



SOCC Afterschool Program 2019 – 2020 Registration Form

PROGRAM SESSIONS

Session 1 Aug 28 – Oct 25	Session 2 Oct 28 – Dec 20	Session 3 Jan 2 – Feb 21	Session 4 Mar 2 – Apr 24	Session 5 May 4 – June 15* * Last full day of school
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TUITION

Tuition for the Afterschool Program is charged to offset program costs. Rates are based on the family’s eligibility for the **FREE** and **REDUCED LUNCH** program at school. *Proof of Free/Reduced Lunch in the form of an approval notice is required.* Payment is due at the beginning of each session.

	Free Lunch	Reduced Lunch	Full-Pay Lunch
Standard Session Rate	\$40	\$125	\$250
Sibling Session Rate	\$35	\$110	\$225
Full Year - 5 Sessions	\$200	\$625	\$1250

Scholarships are available to students from families with demonstrated need. Applications are reviewed on a first-come, first-served basis and families must reapply every year.

I wish to donate to the SOCC Afterschool Program’s scholarship fund: \$100 \$75 \$50 \$25

CHILD’S NAME _____ DATE OF BIRTH _____ GRADE _____

CHILD’S ADDRESS _____ TEL. # _____

MEDICATIONS/ALLERGIES: _____

IEP/504 _____ CASE MANAGER _____

Please circle the days that you anticipate your child will attend SOCC:

Monday Tuesday Wednesday Thursday Friday

CONTACT INFORMATION This form must be updated whenever information changes.

Parent / Guardian:

NAME _____	NAME _____
ADDRESS: _____	ADDRESS: _____
HOME PHONE #: _____	HOME PHONE #: _____
CELL PHONE #: _____	CELL PHONE #: _____
WORK PHONE #: _____	WORK PHONE #: _____
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____

⇒ *E-mail is a good way to communicate with me.* Yes No

Emergency Contact: You (parent/guardian) are required to list at least one person (over age 16) with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if you could not pick up your child and were unable to communicate with the program. (Examples: if your child were sick or injured and you were not accessible, or if you experienced sudden illness or were injured between work and picking up your child.)

NAME _____	NAME _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
PHONE #: _____	PHONE #: _____

Non-Emergency Alternate Pick-Up Person(s): As parent/guardian, you must designate at least one alternate pick-up person who can pick up your child when you cannot. Unless staff receives permission from you, the person(s) listed below will be the only one(s) (besides parent/guardian) allowed to pick up your child from the program.

NAME _____	NAME _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
PHONE #: _____	PHONE #: _____
NAME _____	NAME _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
PHONE #: _____	PHONE #: _____

My child is eligible for (please select one): _____ Free Lunch _____ Reduced Lunch _____ Full-Pay Lunch

Please answer the following questions to help us get to know your child better and support their learning:

My child's favorite school subject is: _____

My child's least favorite school subject is: _____

My child's strengths are: _____

My child needs help with: _____

My child tries to avoid doing work that is hard: Yes No

Please share one or two names of peers who...

Help my child make good choices: _____

My child struggles with: _____

Is there anything else that you would like to share with us to help us support your child's learning? _____

RELEASE

As the parent/guardian signing this form, I acknowledge, understand and agree with the SOCC Afterschool Program’s procedures, policies and expectations including the following:

I understand that I must pick up my child by the end of program time each day or incur a \$5 late fee for every 10-minute increment that I am late.

Initials _____

I understand that it is my responsibility to arrive on time to pick up my child. In emergency situations, I (or a designee) will be available to pick up my child. **(My child will only be released to those listed on his/her “pick-up” list.)** I understand that I must provide accurate, up-to-date contact information for each person on the “pick-up” list.

Initials _____

I understand that nursing services are not provided during the afterschool program.

Initials: _____

I hereby give permission for the staff of SOCC and Woodman Park School to provide simple first aid treatment to my child when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I agree to be financially responsible for any and all medical expenses not covered by my child’s insurance, which may be incurred as a result of the use of this consent. I can be assured that all preventative measures will be taken to maintain an environment of safety and wellbeing for each child.

Initials: _____

I agree to notify the Project Coordinator of all relevant medical conditions/needs and special education requirements related to my son/daughter.

Initials: _____

I give permission to the SOCC staff to photograph or record on video/audio my son/daughter for use on the SOCC website or in promotional material for the program. I understand that I can revoke this permission at any time by calling the Seymour Osman Community Center.

Yes **No** **Initials:** _____

I authorize the SOCC Afterschool Program staff to provide transportation (by bus or 15-passenger van) for my son/daughter as necessary for field trips.

Yes **No** **Initials:** _____

I give permission to the Seymour Osman Community Center staff to contact my child’s school and have access to my son/daughter’s *report card, attendance record, discipline record, test scores, and assessments*. In so doing, I understand that the staff may also attend meetings that occur between school personnel, parents, and students and are privileged to obtain confidential information about my son/daughter. This consent is for the duration of the **2019-20 school year**.

Yes **No** **Initials:** _____

I do hereby release and forever discharge the Seymour Osman Community Center and Youth Safe Haven, as well as the Dover Housing Authority, from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, sustained by my child as a participant in the SOCC Afterschool Program.

By signing below, I acknowledge that I have read and fully informed myself of the contents of this document.

Parent Name (Print)

Parent Signature

Date