Adirondack Community Action Program, Inc.
7572 Court Street, Suite 2
P.O. Box 848
Elizabethtown, NY 12932
1-877-873-2979

For Office Use Only:		
Date Received Appl.		☐ Moriah
Start Date:		☐ Westport
End Date:		☐

AFTERSCHOOL PROGRAM REGISTRATION 2016/2017

***Child to be enrolled in program*:**

First Name	M.I.	Last Name	Date of Birth	Age

Teacher	Grade (2016-2017)	Gender: (check one) ☐ Female ☐ Male

First Parent / Guardian Information:

Name of First Parent/Guardian	Relationship to child

Mailing Address	City	State	Zip Code

Primary Home Phone Number	Cell Phone	Email Address

Employment	Work Phone Number

Second Parent / Guardian Information:

Name of Second Parent/Guardian	Relationship to child

Mailing Address	City	State	Zip Code

Primary Home Phone Number	Cell Phone	Email Address

Employment	Work Phone Number

EMERGENCY CONTACTS: (Other than Parent/Guardians)

In case the Parent/Guardian cannot be reached the following people have permission to pick up my child in an event of an illness or emergency.

First Emergency Contact Information:

Name of Emergency Contact Person

Primary Phone	Secondary Phone	Cell Phone

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Second Emergency Contact Information: _____

Name of Emergency Contact Person

Primary Phone	Secondary Phone	Cell Phone

Emergency/Snow Closings: In the event that school is closed early or there are no after school activities, you will be notified by the school.

Additional Authorized people who can pick up my child:

Name of Authorized Person	Contact Number
1.)	
2.)	
3.)	
4.)	
5.)	

Medical Information:

1.) Does your child have any food allergies? ☐ Yes ☐ No
If Yes, Please list: _____

2.) Does your child have any other allergies? ☐ Yes ☐ No
If Yes, Please List: _____

3.) Is your child presently taking medications? ☐ Yes ☐ No
If Yes, Please List: _____

4.) Are there any physical conditions that the Afterschool staff should be aware of concerning your child?
If Yes, Please describe: _____
_____

I agree that in case of accident or injury, emergency medical care may be given in the event that I, or the person(s) designated cannot be reached. ☐ Yes ☐ No

GENERAL INFORMATION:

Does your child receive Special Education Services in school? ☐ Yes ☐ No
If Yes, please explain: _____
_____

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Does your child have an I.E.P.? ☐ Yes ☐ No

Does your family participate in the Free/Reduced lunch program? ☐ Yes ☐ No

I give my permission for ACAP to obtain a copy of my income eligibility form for Free/Reduced lunch from the school district. ☐ Yes ☐ No

Does your family receive TANF funding? ☐ Yes ☐ No

Are you eligible for Subsidy? ☐ Yes ☐ No

Why would you like your child to participate in the ACAP Afterschool program? _____
_____
_____

What are your current child care arrangements? _____

Please provide us with special information to assist the staff in caring for your child (diet, habits, behavior, personality, likes and dislikes, nicknames, etc). _____
_____
_____

AGREEMENTS:
Please initial each line as marked in acknowledgement.

_____I have been advised of the policies and procedures regarding transportation and the services provided by A.C.A.P. (Adirondack Community Action Programs, Inc.) and the regulations under which it operates.

_____My Child(ren) will attend the program at least 3 days a week, 2 hours a day.

_____Local media (press, TV stations, and newsletter publications) run news stories about ACAP and its programs. I give my permission for my child to be photographed or filmed in conjunction with news coverage of the program.

_____I give permission to the after school program staff to speak to my child's teacher in order to help him/her to be successful in school.

_____I agree to pay $100.00 for the first child/per month fee for service, $50.00 for the second child, and $25.00 for the third child, or I will apply for DSS Subsidy: (873-3431) and notify ACAP at 873-3207 ext. 249. If subsidy is applied for, parent is responsible for the payment until subsidy begins. **Payment is due 30 days after billing, which is billed at the beginning of each month.**

*****First payment is due with application upon registering your child(ren) in the Afterschool program.***

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Signature Page:

How did you learn about Adirondack Community Action Program, Inc.?:	

Parent / Guardian Signature	Date

Authorized After School Staff	Date

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Number in Household _____

Number in each age group living in the household					
Age groups	____ 0-5	_____ 6-11	_____12-17	_____ 18-23	☐
	____ 24-44	_____ 45-54	_____ 55-69	_____ 70+	☐

Family Type: ☐ Single Parent/Female ☐ Single Parent/Male ☐ Two Parent Household ☐ Other

Gross Annual Income:_____Yr Other Support: ☐ Food Stamps ☐ Medicaid ☐ Health Insurance

Source of Income	Amount	Weekly/Monthly		Housing	Education
☐ Employment				☐ Rent	☐ 0-8
☐ Unemployment				☐ Own	☐ 9-12
☐ Tanf				☐ Homeless	☐ High School Grad
☐ Social Security				☐ Other	☐ GED
☐ SSI					☐ 12+ Post Grad. Education
☐ General Assistance					☐ College Graduate
☐ Child Support					
☐ Pension					
☐ No Income					
☐ Other					

ADDITIONAL SERVICES OFFERED: (Check the ones that you would like more information on)

☐ Emergency Services: Emergency assistance including: Food, Utilities, Security, Other.
☐ Employment and Training: Services to help in attaining employment
☐ Weatherization & Energy Services: Improves heating efficiency to produce fuel savings in the home.
☐ Day Care Programs: Assistance in becoming Certified Day Care Provider ☐ Information for parents seeking childcare
☐ Head Start: Comprehensive program for children and families
☐ Nutrition for the Elderly: Meals for seniors at senior centers, and through home delivered meals
☐ After School Program
☐ Early Head Start
☐ Other Agency (specify):

HOUSEHOLD INFORMATION:

Information Key:
Race Use: B=Black, W=White, H=Hispanic, NA=Native American, A=Asian, O=Other
Characteristics Use: F=Farmer, MF=Migrant Farm worker, SF=Seasonal Farm worker, V=Veteran, SHH=Single Head of Household

FIRST	LAST	DATE OF BIRTH	AGE	DISABILITY	GENDER	RACE	CHARACTERISTICS (If Apply)
				☐ Yes ☐ No			☐F ☐MF ☐SF ☐V ☐SHH ☐D
				☐ Yes ☐ No			☐F ☐MF ☐SF ☐V ☐SHH ☐D
				☐ Yes ☐ No			☐F ☐MF ☐SF ☐V ☐SHH ☐D
				☐ Yes ☐ No			☐F ☐MF ☐SF ☐V ☐SHH ☐D
				☐ Yes ☐ No			☐F ☐MF ☐SF ☐V ☐SHH ☐D