

21st Century Community Learning Center



at John F. Deering Middle School

2009-2010 Student Enrollment Application for After-School Programs

WINTER I Session

Be sure to read over the entire application as some things have changed.

Child's Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Grade and Team in Sept. 2009: _____

Address: _____ City/Town: _____ Zip: _____

Phone: _____ Are you a member of the YMCA? Yes [] No [] Female: [] Male: []

Mother/Guardian Name: _____ **Father/Guardian Name:** _____

Address: _____ Address: _____

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

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Are there any court orders relating to the child's custody or release? Yes [] No [] If yes, provide a copy of the court order.

EMERGENCY CONTACTS/PICK-UPS

1. Name: _____ 3. Name: _____

Relationship: _____ Phone #: _____ Relationship: _____ Phone #: _____

2. Name: _____ 4. Name: _____

Relationship: _____ Phone #: _____ Relationship: _____ Phone #: _____

PERMISSION TO PARTICIPATE

- I grant permission for my child to participate in the YMCA After-School program at JF Deering Middle School.
- I understand that the After-School program is responsible for maintaining a safe, educational environment. If my child's behavior is disruptive during the homework session, my child will not be allowed to attend the enrichment activity. If my child's behavior is consistently disruptive, he/she may be dismissed from the program.
- I understand that there is no after-school nurse. If serious injury results, emergency services will be utilized and I will be contacted immediately.
- I understand that if my child is registered for an enrichment activity, they must attend that session unless I provide them with a written excuse.
- I understand that the program ends at 4:30 and my child must leave the school at that time.

Parent/Guardian Signature: _____ Date: _____

REGISTRATION FEE

Due to an increase in costs, Registration Fees will be applied to all sessions. We apologize for any inconvenience this may cause. Please direct any questions of concerns to Kristen Gardiner or Aimee Falso.

Registration Fee: \$15.00 Reduced-Lunch Recipient \$10.00 Free-Lunch Recipient \$5.00

Cash and checks accepted. Checks can be make payable to the Kent County YMCA.

Office Use Only: Fee: _____ Date Paid: _____ Received by: _____

**21st Century Community Learning Center
at John F. Deering Middle School**



Child's Name: _____

Date of Birth: _____

GENERAL HEALTH INFORMATION

1. Is your child allergic to any food, medication, plants, insects, liquids or other substances? No Yes

Does your child require any medication for an allergic reaction? No Yes

If yes, please explain and be sure to include the severity of your child's reaction: _____

2. Is your child under any medical care for any illness or communicable disease? No Yes

If yes, please explain: _____

3. Please list any medications your child is currently taking, including the dose and reason. _____

4. If your child's activities/participation should be restricted in any way, please describe: _____

YMCA OF GREATER PROVIDENCE – AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of admittance, I hereby authorize the YMCA of Greater Providence to arrange for medical examination and/or treatment of my child, _____, should an emergency arise at the child care site or on a field trip. It is also understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided before any medical action is taken. I would prefer to have my child taken to the following hospital if the need arises: _____ . I understand the choice of hospital may be limited by service of local rescue squad.

Print Physician's Name _____ Phone Number _____

Address _____

Health Insurance Coverage _____ Policy Number _____

EVALUATION CONSENT

By circling YES, I give my consent for participation in all program evaluation activities. I understand that all information will be kept confidential and is used only for reporting purposes.

- | | | |
|---|-----|----|
| • I agree to have my child participate in the student survey. | YES | NO |
| • I agree to participate in the parent/guardian survey. | YES | NO |

WAIVER OF LIABILITY

The Greater Providence YMCA recommends that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition that would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases. In accordance with Section 7-6-21 of the Rhode Island General Laws (entitled) "Exemption from Liability to participants in sponsored athletic or sports events," I hereby waive any liability that the Greater Providence Young Men's Christian Association (YMCA), its officer, directors, trustees, agents, servants or employees shall not be liable for any bodily injury incurred by my child while participating in any contest or exhibition of athletic or sports nature sponsored by the YMCA.

In consideration of admittance I authorize the Kent County YMCA to arrange for medical examination and/or treatment for my child should an emergency arise at the program. It is understood that a conscious effort will be made by the program to contact me at the emergency number I have provided before any medical action is taken.

The YMCA regularly takes photographs of YMCA programs and uses these photos in promotional materials. If you do not wish your child's photo to be used please initial here: _____

Parent/Guardian Signature: _____ Date: _____

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Child's Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Grade and Team: _____

Parent Name: _____ Phone Number: _____

Schedule Request

- You may choose classes everyday or just a few days.
- Class size is limited – registrations are accepted on a first-come, first-serve basis. **All students WILL BE ACCEPTED.** If a 1st choice class has been filled, you will be put onto a wait list and enrolled in your 2nd choice.
- Students will be notified about the classes they are accepted into **on the first day of programming.** If you have questions before then, please call Kristen Gardiner (401-952-6571)
- **If a student is absent from a class more than 2 times a phone call will be made home. At this the student will be informed that their spot in the program will be given to the next student.**
- Students must fill out a change of class form if they want to join another activity.
- Be sure to pay attention to which Block programs are offered and how many days you must attend.

