2021-2022

Office Use Only

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

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

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

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

York Elementary BOOST

Grades 2-5

***(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 2-6 p.m.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Program Times:**

Wednesday: 2:10 – 5:30 Monday, Tuesday and Thursday: 3:20 – 5:30 ***NO FRIDAY BOOST***

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

**I authorize my child to participate in the following afternoon sessions:**

□Monday □ Tuesday □ Wednesday □ Thursday □ Schedule Varies

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

\_\_\_\_\_\_ I understand that BOOST-After School Program is grant funded and only receives fund for students that attend 30 days or more during the school year.

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

\_\_\_\_\_\_ I understand that BOOST After School 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.**

**Parents will use the door intercom to check students out.**

□ 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 BOOST After School 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 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 Elementary Afterschool Program reserves the right to remove a student from 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 BOOST Summer School 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 After School Program. I understand that BOOST is sponsored by York Public Schools and that my child must follow all school rules set forth by the York Elementary 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_