



Participant's Name _____

(Property Name) After School Program Registration Form

STUDENT INFORMATION

Student First & Last Name _____

Apartment Building and Number _____

Gender Male Female Birth Date _____ Age _____

Ethnicity (Optional) _____ Grade Level _____ School Name and District _____

PARENT INFORMATION

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Email Address _____

SIGN OUT INFORMATION

Safety is a top priority to Midpen Resident Services; therefore no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY

Name: _____ Address: _____

Phone: _____

Medical Insurance Carrier: _____ ID# _____

Medi-Cal# _____ Hospital used in Emergency _____

Are there any medical, family circumstances or cultural requirements of which the leader should be aware of (**Any known Allergies**)?

Current Medications: _____

Please read the following and sign at the bottom:

I, the undersigned parent or legal guardian of the above named child, do hereby give my permission for the child named above to participate in the activities identified above planned by MidPen and its affiliated entities. I am aware of and consent to the scope of the activity to be engaged in and mode of transportation being employed. I understand that participation in MidPen program activities requires an acceptance of risk. I am aware of and accept the risks associated with the activity to be engaged in and the mode of transportation being used.

I certify that the indicated participant(s) is/are in good physical and mental health and has/have never been declared medically ineligible for athletic competition. I further certify that the above mentioned participant(s) has/have had no previous pre-existing medical condition or injury, listed as, but not limited to exercise induced asthma, cardio or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities. I understand that participation in MidPen program activities requires an acceptance of risk. With my signature, on behalf of myself and the above named child I hereby waive, release and hold harmless the sponsors, promoter and all other persons and entities associated with MidPen programs and events from any and all claims, demands, actions, causes of action, obligations, debts, damages, losses, liens, liabilities, costs, attorneys fees, debts and expenses of every kind and nature whatsoever, in law or in equity, known or unknown, fixed or contingent, including any and all rights to subrogation therefore which arise out of, result from or are related to the above-named child's participation in the activities set forth herein

If I cannot be reached in case of an emergency, I hereby and authorize MidPen Resident Services Corporation or its affiliates to contact 911 or a medical facility or physician of their choice to provide proper treatment and that I will be responsible for all expenses arising out of or related to such treatment. I hereby authorize and consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of the physician or surgeon or at the hospital. I understand that this medical authorization and consent is given (1) in advance of any specific examination, diagnosis, treatment, or hospital care being required and (2) to authorize MidPen Resident Services Corporation staff to consent to examinations, diagnosis, treatment, or hospital care which is deemed advisable by a licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital. This authorization is given pursuant to Section 6910 of the California Family Code and shall remain effective until revoked in writing

Furthermore, I hereby grant full permission for all the foregoing to transport the above participant(s) upon request; and to use the above participant(s) photograph in video tapes, publications, motion pictures, recordings, or other records of events. I have read and fully understand the foregoing and certify and represent that, as parent/guardian for the above child(ren), all registration and release information provided is true. I hereby represent that I have authority to bind and sign on behalf of all parent/guardians of the above participant(s).

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Participant's Name _____

(Property Name)

After School Program

Parent Agreements

Please read the following information carefully. You must sign at the bottom indicating that you understand and agree to all of the following.

Basic Information Rules and State Requirements

1. **Enrollment: Enrollment is limited.** Our hope is to have enough room for all children wishing to participate in our *(Property Name) After School Program*; however, we cannot always accommodate everyone. After receiving your completed forms, the ASP Staff will call to let you know if your child will be participating in the program and the date that they may begin. _____
Please Initial

2. **Attendance:** Students must attend program **5 days a week/ 3 hours a day**. Regular attendance is mandatory. Children are expected to stay for the entire duration of the After School Program each day. If a student is absent, written or verbal notification must be submitted or communicated to the ASP Staff the next program day. _____
Please Initial

3. **Student Pick-Up:** Children participating in the *(Property Name) After School Program* must be signed out by you or someone designated on the registration form (designated person must be 16 years of age and on registration forms). Your child must be picked up promptly at the end of the program. If your child has not been picked up by the end of the program, site staff will try to contact you and/or those individuals designated as emergency contacts. _____
Please Initial

4. **Discipline:** Participation in the *(Property Name) After School Program* is a privilege. A child must follow the rules of the program. *MidPen Resident Services Corporation* supports all core day school rules. Disruptive or disrespectful behavior towards other students or staff is cause for dismissal. We encourage you to discuss concerns about your child's behavior with the ASP Staff. _____
Please Initial

5. **Parental Support:** While *(Property Name) After School Program* Staff are committed and qualified, your help is needed to make the program the very best it can be. You are an important partner in our program's success, and we look forward to your help with events and activities, tutoring, field trips and other projects. _____
Please Initial

Release Form for Statements and Photographs

MidPen Resident Services Corporation periodically uses photographs of program participants for local, regional or state publicity of the After School Program. By my initials, I acknowledge receipt of this document and give permission for *MidPen Resident Services Corporation* use of statements, written and verbal, made by me, and/or photographs of my child in any and all corporate brochures, flyers or publicity documents published by *MidPen Resident Services Corporation* and its affiliates. If I do not initial this statement my child can still be part of the *(Property Name) After School Program*. _____
Please Initial

Transportation

My child has permission to walk home from the *(Property Name) After School Program*; furthermore, I give permission for my child to sign themselves out of the *(Property Name) After School Program*. (Please check and initial if appropriate) _____
Please Initial

Walk Home Picked Up

I have read and understand all of the information above on this *(Property Name) After School Program* Parent agreement and I give permission for my child to attend the after school program. All of the information in my child's after school registration form and the after school emergency card is complete. I agree to follow the rules of the program and to help my child understand and follow the rules.