EXAMPLE	Monday	Tuesday	Wednesday	Thursday	Friday
Block A	First Lego League	Not Attending	Cooking	HW Club	First Lego League
Block B	First Lego League	Not Attending	Cooking	Gamma Sigma	First Lego League

1 st Choice	Monday	Tuesday	Wednesday	Thursday	Friday
Block A					
Block B					

2 nd Choice	Monday	Tuesday	Wednesday	Thursday	Friday
Block A					
Block B					

3 rd Choice	Monday	Tuesday	Wednesday	Thursday	Friday
Block A					
Block B					

Parent Signature: _____

**21st Century Community Learning Center
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Student Behavior Agreement**



The YMCA strives to create a safe and caring community. We want all students to feel welcomed and accepted. We also promote and encourage the YMCA character values of Honesty, Responsibility, Caring and Respect. The basic rules of the after-school program are simple:

- Be **respectful** of yourself, other students, staff and teachers.
- Be **honest** and forthcoming in your interactions with students, staff and teachers.
- Be **responsible** with school and program equipment and property.
- Be **caring** towards yourself and others.

Please review this agreement and sign. I WILL...

- Be respectful of everyone at school and in the after-school program, use appropriate language, find peaceful ways to solve problems, and go out of my way to be friendly to all.
- Respect things that belong to others, and do my best to ensure that all personal, school and program belongings are cared for appropriately.
- Take personal responsibility for keeping the program area clean. I will help clean up after snack and program time.
- Respect the property of others by asking to share and I will not steal.

I understand my behavior does affect the experience of other students. By signing this agreement, I understand that if at any time I do not adhere to these guidelines or the program staff or teachers decide my behavior is inappropriate, there will be consequences that may include: loss of activity privileges, my parent/guardian may be called, suspension from the program, or dismissal from the program.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION

Please specify which form of transportation your child is using. If using the late bus, please circle his/her bus stop.

BUS STOPS HAVE CHANGED. PLEASE TAKE NOTE. IF THERE ARE PROBLEMS WITH THE LATE BUS PLEASE CONTACT THE SCHOOL DEPARTMENT.

_____ My child will walk home. _____ My child will be picked-up. _____ My child will take the late bus home.

Bus #1

Providence St. & Niko's Grill
Providence St. & Prospect Hill Ave
Providence St. & Wakefield St
Wakefield St. & Crossland St.
Wakefield St. & Governor's Hill
Wakefield St. & Burlingame Rd.
Wakefield St. & Cleveland St.
Cleveland St. & Phenix Ave.
Phenix Ave. & Elbow St.
Phenix Ave. & Main St.
Highland Ave. & Pleasant St.
Fairview Ave. & Maple St.
Fairview Ave. & Sunrise St
Greene St. & Woodside Ave
Greene St. & Gough
Champlin Library

Bus #2

WW Ave & Winthrop
Pawtuxet Ter & Harbour
Pawtuxet Ter & Pulaski St.
Manchester St. & Pulaski St.
Tiogue Ave. & Field St.
New London Ave. & Campbell St. (if necessary)
New London Ave & Pine Hollow
Greenbush Rd. & Nottingham Dr
Greenbush Rd. & Bratt
87 East Greenwich Ave
East Greenwich Ave. & Setian Ln.
East Greenwich Ave. & St. Ong
East Greenwich Ave. & Meggan Ct.
East Greenwich Ave. & Juniper
Greenwich Way (if necessary)
Quaker Dr. & Cowesett Ave.
Cowesett Ave & Monterey
Cowesett Ave. & Coit Ave.
Cowesett Ave. & Highview Circle
Cowesett Ave & Dounetos
Cowesett Ave. & Church St.
Legris Ave. & Lenox St.
Legris Ave. & Tampa
Legris Ave. & Glen
Legris Ave. & Trellis (if necessary)
Quaker Ln. & Old Carriage Rd.

Please remember...

- The program ends at 4:30pm and your child must leave the school at that time.
- Students may lose late bus privileges if their behavior is inappropriate.
- Students will not be allowed to leave the program early without written permission from a parent/guardian.
- **Students can only be picked-up early by a parent/guardian listed on their application and a photo ID must be shown before the student will be released.**

A program of the YMCA of Greater Providence – Kent County Branch

Contact: Aimee Falso/Kristen Gardiner · (401)265-3411/ 952-6571 · afalso@gpymca.org/kgardiner@gpymca.org
Program Address: John F. Deering Middle School · 2 Webster Knight Drive · West Warwick, RI 02893 · (401) 822-8445