVPRIDE driver.

I have read and fully understand the above Waiver and Release of all claims and it was translated to me in my native language.

Name of Child

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date

MEMORANDUM OF UNDERSTANDING

AVPRIDE program staff and the parents of the students participating in the afterschool programs (ASEP & BRIDGES) offered by AVPRIDE agree that this Memorandum of Understanding outlines how the parents, the AVPRIDE staff, and the students will share the responsibility for improved student academic achievement and the means by which the after school program and parents will build and develop a partnership that will help the participants to be successful during the 2019-2020 school year.

AVPRIDE Responsibilities

The AVPRIDE program staff will:

1. Provide increased program quality and instruction in a supportive and effective learning environment.
2. Hold parent-staff conferences (at least twice a year) to develop and measure goals as it relates to the individual child’s achievement. Specifically, those conferences will be held: in August and January. Provide parents reports on their child’s progress and performance. This will be done through monthly progress reports.
3. The staff welcomes and encourages your feedback, suggestions, and concerns. We can be made available for private conferences with parents by phone Monday – Friday by appointment only. The afterschool program day cannot be interrupted.
4. Provide parents opportunities to volunteer and to observe activities.
5. Provide information to parents of participating students in an understandable and uniform format, and, to the extent practicable, in a language that parents can understand.

Parent Responsibilities

We, as parents, will support our children’s learning and social development in the following ways:

1. Ensuring that my child attends the after school program every day until the program day ends.
2. Supporting the after-school events and activities, such as Open House, Parent Conferences, Village Assemblies, Fall Festival
3. Volunteering with the after school program (Reader Leader, donations of items, help during homework or enrichment time)
4. Participating, as appropriate, in decisions relating to my children’s education.
5. Promoting positive use of my child’s extracurricular time.
6. Communicating with the after school program staff by promptly reading all notices either received by my child or by mail and responding as appropriate.
7. Serving, to the extent possible, on policy advisory groups, such as being a parent representative on the Village Assembly, which is made up of parents who meet twice a year to offer programs to engage parents in activities to support their students.
8. Timely payments in the preferred formats.

Student Responsibilities

I, the student, will share the responsibility to improve my academic achievement and social development. Specifically, I will:

1. Complete school assignments and ask for help when I need it.
2. I will attend the after school program every day.
3. Demonstrate respect and cooperation with all program staff, volunteers, and other students at all times.
4. Actively participate in all activities.
5. Give to my parents or the guardian all notices and information received by me from the afterschool program staff every day.

Program Staff (Print)	Program Staff (Signature)	Date
Parent / Guardian (Print)	Parent/Guardian (Signature)	Date
Student (Print)	Student (Signature)	Date



Teacher Recommendation Form

Dear _____,

This is to inform you of your child's acceptance into AVPRIDE Afterschool Enrichment Program. In order to complete the admission formalities, we request the recommendation of your child's teacher. Please submit this form to his/her teacher and have him/her to complete it.

TEACHER RECOMMENDATION

_____ was in my class for the 2018-2019 (past) school year. Based on academics, behavior, or social performance, it is my professional observation that he/she would benefit from attending your after school enrichment program (AVPRIDE ASEP) to increase school performance in the following selected areas.

- Academics
- Behavior
- Social/Emotional Skills
- Mentorship

Grade: _____

School: _____

Teacher Signature: _____