

City Wide After School Program MY TIME PROGRAM

School Still Middle School ID# _____ Date Enrolled _____
 Grade _____ End Date: _____

Student's Full Name (please print) _____

Home Phone _____ Male or Female (please circle) Date of Birth _____

Ethnicity: African American Asian/Pacific Hispanic/Latino Native American
 White/Non-Hispanic Multi-Racial

Home Address _____ City _____ Zip Code _____

Mother/Guardian Name _____ Day Phone _____ Evening _____ Cell _____

Father/Guardian Name _____ Day Phone _____ Evening _____ Cell _____

Emergency Contacts: Others Who May Pick up My Student

Name	Phone		Name	Phone

Emergency Medical Information

In the event of a medical emergency, the Site Coordinator should call:

Physician Name: _____ Phone: _____

I recognize and acknowledge that there are certain inherent risks of physical injury to participants in the *My Time Program*. I therefore agree to assume the full risk of any such injuries, damages or loss regardless of severity which my child/ward may sustain as a result of participating in any activities connected or associated with the *My Time Program*, sponsored by Communities In Schools, Aurora University, and its agency partners. I hereby release and hold harmless Communities In Schools and Aurora University, including and not limited to their directors, officers, employees, agents, and/or partnering agencies participating in the *My Time Program* from liability associated with any injury associated with my child's/ward's participation in the *My Time Program* and I agree not to make any claim, suit or demand against any of the above mentioned agencies/entities for any injury or damage incurred on account of participation the *My Time Program*. I further grant permission to program staff associated with the *MyTime Program*, permission to take any and all such actions as may be required in the case of medical emergency, to see to it that my child/ward receives appropriate medical care, as may be determined by such program staff, understanding that every effort will be made to contact parents/guardians to exercising this authority.

Parent/Guardian Signature: _____ Date: _____

Medication(s) and or Allergies

Please list any medications or allergies to foods, bees, etc. and or any special needs – i.e. asthma, seizures, etc.

Medication(s)	Allergies	Special Need(s)

Referral Information

Who referred you about this program? School Family Friend Self Church Social Worker

City of Aurora Aurora Township Youth Service Communities In Schools Other

What are the reasons for enrolling the student? Please explain:

What would you like for the student to accomplish through participation in the program? Please explain:

PLEASE COMPLETE BACK SIDE

BY SIGNING THIS, I AGREE TO THE FOLLOWING:

Please initial each

- _____ I give my permission for my student to be enrolled in the *My Time Program*.
- _____ I give permission for Communities In Schools and *My time* Partners to use any of my student's name, photographs, writings, artwork, etc. for the purpose of marketing, publicity for program activities (including websites), and documentation of instructional evaluation.
- _____ **I understand the program closes at 5:00 p.m. and that I will pick my student up promptly Monday – Thursday. The program will end at 6:00 p.m. on the Prisco Fun Days (October 21, November 17, December 8, January 12, February 10, March 16, April 14 and April 28) and any field trip days scheduled throughout the year.**
- _____ I give my student permission to participate in all activities and field trips sponsored by *My Time Program* and I agree to further release and hold harmless, Communities In Schools, Aurora University, and its agencies partners/entities, including and not limited to their directors, officers, employees, partnering agencies in the *My Time Program* for liability associated with my child's/ward's participation in the *My Time Program* and I agree not to make any claim, suit or demand against the above mentioned agencies/entities for any injury or damage incurred on account of my child's participation in field trips and related activities.
- _____ I give consent for access to my student's records for the sole purpose of data collection for Communities In Schools and Aurora University in accordance with continued funding of the program. I authorize the school and the after-school program staff to include my child in the evaluation of the after-school program. This evaluation involves the collection of information from my child's school records, such as attendance, behavioral referrals, grades, and test scores. In addition, program participants will be asked to complete surveys that ask about their well-being, behavior, and feelings. I understand that my student's name will not be used in data results.
- _____ I authorize Communities In Schools to share information with the Aurora Police Department in the evaluation of crime reduction of pre-adolescents in Aurora and no publication of findings will be disclosed using my child's name or ID number.
- _____ I understand the program will follow the School District Code of Conduct Policies.

Student Attendance Enrollment and Guidelines

I understand that my student will attend for the scheduled time 3:00 PM to 5:00 PM and will not be allowed to leave the program prior to 5:00 PM unless picked up by parent, guardian, or authorized emergency contact. The program is 4 days a week, except on school holidays, non-attendance days and half days. I also understand my student will attend school each day they attend *My Time Program*. **The program will end at 6:00 p.m. on the Prisco Fun Days (October 21, November 17, December 8, January 12, February 10, March 16, April 14 and April 28) and any field trip days scheduled throughout the year.**

Student's Name: _____

Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____