



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

For Office Use Only:	
Date Received Appl.	<input type="checkbox"/> Schroon Lake
Start Date:	<input type="checkbox"/> AuSable Forks
End Date:	<input type="checkbox"/>

AFTERSCHOOL PROGRAM REGISTRATION 2018-2019

Child to be enrolled in program:

First Name	M.I.	Last Name	Date of Birth	Age
Teacher	Grade (2018-2019)	Gender: (check one) <input type="checkbox"/> Female <input type="checkbox"/> 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

AFTERSCHOOL PROGRAM REGISTRATION 2018-2019

Second Emergency Contact Information:

Name of Emergency Contact Person

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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?

If Yes, Please list: _____

Yes

No

2.) Does your child have any other allergies?

If Yes, Please List: _____

Yes

No

3.) Is your child presently taking medications?

If Yes, Please List: _____

Yes

No

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?

If Yes, please explain: _____

Yes

No



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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? _____

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 \$37.50 the third child, or I will apply for DSS Subsidy: (873-3431) and notify ACAP at 873-3207. If subsidy is applied for, parent is responsible for the payment until subsidy begins. **We now offer credit card payment option.**

Advantage programs are free and “No Child” can be refused enrollment for inability to pay, however the funds received for the program from the state do not cover all the costs of the program and sustainability of this quality program for your child depends on your monetary support.



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Signature Page:

How did you learn about Adirondack Community Action Program, Inc.?	
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Parent / Guardian Signature	Date
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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	<input type="checkbox"/>
	____ 24-44	____ 45-54	____ 55-69	____ 70+	<input type="checkbox"/>

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
<input type="checkbox"/> Employment				<input type="checkbox"/> Rent	<input type="checkbox"/> 0-8
<input type="checkbox"/> Unemployment				<input type="checkbox"/> Own	<input type="checkbox"/> 9-12
<input type="checkbox"/> Tanf				<input type="checkbox"/> Homeless	<input type="checkbox"/> High School Grad
<input type="checkbox"/> Social Security				<input type="checkbox"/> Other	<input type="checkbox"/> GED
<input type="checkbox"/> SSI					<input type="checkbox"/> 12+ Post Grad. Education
<input type="checkbox"/> General Assistance					<input type="checkbox"/> College Graduate
<input type="checkbox"/> Child Support					
<input type="checkbox"/> Pension					
<input type="checkbox"/> No Income					
<input type="checkbox"/> Other					

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

<input type="checkbox"/> Emergency Services: Emergency assistance including: Food, Utilities, Security, Other.
<input type="checkbox"/> Employment and Training: Services to help in attaining employment
<input type="checkbox"/> Weatherization & Energy Services: Improves heating efficiency to produce fuel savings in the home.
<input type="checkbox"/> Day Care Programs: Assistance in becoming Certified Day Care Provider <input type="checkbox"/> Information for parents seeking childcare
<input type="checkbox"/> Head Start: Comprehensive program for children and families
<input type="checkbox"/> Nutrition for the Elderly: Meals for seniors at senior centers, and through home delivered meals
<input type="checkbox"/> After School Program
<input type="checkbox"/> Early Head Start
<input type="checkbox"/> 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)
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D