



*"Preparing children for today's world-one interaction at a time."*

## The 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program

### JOIN US FOR THE 2017-2018 AFTER SCHOOL PROGRAM

**Enrollment Form for Session Beginning: Monday September 25<sup>th</sup>, 3:00-5:30 PM**

Dear Parents/Guardians: Please fill out the following information and return this form to your child's school, or to the Franklin County Children's Task Force office located at 113 Church St. in Farmington. This enrollment form is required to participate in the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program. Thank you!

**Thanks to a partnership with FCCTF and the Mt. Blue school district, there will be NO FEE for this after school program. This program is for children who are entering Kindergarten through those entering 5<sup>th</sup> grade in Cascade Brook School, Academy Hill School, G.D. Cushing School, and W.G. Mallett School.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Child's School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Upcoming Teacher: \_\_\_\_\_

**\*To be considered for the after school program, the below information is required\***

Parent/Guardian: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BEST WAY TO CONTACT (circle one):**    **Email**                      **Text**                      **Phone Call**

Student Qualifies for (must circle one):    Free Lunch                      Reduced Lunch                      Pay Full Price for Lunch

Is English your child's second language? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child receive special education support services or have an I.E.P in place? Yes \_\_\_\_\_ No \_\_\_\_\_

*\* This will not disqualify your child from participating.*

Does your child require the services of a 1:1 educator? Yes \_\_\_\_\_ No \_\_\_\_\_

Ethnicity:    Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

Native Hawaiian or Pacific Islander \_\_\_\_\_ White or Caucasian \_\_\_\_\_ Two or More Races \_\_\_\_\_

In the case of an emergency and the parent or guardian cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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**Transportation:**

My child needs transportation and I give permission for her/him to ride the bus

The address that I would like my child dropped at or near is: \_\_\_\_\_

*\*\*Any change in address should be discussed through the Mt. Blue Transportation Department*

I (or another person listed on my authorized pick-ups) will be picking up my child from the program

My child has permission to walk home from the program

**\* REMEMBER: Anyone who is picking up your child must provide a picture ID.**

- Please pick up your child on time. The program ends promptly at 5:30PM on regular program days.
- If there is a situation where none of the listed individuals can pick up your child, you are to write a note with the name and contact information for who may pick them up.
- Pick up after 5:30 pm will result in a fee of \$5.00 per 15 minutes late.

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**Health/Medical Information**

For the safety and best care of your child, please check below for any of the following that apply to your child, and provide as many details as possible.

Medications: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Other Conditions or Diagnoses: \_\_\_\_\_

Other: \_\_\_\_\_

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**Signature Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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### Parent/Guardian Release/Liability Form

Parents/ Legal Guardians, please read and sign the standard releases and permission forms that are required to attend the after school program.  
Thank you.

***If you agree with ALL forms, please sign at the end. If you do not wish to agree, please mark below the release which you do not agree with. If I did not check "Do Not Agree" under any of the agreements listed below, I understand that this means the Franklin County Children's Task Force knows that I agree with all of the following statements:***

#### For Emergency Treatment

I authorize the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program and the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program Staff to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program and in conjunction with any authorized event.

\_\_\_\_\_ I DO NOT AGREE

#### General Release of Liability

I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I understand that this program includes physical activity and I also understand that any program or sport that includes such activity carries with it an inherent risk of physical injury. I further agree to hold harmless the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, included but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program, its partners is binding on me and my heirs, personal representatives, and successors.

\_\_\_\_\_ I DO NOT AGREE

#### Release of Records

As your child is enrolled in the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program, funded by Maine Dept. of Education through funding from the US Dept. of Education our use of this funding requires that we report certain results to the Maine DOE & U.S. DOE including free and reduced lunch status, special services, academic progress, student MEDMS (school identifier) number, attendance, discipline, behavior, surveys, activity participation, and classroom performance. In addition to compliance with reporting requirements, use of this data assists program managers to make informed decisions about program adjustments and improvements, matching students with needs, program

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sustainability, and program replication in other sites. Our reporting of positive student results may increase our chances of securing continued and additional funding to operate this program. All information collected will be restricted and used solely for serving student needs and approved program evaluation purposes.

\_\_\_\_\_ I DO NOT AGREE

### **Field Trips**

The 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program will take field trips during some programming hours. These field trip locations and dates will be posted for parents and guardians. We will always return by normal dismissal time, unless we notify you in advance.

I give permission for my child to leave the school Property with supervision from the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program Staff, Partners, and Volunteers. While taking part in these community field trips I release the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability".

\_\_\_\_\_ I DO NOT AGREE

### **Photo/Media Release**

I hereby consent to the use of my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program activity for the business or publicity purposes of the program and its partners. Publicity may include posts on our "21<sup>st</sup> Century Kids of Franklin After School Program" Facebook Page. We encourage you all to "like" us on Facebook to get the latest updates regarding the program. I understand that any participation offers no remuneration and that my child's name, likeness, and speech may be edited, produced, recorded for distribution throughout the United States and abroad. I expressly release the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program and its licensees, assignees, affiliates and successors from any privacy, defamation, or other partners have arising out of broadcast, exhibition, publication, or promotion of this program.

\_\_\_\_\_ I DO NOT AGREE

### **Bus Permission**

I give my child permission to ride the bus coordinated and provided for the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program to Community Stops, or for field trips for the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program. I agree to meet my child at the drop-off locations ten minutes before the scheduled arrival. I understand that the Transportation Bus Rules of Conduct apply when riding this bus and that consequences will result if my child does not comply with bus behavior rules. I assume responsibility for the safety of my child once they are dropped off at a Community Stop.

\_\_\_\_\_ I DO NOT AGREE

**Dismissal/Sign Out**

My child may be picked up by the following adults, please list all names (for students' safety reasons, the program policy will allow students to be released only to the adults listed below): If someone whom is not listed is going to be picking up the student, please send a note with the student to the After School Program.

Adults #1 \_\_\_\_\_ Adult #2 \_\_\_\_\_

Adults #3 \_\_\_\_\_ Adult #4 \_\_\_\_\_

This Releases all 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program Staff from the responsibility of looking after my child after s/he has left the 21<sup>st</sup> Century Kids of F.R.A.N.K.L.I.N. After School Program.

**\*\*\* If I did not check "Do Not Agree" below any of the agreements listed above, I understand that this means the Franklin County Children's Task Force knows that I agree with all of the statements listed above.**

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Any Extra Comments, Concerns, or Suggestions for when your child is with us may be listed below:***

LIKE US ON FACEBOOK:



21st Century Kids of Franklin  
After School Program

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