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date

MidPen Resident Services Corporation – Property Name

PROPERTY COMPLETE ADDRESS Office Phone: (111)111-1111 Fax: (111)111-1111

Consent for the Release of Confidential Information and/or Records

I, _____, parent/guardian of _____,
Name of Parent/Guardian Name of Student Student ID Date of birth

Authorize the MidPen Resident Services Corporation (MidPen Services) staff at _____
_____ to exchange confidential information related to the following categories as is
reasonably necessary for the rendition at my request of services to me or for my benefit, with the
officers and/or employees of:

Name, title and address of person or organization to receive information

School Attending: _____ Name of School District: _____ Current Grade Level: _____

The following records and/or information: (Client must initial the appropriate boxes.)

Initial: _____ Academic Performance/Education
Initial: _____ Attendance/Truancy **Initial:** _____ Mental Health / Psychological
Initial: _____ Grade Reports **Initial:** _____ Housing / tenancy related issues
Initial: _____ Alcohol / Substance abuse **Initial:** _____ Employment / Vocational
Initial: _____ Access to student portal **Initial:** _____ HIV / AIDS related information
Initial: _____ Social, emotional and behavior issues
Initial: _____ Physical health issues

Other: _____

I understand:

- My child's health records are protected under the California Welfare and Institutions Code (WIC) and the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.
- That the information disclosed will be used to assist my child in applying for, obtaining or receiving benefits, treatment or services for which I may be eligible.
- That I have the right to receive a copy of any information disclosed and to discuss it with MidPen Services staff.
- That I have a right to a copy of this consent form upon my request.
- That I can revoke this consent at any time by writing a note and delivering it to MidPen Services staff or telling a Services staff. If not earlier revoked, this consent shall automatically terminate and expire upon termination of the lease.
- If information has been disclosed in reliance upon this consent, the program is not required to try to retrieve that information upon revocation of this consent.
- I further understand that this authorization is voluntary and that I may refuse to sign this authorization.

I have read this release form or it has been read to me, and I understand its contents.

Parent/Guardian Signature

Date

Prohibition on Re-disclosure and Confidentiality Notice:

This communication along with any file transmitted with it, is **CONFIDENTIAL** and is intended for the named recipient only. It may contain sensitive or confidential information protected under applicable state and federal law. It must be handled and/or disposed of accordingly. **Federal regulations prohibit further disclosure without specific written consent from the person to whom it pertains.**

I certify that I have reviewed with the resident/client or with his/her representative this Consent to Release Confidential Information:

Signature of authorized Staff _____ Date _____

Print Name _____

Behavior and Discipline Policies

The MidPen Services After-School Program strives to provide a warm and welcoming environment for students and families. Our expectation is that everyone in our community will behave in a respectful, responsible and caring manner toward one another. The following behavior and discipline guidelines have therefore been established.

Any form of lewd behavior, bullying, aggression, violence, disrespect or foul language will not be tolerated. Clothing, toys, books or any other objects depicting, displaying or supporting any of the aforementioned will not be allowed.

Infractions will be dealt with as follows:

- **First Infraction:** Student will receive a warning.

Who: Family Services Coordinator only.

What: Use behavioral display chart (Green, Yellow, Red Cards or similar display of warning) **When:** Document day and time of infraction. This is not to be carried onto the next program day.

- **Second and Third Infractions:** Student will be relocated to the "island" to complete a "Student Reflection," observe other students and parents will be notified.

Who: Family Services Coordinator contacts parents and keeps documentation.

What: Use behavioral display chart (Green, Yellow, Red Cards or similar display of warning). Additionally, Family Services Coordinator should keep documentation regarding incident if it seems to be a regular behavioral concern.

When: Document day and time of infraction.

- **Fourth Infraction:** Student will be suspended from the program for a period of one week, depending on the severity of incident.

Who: Family Services Coordinator MUST first contact supervisor and explain the situation prior to informing student and parent regarding possible suspension.

- Once Family Services Coordinator has contacted supervisor, Family Services Coordinator will communicate with Property Management and Family Services (provide Program Manager with email documentation of conversation)
- Complete an Incident Report

What: Use behavioral display chart (Green, Yellow, Red Cards or similar display of warning). Additionally, Family Services Coordinator should keep documentation regarding incident if it seems to be a regular behavioral concern.

When: Document day and time of infraction. Contact supervisor after program of that day.

If unacceptable behavior continues after the period of suspension, the student will be dismissed from the After School Program.

Who: Family Services Coordinator, Program Manager, and Sr. Program Manager must discuss situation prior to final decision to suspend student from program. Once AC has contacted supervisor, Family Services Coordinator will communicate with Property Management and Family Services (provide Program Manager with email documentation of conversation)

What: Written letter to parents of student regarding cause of suspension is required.

When: Determined at time of discussion with management.

Parent Signature

Date

After School Program Student Reflection Worksheet

Student Name:	Date:
What agreement did I break?	
What did I choose to do that was wrong?	
What are the consequences of my actions?	
What do I need to do differently next time to follow the agreements?	

Student Signature:	Date:
Family Services Coordinator Signature:	Date:
Parent Signature:	Date:

Additional Comments:
