2021-2022 YMS

Office Use Only

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Data Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add to Remind:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Afterschool Club Enrollment

Grades 6-8

***(One Student Per Form)***

**Student Information:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M or F

Grade: \_\_\_\_\_\_ Attends: □York Public □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent /Guardian Info:**

Parent 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Best contact # from 2-6p.m.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (other than parents/guardians):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Times:**

Wednesday: 2:10 – 5:30 Monday, Tuesday and Thursday: 3:15 – 5:30 ***NO FRIDAY CLUBS***

*Each day will include a nutritional snack, recess, club offerings, and homework help.*

**Clubs**

|  |  |
| --- | --- |
| **Clubs Offered** | **Description** |
| **Monday** | **MATH & More –** On Mondays we will focus on Math for kids that need extra time to work on it, but for those who do not we will be playing games and doing fun activities. |
| **Tuesday** | **Music and Beyond -** On Tuesdays our focus is on Band. Our time has been packed with lots of fun but some kids are not in band so we have lots of other activites planned as well. |
| **Wednesday** | **Crazy Cool Club -** Club Day is where every 10 weeks we will have a new club from Robotics Club to Art Club to Decks and Dice Club. They will be learning how to code robots and create online games, we will also learn to draw new things or art crafts or even some woodworking, lastly we will be learning new games and creating our own board games for friends to try.  |
| **Thursday** | **Loving Life** – Life Skills Thursday is where we will be cooking things like French toast or pancakes, playing games like Clue, Life or Minute to Win It, and diving into fun Science experiments. |

**Students must participate in the activity provided if they plan to stay for afterschool clubs. I authorize my child to participate in the following afternoon sessions:**

□Monday □ Tuesday □ Wednesday □ Thursday

**Attendance: (Initial beside each statement)**

\_\_\_\_\_\_ I understand that the Afterschool Program is grant funded and only receives funds for students that attend 30 days or more during the school year.

\_\_\_\_\_\_ I understand that enrolling my student say that I value the Afterschool Program and will plan to meet or exceed the 30-day attendance goal.

\_\_\_\_\_\_ I understand the Afterschool Program is not a drop-in/as-needed program.

Please Mark ***all*** that apply:

This student:

□ is a resident of York School District □ in foster care □ is a ward of the court

□ is a ward of the state □ has a current IEP □ opt in to YPS

**Pick-up: Mark the mode of transportation for your child at the conclusion of the day?**

□ I will pick up my child around \_\_\_\_\_\_\_\_\_\_\_p.m.

□My child may walk or bike home at \_\_\_\_\_\_\_\_\_\_\_\_\_p.m.

If a student does not have a parent available to pick them up by 5:40 PM:

1. A warning will be issued.
2. A second warning will be issued notifying the next time the student will be removed from BOOST.
3. Student will be removed from BOOST

***□ I have read and understand the late pick-up policy.***

**I specifically authorize the following:**

Yes No I give permission to the Afterschool Program to use my son/daughter’s photograph on the school website or in promotional material for the program.

Yes No My child has a food allergy. (If YES, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No My child has a medical condition that staff should be aware of. (If YES, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In order to insure the safety of students with food allergies, proper medical documentation must be provided. Please request this paperwork upon enrollment.***

**York Middle Afterschool Program reserves the right to remove a student from our program at any time the agency deems necessary due to failure to meet behavior and conduct standards.**

I grant permission for my son/daughter to participate in the Afterschool Program. I hereby release York Public Schools, its employees, volunteers from any financial responsibility or claims for the sickness and/or accident to my child during the Afterschool Program. I understand that our afterschool clubs are sponsored by York Public Schools and that my child must follow all school rules set forth by the York Middle School. I understand that violations of school rules may result in suspension or removal from the program.

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

 Parent/Guardian Signature Date

**Preferred Communication Method**

Our afterschool program would like to stay in contact with you and keep you informed about upcoming events, student highlights, and much more. You can receive this communication by text, email or both.

Please indicate your preferred method of communication.

□ Text @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Email @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Both

□ Additional Text and/or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_