


**The Salvation Army- York Corps
After-School Program 2018-2019**

COST: \$70 PER CHILD FOR THE ENTIRE SCHOOL YEAR

HOURS: 3PM-8:15PM (children must be dropped off by 4:15pm and picked up by 8:15pm)

WHEREVER YOU SEE  YOUR SIGNATURE IS REQUIRED IN THAT SECTION
"If all signatures are not completed your child will not be able to attend the After School Program"

CHILD INFORMATION (AGES 6-12) and Teens (AGES 13-17)

Name _____ Birthdate _____ Age _____

Address _____ Zip Code _____

Gender: Male Female Social Security Number of Child _____ - _____ - _____

Parent/Guardian Name _____ Phone _____ Cell _____

Work Address _____ Phone _____ Email _____

Emergency Contact (1) _____ Relationship _____

(Other than Parent/Guardian)

Address _____ Phone _____ Cell _____

Emergency Contact (2) _____ Relationship _____

(Other than Parent/Guardian)

Address _____ Phone _____ Cell _____

Ethnicity

White (Not Hispanic) Hispanic/Latino Unknown

Black/African American Asian Other _____

Household Annually Income Less than 15,000 Less than 25,000 Less than 45,000

Less than 65,000 Less than 85,000

CHURCH INFORMATION

Do you or your child attend Church? Yes No Name _____

Would you like to know more about The Salvation Army? **Yes or No**

Does your child receive free or reduced lunch? Yes No

INSURANCE INFORMATION

Is this child covered by family medical/hospital insurance? Yes No

If yes, indicate Carrier or Plan Name _____ Group # _____

Carrier Address _____ Zip Code _____

Name of Insured _____ Relationship to Camper _____

Social Security Number of policyholder or insurance ID number _____

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide the After-School Program Directors with background needed for appropriate care. Any changes in your child's health should be explained to directors immediately. Please provide complete information.

ALLERGIES (Describe reaction and management of the reaction.)

Food

- Peanuts
- Shell Fish (including Shrimp)
- Pork Products
- Wheat
- Lactose Intolerant
- Strawberries

Other Food Allergies: _____

Substances

- Pollen
- Bees/Bee stings
- Mold
- Dust
- Dogs/Pet Dander

Other Substance Allergies: _____

Allergies to Medications: _____

List any medications currently being taken by child

List any restrictions that apply to this individual

Physical/Educational Disabilities (e.g. what cannot be done, what adaptations or limitations are necessary)

The policy of The Salvation Army is to provide equal opportunity and equal consideration to all peoples without regard to race, religion, ancestry, national origin, sexual orientation, color, creed, sex, age or physical disability.

IMPORTANT – THE BOX BELOW MUST BE COMPLETED FOR ATTENDANCE



Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the Center Director to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Center Director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian _____

Witness _____ Date _____

MEDICAL DISCLOSURE 

I understand that there are certain unavoidable risks may occur; therefore, I hereby agree to take full responsibility for all or any medical expenses that may occur while my child is attending The Salvation Army After-School Program. I also give the right to The Salvation Army to provide emergency medical treatment that is deemed necessary.

I, the undersigned parent/guardian, do hereby agree to the medical disclosure.

Signature _____ Print _____ Date _____

RULES AND REGULATIONS

Behaviors which will **NOT** be tolerated and may mean suspension from the After-School Program include:

- *fighting
- *harassing staff and/or other children
- *abusing property and/or equipment
- *cursing
- *disruptive behaviors
- *leaving assigned areas or building without permission

***Children are not permitted to bring snacks, gum or candy into the building. Please have your children eat their snacks before they come into the program.**

*Please do not let your children bring electronic devices to the program i.e. game boys, psp, mp3 player, iPods, cell phones etc. We will not be held responsible when these items become broken or missing.

Possession of any type of weapon will result in an immediate expulsion from the After-School Program.

ALL CHILDREN MUST ARRIVE BEFORE 4:15pm 

If your children arrive after 4:15 pm they will not be allowed in until approximately 5:00 pm.

I, the undersigned parent/guardian, do hereby agree to uphold all rules and regulations of The Salvation Army After-School Program.

Signature _____ Print _____ Date _____

Photo Release 

I, the undersigned parent/guardian, am aware that pictures/videos may be taken of the After-School Program to promote the program. I give permission for my child to have his/her pictures taken for that purpose.

Signature _____ Print _____ Date _____

Permission Slip for Trips 

I give permission to The Salvation Army to take my child on planned field trips outside of The Salvation Army building. The After-School Program Director and staff will be supervising these trips.

Signature _____ Print _____ Date _____

Internet Use 

The internet is strictly for school reports and projects. Your child may use the internet if he/she has a teacher note explaining the project, schedules a time with the Learning Center staff, and follows The Salvation Army Learning Center's rules for using the internet.

Do you have a computer in your house: **Yes or No**
If yes do you have internet access on that computer: **Yes or No**

I understand that my child may lose the use of the internet if he/she does not do these things.

Signature _____ Print _____ Date _____

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Permission for Child Release

My Child will be:

_____ walking home alone.

*If you want your child to walk home they must leave no later then 7:00pm.

_____ picked up by the following people:

Name/Relationship	Phone / Cell Phone #
_____	_____
_____	_____
_____	_____
_____	_____

Homework Program (If nothing is checked, student will be listed as No Homework.)



Homework is open 5:00-8:00 p.m. Monday-Thursday and 5:00-7:00 p.m. on Fridays. **Your child must sign in before 4:30 p.m. to use the Learning Center.** Staff will not call students to the Learning Center; it is your child's responsibility to sign in at the Learning Center each day and bring homework assignments.

Mandatory Homework Only for students in **K-4th grade**. Students must attend the After-School Program at least **3 times a week** to stay in mandatory homework .

Mandatory Homework means that my child will be expected to check in at the Learning Center every night to complete homework. If my child does not have homework, he/she will be expected to show staff a homework sheet/agenda as proof. Students will be removed from Mandatory Homework if there is a lack of parental/guardian support, inappropriate behaviors and/or inconsistent attendance.

Open Homework Students in 5th- High School are automatically Open Homework.

Open Homework means that my child will not be expected to check in at the Learning Center every night. My child will go to the Learning Center at his/her choice. Staff will help/check homework on those nights my child uses the center if possible.

No Homework My child will not complete homework at the After-School Program.

Reading Program (K-3rd grade only)



Program will run Monday-Friday. Your child will be assigned a tutoring time. Homework will be completed after tutoring sessions. The focus of the program is word attack skills, reading comprehension and free choice nightly reading with field trips to Martin Library throughout the year.

Yes, I want my child to be a participant in the Reading Program.

No, I do not want my child to be a participant in the Reading Program.

Does your child have a York County library card? **No** **Yes**

School Information

Must be completed for students to use the Learning Center.



School _____

Grade Level: K 1 2 3 4 5 6 7 8 High School

(Circle One)

Teacher's Name _____

Child's Name _____

I grant permission to the Principal/Teacher to provide information that will assist The Salvation Army Learning Center staff as they work with my child.

Parent/Guardian's Name

Signature

Date

Learning Center Staff:

Student Name: _____ Grade: _____

Teacher: _____

Teacher Contact information:

School Address: _____

Phone: _____

Email: _____