



THE MIX AT ARBOR PLACE

# AFTER SCHOOL PROGRAM 2019-2020

INSPIRING LOCAL YOUTH TO THRIVE

SEPTEMBER 16, 2019 | 3PM-6PM  
(ENGLISH PACKET)

[WWW.ARBORPLACE.ORG](http://WWW.ARBORPLACE.ORG)

# EMERGENCY CONTACT/ PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280124 (a)(b) , 3280.181 & . 182 : 3290.124 (a)(b), 3290.181 & .182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
ADDRESS		
SPECIAL DISABILITIES (IF ANY) IEP (IF ANY) BEHAVIORAL PLAN (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
WALKS AND TRIPS	SWIMMING N/A	
TRANSPORTATION BY THE FACILITY	WADING N/A	

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIX MONTH REVIEW-SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

## FAMILY ENROLLMENT FORM

<b>Child's Name:</b>  	<b>School Name:</b>  <b>Teacher's Name:</b>  <b>Grade:</b>
<b>Ethnicity: Please check all that apply</b>  <input type="checkbox"/> American Indian/Native American  <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> White/Caucasian	<b>Transportation: Please check one</b>  <input type="checkbox"/> I would like for my child(ren) to be picked up at <b>King School Elementary</b>  <input type="checkbox"/> I would like for my child(ren) to be picked up at <b>Carter and Macrae Elementary School</b>
<b>Consent: Please check all that apply</b>  _____ I authorize The Mix to photograph or record my child and use their image in publications and/or media presentations.  _____ I release authority to The Mix to check on my child's attendance, behavior and academic records from their specific School District.  _____ I understand and agree that The Mix has an open door policy and students will be released once they sign out.	<b>Please check off any service that you are interested in learning more about for you &amp; your family:</b>  <input type="checkbox"/> Food Assistance <input type="checkbox"/> Employment & Training  <input type="checkbox"/> Budgeting <input type="checkbox"/> Mental Health Assistance  <input type="checkbox"/> Counseling/Therapy <input type="checkbox"/> Parent Workshops
<b>Household Size: Please check off one:</b>  <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5  Other (specify): _____	<b>Gross Annual Income:</b> <b>Please check off your TOTAL family income</b>  <input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,000-\$20,000  <input type="checkbox"/> \$20,000-\$30,000 <input type="checkbox"/> \$30,000-\$40,000  <input type="checkbox"/> \$40,000-\$50,000

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AUTHORIZATIONS & RELEASES

### Release Statement:

I hereby affirm that my child is in good health and physically capable of performing the required activities while at The Mix. I hereby release and forever discharge The Mix at Arbor Place and employees from all claim of liability for any damage or injuries which may be sustained while my child is at The Mix.

Initials\_\_\_\_\_

### Transportation:

I hereby give permission for my child to be transported to any activities outside of The Mix at Arbor Place's building including field trips and special events.

Initials\_\_\_\_\_

### Physical Injury or Damage Property:

I hereby release and discharge The Mix at Arbor Place, its employee and volunteers from any and all liability arising out of, or in connection with daily activities. I will not hold The Mix at Arbor Place liable for any damaged, lost or stolen property.

Initials\_\_\_\_\_

## STUDENT CODE OF CONDUCT

The staff and supporters of The Mix at Arbor Place strive to make our environment safe and welcoming. We seek to enrich the educational, physical, and spiritual development of all students. Students play a key role in making our community welcoming, so we ask that every student agree to following the code of conduct:

Students will treat each other and staff members with respect.

Students will not be physically or verbally abusive to others.

Students will not intentionally damage Arbor Place property.

Students will not curse or use abusive language.

Students may be removed from the program immediately if they are especially violent or disrespectful to students and staff.

### CONSEQUENCES:

1<sup>st</sup> Student will receive a verbal warning.

2<sup>nd</sup> Parent/Guardian will be contacted to pick up child.

3<sup>rd</sup> If a child is continually uncooperative, we reserve the right to withdraw them from the After School Program.

I have read and understand the Student Code of Conduct.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Return this completed form to the school office or drop it off at The Mix at Arbor Place. After The Mix receives your paperwork **AND** calls to confirm enrollment, your child(ren) will be able to start attending the program the following week.



## Cell Phone & Electronics Memo

The Mix at Arbor Place strives to help youth thrive in all areas of development. While the students are in our care, we are responsible for their safety and well-being. We are unable to monitor every device that a student may bring. For this reason, The Mix at Arbor Place will adhere to the same rules and guidelines as the School District of Lancaster, which is as follows:

“Students are prohibited from the unauthorized use of electronic devices during the school day in district buildings; on district property; on district buses and vehicles; during the time students are under the supervision of the district; while students are attending school-sponsored activities, and in locker rooms, bathrooms, health suites, and other changing areas at any time.

Electronic devices shall include all devices that can take photographs; record audio or video data; store, transmit or receive messages or images; or provide wireless, unfiltered connections to the internet. Examples of these electronic devices include, but shall not be limited to: laser pointers, radios, handheld games consoles, Personal Digital Assistants (PDA's), cellular telephones, mobile devices, and laptop computers, as well as any new technology developed within similar capabilities.

Students are prohibited from taking, storing, disseminating, transferring, viewing, or sharing of obscene, pornographic, lewd, or otherwise illegal images or photographs, whether by electronic data transfer or other means, including but not limited to texting and emailing” (p. 21 Standards & Expectations of Behavior for Students-SDOL).

The Mix at Arbor Place will not be responsible for lost, damaged or stolen devices.

If your child brings an electronic device, it must be kept in their bag. The first time it is seen, they will receive a verbal warning. The second time it is seen, staff will ask them to hand it in until the end of the day. If an issue would arise where the student does not want to turn it in, the Parent/Guardian will be called to either pick up the device or their child.

Please sign that you have read and understood our guidelines on electronics.

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Parent/Guardian Signature

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Child's Signature

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Date

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Date