|  |  |  |
| --- | --- | --- |
| For Office Use Only: |  | |
| Date Received Appl. |  | Moriah |
| Start Date: |  | BVCS |
| End Date: |  |  |

Adirondack Community Action Program, Inc.

7572 Court Street, Suite 2

P.O. Box 848

Elizabethtown, NY 12932

(518) 873 -3207

**AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021**

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

­

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  |  | Gender: (check one) Female Male |

Teacher Grade (2019 - 2020)

|  |  |
| --- | --- |
|  |  |

***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

**AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021**

***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.***  YesNo

***GENERAL INFORMATION:***

Does your child receive Special Education Services in school? Yes No

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021**

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.*** YesNo

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 $150.00 for the first child/per month fee for service, $75.00 for the second child, and $37.50 for

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. We now offer a credit card payment option. **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.***

**AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021**

***Signature Page:***

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

|  |  |
| --- | --- |
|  |  |

Parent / Guardian Signature Date

|  |  |
| --- | --- |
|  |  |

Authorized After School Staff Date

**AFTERSCHOOL PROGRAM REGISTRATION 2020-2021**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *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+ | 🞏 |

Number in Household \_\_\_\_\_\_\_

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 |