

**21st After-School Academy**

**Application**

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| **STUDENT INFORMATION** |
| **School*** Balmville
* GAMS
* Horizons on Hudson
* Vails Gate
 | **Grade** ❑K ❑1st ❑2nd ❑3rd❑4th❑5th **Student ID #** | **Student’s Birth Date:****/ /****Age:** |
| **Student’s Last Name** | **First** | **Middle** |
| **Street Address** | **City** | **State and Zip Code** |
| **Does the student reside in the City of Newburgh?**❑Yes ❑No | **Gender**❑ M ❑ F | **Ethnicity** ❑ American Indian ❑ Asian (Non-Hispanic)  ❑ Black (Non-Hispanic) ❑ Hispanic/Latino  ❑ Pacific Islander ❑ White (Non-Hispanic)  ❑ Other |
| **Parent/Guardian Name** | **Parent/Guardian Address** if Different from Student’s |
| **Parent/Guardian Home Phone** | **Parent/Guardian Cell Phone** | **Parent/Guardian Work Phone** |
| **Parent/Guardian Email address** |
| **Parent/Guardian**  | **Parent/Guardian**  |
| **Parent/Guardian Home Phone** | **Parent/Guardian**  | **Parent/Guardian Work Phone** |
| **Parent/Guardian Email address** |
| **Student lives with** ❑ **Both Parents** ❑ **Mother** ❑ **Father** ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**# Of Members in Household \_\_\_\_\_\_\_\_\_ Military Affiliation** ❑**None** ❑Army ❑Navy ❑Air Force ❑Marines ❑Coast Guard  ❑National Guard ❑Dep’t of Defense ❑Reserves |
| **STUDENT INFORMATION** |
| **Is English the primary language spoken at home**? ❑YES ❑NO If no, what is the primary language spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Is the student receiving bilingual or ESL (English as a Second Language) Instruction?**❑YES ❑NO |
| **Prior diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or ADD** ❑YES ❑NO | **If YES, describe treatment** |
| **Does the student have a disability/special need?**   ❑YES ❑NOIf yes, please explain | **Is the student receiving special education services?**❑YES ❑NOIf yes, does the student have an IEP (Individual Education Plan)? ❑YES ❑NO |

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| **Does the student receive free/reduced lunch?** ❑YES ❑NO |
| **Please check any of the following that apply:**❑ Food Stamps ❑ SSI (Social Security Insurance) ❑ Medicare or Medicaid ❑ Disability Insurance |
| **Are there any siblings applying to the program** ❑YES ❑NO |
| If yes please list their names: |
| **AUTHORIZED PERSONS FOR PICK-UP** |
| **I authorize the following individuals to pick-up my child at any time. I know these persons and agree to allow 21st Century After-School Academy staff to release my child into their care upon providing valid identification for verification purposes**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Home #** | **Cell #** | **Work #** | **Relation to child** |
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| **ATTENDANCE POLICY**  |

I understand that the 21st Century After-School Academy operates Tuesday-Thursday for two hours a day after school. I understand that my child/children are expected to attend all three days weekly. I understand that my child will ride the bus or other approved school transportation to approved functions or activities in the program. I also know that if attending a field trip outside of the program location, I will be notified in writing. |

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| **BEHAVIOR AND DISCIPLINE AGREEMENT** |
| In an effort to provide a productive learning environment, all students will be expected to follow the rules and procedures of the Newburgh Enlarged City School District Code of Conduct.<https://www.newburghschools.org/files/district/documents/CodeofConduct2017-2018-final%20v.3.pdf> |

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| **SELECTION CRITERIA** |
| The 21st Century After-School Academy is open to all students at the selected sites regardless of race or economic status. All students are encouraged to apply. Please note, we have a limited number of openings. If our numbers exceed capacity additional students will be placed on a waiting list.  |
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| **AUTHORIZATION TO PARTICIPATE** |

I agree to all of the above policies, rules, and procedures of the 21st Century After-School Academy. I realize that the 21st Century Afterschool Academy is a voluntary program and is not required. I also agree to support my child’s learning progression by adhering to the items contained in this packet. I, the parent/guardian of the above named child, hereby register him/her for participation in the 21st Century After-School Academy. I further agree that the information provided on this registration is true and accurate.Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print) Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL EMERGENCY CONSENT**

In the event of a medical emergency, first aid will be administered to your child by the nurse or another qualified individual. Every attempt will be made to reach the parent/guardian first. If further medical treatment is needed, 911 will be called. I authorize the Newburgh Enlarged City School District’s 21st Century After-School Academy to obtain emergency transportation and treatment for my child in the event I am not available.

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**(Parent/Guardian Signature)**  **(Relationship)**  **(Date)**

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| **STUDENT MEDICAL HISTORY/CONSENT** |

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| **Doctor/Health Care Provider** | **Doctor/Heath Care Provider Address** | **Phone Number** |
| **Dentist** | **Address** | **Phone Number** |
| **Medicaid #/**  | **Health Insurance Carrier & Policy #** |

**1) Does your child have any known allergies and/or sensitivity to food?**  [ ]  YES [ ]  NO

\*If you answered yes, what are they? Please describe your child’s reactions and symptoms:

**2) Does your child require medication during after-school hours? (Please include inhalers for asthma)**

 [ ]  YES [ ]  NO If you answered yes, please list the name of medication:

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| **EMERGENCY CONTACTS** |
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| **Name:** | **Home Ph. Number** | **Cell Phone Number** | **Work Ph. Number** | **Relation to child:** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

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In the event of a medical emergency, first aid will be administered to your child by the nurse or another qualified staff member. Every attempt will be made to reach the parent/guardian first. If further medical treatment is needed, 911 will be called.

**I authorize the 21st Century After-School Academy to obtain emergency transportation and treatment for my child in the event I am not available**.

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(Parent/Guardian Signature) (Relationship) (Date)



***Rights and Responsibilities***

**21st Century After-School Academy agrees to**

1. Provide a high quality, comprehensive after-school program for all participants
2. Treat all participants and parents with respect and provide grievance procedures in case of unresolved conflicts
3. Provide opportunities for parental feedback and suggestions
4. Provide parents with contact information and program rules and expectations upon enrollment

**As a Parent/Guardian, I agree to**

1. Complete all enrollment paperwork required and sign all authorizations necessary
2. Comply with program procedures set forth by the 21st Century After-School Academy
3. Encourage my child to abide by the program rules
4. Encourage my child to participate in all areas of the program
5. Make every effort to attend all student and parent events scheduled by the program
6. Read the entire Family Handbook

**As a Student, I Agree to**

1. Follow the rules of the Newburgh Enlarged City School District and the 21st Century After-School Academy
2. Attend three days a week and the Saturday Academy events
3. Respect all adults and fellow scholars
4. Do my best in all activities

Student Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent Print Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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