



Out of School Time After School Program Enrollment Form

99 Marble Street
Springfield, MA 01105

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Letter from the Out-of-School-Time Director, Raquel "Rocky" Rivera

Dear Parents / Guardians:

I would like to take this opportunity to welcome you as well as thank you for enrolling your child in the After-School Program here at the South End Community Center. The After-School Program will operate at our state-of-the-art facility on Marble Street which opened in 2017.

Our After-School Program is an extension of your child's classroom. We take pride in the overall well-being and growth of all of our participants, through our sessions of homework help, literacy, board games, arts and crafts and games of cooperative play. As the Director, I speak for our entire staff when I say we will ensure the safety and development of your child to the highest level possible.

Please read and complete the enrollment form in its entirety. The purpose of this form is to have accurate and current information about your child. In addition to the application, each participating child must have the following:

- Photo
- Current physical
- Up-to-date Immunization record
- Health Insurance card

These items are mandatory before your child can start in the After-School Program.

Following completion of the enrollment form, your initial payment is due. A handbook will be given after this payment has been received and your child's spot in the program will be confirmed.

Thank you for joining us this school year. I am eager and looking forward to working with both you and your child. Please feel free to contact me if you have any further questions or concerns (413)-788-6173 or Email: RRivera@seccspringfield.com

Sincerely,

Raquel "Rocky" Rivera
Out of School Time Director

Participant Information Section

Participant: (Please Print)

First Middle Last

Gender: Male Female Eye Color: _____ Hair Color: _____

Height: _____' _____" Weight _____ Identifying Marks (if any) _____

Date of Birth: ____/____/____ Age: _____ Birthplace: _____

Address: _____

City State Zip

Current School attend: _____

Student ID number/ (Lunch Number): _____ Current Grade: _____

Does your child have a current I.E.P. (Individualized Education Plan) of 504 Plan? Yes No

If "Yes", please include their accommodations. These accommodations are basically physical or environmental changes, generally referred to as good teaching strategies.

<p>For official use only:</p> <p>Admission Date: ____/____/____ End Date ____/____/____</p>
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Parent/Guardian Information Section

Parent/Guardian #1

First: _____ Last: _____ MI: _____

Address:

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work#: _____ Home#: _____

Email Address: _____

Parent/Guardian #2

First: _____ Last: _____ MI: _____

Address:

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work#: _____ Home#: _____

Email Address: _____

Child lives with (Please check one that applies)

Parent / Guardian #1

Parent / Guardian #2

Both

- Please provide specific instructions concerning visits and/ or pick up by non-custodial parent/ guardian.

- If the child is protected by restraining order. Please submit a copy of the restraining order with the enrollment form.

Pick up list Section
Photo Identification is required for ALL pick ups

#1

First: _____ Last: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Work# _____ Home# _____

#2

First: _____ Last: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Work# _____ Home# _____

#3

First: _____ Last: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Work# _____ Home# _____

If you wish to add other adults to the pick-up list, we are happy to offer you additional paper.

Service / Catchment Area Section

This information is for reporting purposes. We are trying to keep an accurate account of the areas that we service in the City of Springfield. Please check off the area of Springfield that you currently reside at:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Bay | <input type="checkbox"/> Memorial Square | <input type="checkbox"/> Boston Road | <input type="checkbox"/> Metro Center |
| <input type="checkbox"/> Brightwood | <input type="checkbox"/> North End | <input type="checkbox"/> East Forest Park | <input type="checkbox"/> Old Hill |
| <input type="checkbox"/> East Springfield | <input type="checkbox"/> Pine Point | <input type="checkbox"/> Forest Park | <input type="checkbox"/> Six Corners |
| <input type="checkbox"/> Indian Orchard | <input type="checkbox"/> Sixteen Acres | <input type="checkbox"/> Liberty Heights | <input type="checkbox"/> South End |
| <input type="checkbox"/> McKnight | <input type="checkbox"/> Upper Hill | | |

If you reside in an area outside of this list, please write it on the line below:

**Transportation
Arrival / Departure Plan**

The South End Community Center strives to provide safe, timely, and convenient transportation service with as few problems and inconveniences as possible. Our primary goal when transporting participants is to ensure their safety and because of that the South End Community Center reserves the right to suspend or dismiss a participant if a child is behaving in a way that is unsafe or inappropriate. If your child misses the bus to their SECC program, staff will NOT be able to go back to the school to get your child.

My child will **ARRIVE** at the program:

My child will **DEPART** from the program:

_____ **Springfield Public School (Bus# _____) Bus Stop:** _____

_____ Parent _____ Guardian

_____ Parent _____ Guardian

_____ Supervised Walk

_____ Supervised Walk

_____ Unsupervised Walk

_____ Unsupervised Walk

_____ Public / Private Van

_____ Public / Private Van

_____ S.E.C.C. Van

_____ S.E.C.C Van

_____ Contract Van

_____ Contract Van

- We ask that you speak with your child regarding proper safety guidelines for the transportation option you chose for your child.
- Those who arrive at program by Public School Bus service will be met at their bus stop by a SECC staff member and will be supervised during their walk back to the building. Safe walking rules are reviewed with participants prior to each walk.
- Those who wish to use private transportation **MUST** arrange this on their own, and provide the transportation plan including name of company and phone number to the Out of School Time Director.
- All adults who drop off and pick up the participants must be on the approved authorization list. Any person picking up children should have a valid picture ID on them, as to identify themselves for the staff.
- Participants who use the South End Community Center Van, will be picked up at their respective school at a standard pick up time. This service is provided at an additional fee.

Health Information

The following information will be used for emergency purposes ONLY.

Check any medical conditions, special needs or behavioral concerns that your child may have at the time of enrollment:

o Heart trouble, uneven, irregular, or skipped heart beats (including racing or fluttering heart)		
o Allergies If none specify “No Allergies”	o High blood pressure	o Immune Deficiency
o Juvenile Diabetes	o Frequent colds	o Sinus problems and/or Hay Fever
o Convulsions	o Seizures	o Epilepsy
o Kidney trouble	o Obesity	o Emotional problems
o Dietary restrictions	o Ulcers	o Thyroid
o Abscessed ears and/or Ear Aches	o Food Allergy	o Headaches
o Sunstroke	o Athlete’s foot	o Unusual shortness of breath
o Pulmonary disease (Asthma, Emphysema, and/or Bronchitis)	o Chest pain at rest or Exertion	o Recent illness, Hospitalization, or Surgical procedure

Does your child have any allergies? Yes No if “Yes” Please List _____

Include medications taken regularly, dietary restrictions, contact allergies (bee sting) or any other information we need to be aware of and should symptoms occur? _____

Does your child have any additional health problems that would impact his/her ability to participate in any program activities? Yes No if “Yes” please indicate condition and limitations (i.e. Glasses, Learning Disabilities, Movement and/ or Hearing Impairment, A.D.D., A.D.H.D., Asthma etc....)

Please note: If you have indicated a Chronic Condition (*Asthma, seizures, or other life-threatening condition*) the program requires a completed **Individual Health Care Plan Addendum**, if there are multiple conditions an Individual Health Care Plan Addendum per condition is required.

Prescription/Non-Prescription Medication Policy and Guidelines

Medication time schedules should be set so that, when possible, medicine is taken at home rather than at the program.

Medication Currently taken: _____

Will be administered at home: Yes No

If no, what time(s) should medication be given? _____

How many times per day? 1 2 3 Please circle one

Side effects of medication: _____

Emergency Contact Information

Please list someone other than Parent/Guardian

#1 Relationship to Child: _____

First: _____ Last: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Work# _____ Home# _____

#2 Relationship to Child: _____

First: _____ Last: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Work# _____ Home# _____

If you wish to add others to the emergency contact list, please request additional paper.

Waivers/ Signature Page

First Aid and Emergency Medical Care Authorization and Consent

I understand that staff members in the South End Community Center, Inc. are trained in the basics of First Aid and I authorize them to give my child: _____.

First Aid when appropriate; I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child or one of my emergency contact people specified as the Emergency Contact for my child. If I cannot be reached in an emergency, I hereby authorize the South End Community Center to secure and administer treatment to my child including transporting my child to the nearest licensed medical care facility to secure necessary medical treatment including hospitalization for my child for my child.

Parent/Guardian (Please Print)	Signature	Date
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Publicity Release

During participation in events, programs, classes and other South End Community Center activities and sponsored activities, your child may be subject and included in recordings of the events. This might take the form of audio, video, print, photo, or some other form of media or recording device. Signing this release authorizes the South End Community Center to use their name, image, or other recorded media in advertisements, videos, brochures, newspaper articles, etc.

Parent/Guardian Name (Please print)	Signature	Date
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Off Site Consent/ Field Trip Waiver

I freely give my child permission to participate in the South End Community Center’s Program including any/all field trips taken outside the South End Community Center during the Program. Signing this waiver authorizes the South End Community Center to transport your child to and from all field trips in the transportation provided by the community center.

Parent/Guardian Name (Please Print)	Signature	Date
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Liability Waiver

I freely give my child permission to participate in the South End Community Center’s Program including any/all its events. I waive any responsibility that the South End Community Center, any of its’ agent whether paid or volunteer may have event that my child sustains any injury and/or loss damage to any personal property while participating in the agency sponsored events and services.

Parent/Guardian Name (Please Print)	Signature	Date
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FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)
WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

In consideration of being allowed to participate in any way in South End Community Center athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the nearest official immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS South End Community Center their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

_____ DATE SIGNED: _____
(Participant's Name Print and Signature)

Emergency Phone Number: (_____) _____

Demographic Information:

(This information is used for reporting purposes only and should reflect the participants information)

1. Indicate ethnicity (check one)

_____ Hispanic or Latino _____ Not Hispanic or Latino

2. Indicate race (select one or more)

Single Race Categories:

Multi Race Categories:

_____ White

_____ American Indian/Alaska Native & White

_____ Black

_____ Black & White

_____ Asian

_____ Asian & White

_____ American Indian/Alaska Native

_____ American Indian/Alaska Native & Black

_____ Native Hawaiian/ _____ Other Multi Racial

_____ Other Pacific Islander

INCOME GUIDELINES ARE SUBJECT TO CHANGE UPDATE REQUIRED

Income Information *(Please check off the appropriate income based on family size)*

INCOME INFORMATION INSTRUCTIONS:

1. Check off your household size.
2. Circle the appropriate family income that is on the same line as the household size that you selected.

Income Guidelines April 1, 2020

Extremely Low (30%) Income Limits	Very Low (50%) Income Limits	Low (80%) Income Limits		
\$17,950 _____	\$17,951-29,900 _____	\$29,901-47,850 _____		
\$20,500 _____	\$20,501-34,200 _____	\$34,201-54,650 _____		
\$23,050 _____	\$23,051-38,450 _____	\$38,451-61,500 _____		
\$26,200 _____	\$26,201-42,700 _____	\$42,701-68,300 _____		
\$30,680 _____	\$30,681-46,150 _____	\$46,151-73,800 _____		
\$35,160 _____	\$35,161-49,550 _____	\$49,551-79,250 _____		
\$39,640 _____	\$39,641-52,950 _____	\$52,951-84,700 _____		
\$44,120 _____	\$44,121-56,400 _____	\$56,401-90,200 _____		

Please note: Income is based on number of persons that are in the households. Each line is according to # of persons in the household. If the income for a household of 4 is \$30,000, they would fall under Very Low-Income category; \$26,201-\$42,700.

**Community Data
Warehouse Initiative
FERPA
Consent Language**

Any community-based organization participating with the Springfield Public Schools in the Community Data Warehouse Initiative (CDW) will be required as a condition of their Memorandum of Agreement to include the following language and required signatures in their registration materials. Data will only be shared between an organization and the schools for those students with a signed consent for the current year on file.

Springfield Public Schools Data Sharing Consent

By signing below I,

_____ ,
[PARENT/GUARDIAN NAME]

the authorized parent/guardian of

_____,
[STUDENT NAME]

authorize the South End Community Center, Inc. to share written information on my child's participation and performance in **After School Program** with the Springfield Public Schools. Further, I authorize the Springfield Public Schools to disclose information in my child's student record, including but not limited to my child's enrollment, attendance, behavior, and academic performance with South End Community Center, Inc.

I understand that the purpose of allowing this information to be between Springfield Public Schools and the South End Community Center, Inc. is to enable both the South End Community Center and the Springfield Public Schools to improve the quality and alignment of services and education for my child. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by the Springfield Public Schools and accessible only to those with authorized access.

I understand that the South End Community Center, Inc. may disclose non-identifiable aggregate student data that may include information regarding my child.

I understand that in the event my child is no longer enrolled in the Springfield Public Schools or ceases participation in **After School Program** within a reasonable period of time, both organizations will terminate all information sharing about my child. Both organizations will also terminate any information sharing about my child if I revoke this

authorization in writing and delivered to the South End Community Center and Springfield Public Schools.

Student Name

Parent/Guardian Name (Printed)

Student ID Number (lunch number)

Parent/Guardian Signature

Date

Appendix B: Organization's Primary Contact and Secondary Contact

Name, title, and email address of employees of the Organization who will have access to the SPS Data Warehouse

Name of Primary Contact

Name of Secondary Contact

Title of Primary Contact

Title of Secondary Contact

Email Address of Primary Contact

Email Address of Secondary Contact