



The Mix at Arbor Place After School Program Application

**Student Information:**

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Complete Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID: \_\_\_\_\_

Ethnicity (Please mark all that apply):

Asian/Pacific Islander

Native American/American Indian

Black/African American

Hispanic/Latino

White/Caucasian

**Primary Physician/Medical Provider:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

List any medications your child is currently taking: \_\_\_\_\_

List any allergies or dietary restrictions: \_\_\_\_\_

List any other information that will help us understand your child (I.E.P., Behavior Plan, etc):

**Parent/Guardian Information:**

Primary Parent/Guardian Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Secondary Parent/Guardian Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Emergency Contact Information: (2 people MUST be listed that are NOT listed as a Parent/Guardian):**

Emergency Contact #1 Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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Emergency Contact #2 Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Persons to Whom Child May be Released (Other than Parent/Guardian):**

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**After School Program (Please choose the one that you would prefer for your):**

- I would like for my child to receive dinner from The Mix.  
 I would not like for my child to receive dinner from The Mix.

**Dismissal:**

- I would like for my child to walk home at the end of the Program.  
 I will pick my child up and I do not want them to walk home alone.

**Authorizations & Releases (Please initial next to each one):**

- 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. \_\_\_\_\_
- 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, special events & emergencies.  
\_\_\_\_\_
- I hereby release and discharge The Mix at Arbor Place, its' employees 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. \_\_\_\_\_
- In case of medical emergency, my child will be transported to the nearest hospital for treatment. \_\_\_\_\_
- The Mix at Arbor Place can include my child in photos, videos or articles that may be released in the media. \_\_\_\_\_

**Student Code of Conduct:**

The staff & 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 Mix at Arbor Place immediately if they are especially violent or disrespectful to students or staff.

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Consequences:

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

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

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

I have read the Student Code of Conduct and agree to have my student participate in The Mix at Arbor Place's After School Program.

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



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

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## Family Strengths & Needs Assessment

Student's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

We support your whole family, not just your enrolled child. Please help us to get to know your family better and ways we can support your needs and interests.

Does your family have any emergency or need immediate assistance in the following areas?

- Food     
  Housing/Shelter     
  Clothing     
  Utilities/Assistance     
  Counseling  
 Domestic Violence     
  Health Concerns     
  Child Abuse     
  Drug/Alcohol Abuse

Other Needs: \_\_\_\_\_

For each of the following questions, please select a choice which best describes you and your family:

Family Well-Being:	3	2	1	Do you need Resources?
Food & Clothing	<input type="checkbox"/> We meet our basic food & clothing needs.	<input type="checkbox"/> We meet our basic food & clothing needs with some help from public programs or subsidies.	<input type="checkbox"/> We often do not have enough food and clothing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing	<input type="checkbox"/> We have our own housing that is stable.	<input type="checkbox"/> We share living space with others or reside in public subsidized housing.	<input type="checkbox"/> We have unstable housing, or experiencing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input type="checkbox"/> My family & I are healthy. We have access to medical and dental care. We visit our health providers regularly.	<input type="checkbox"/> We have access to medical and dental care but do not visit our health providers regularly.	<input type="checkbox"/> We do not have access to medical or dental care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> I do not have any concerns regarding my family's social-emotional or mental health.	<input type="checkbox"/> I am concerned about my family's social-emotional or mental health; however, I will contact staff if we need services.	<input type="checkbox"/> I am concerned about my family's social-emotional or mental health, and I am interested in being referred for mental health services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment	<input type="checkbox"/> I have a permanent job, or I choose not to work.	<input type="checkbox"/> I have a temporary job or do not work enough hours.	<input type="checkbox"/> I do not have a job, or I am looking for employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Financial Literacy	<input type="checkbox"/> We have a budget and we keep close track of how much we spend.	<input type="checkbox"/> We have an idea about how much we spend, but we do not keep track of our spending.	<input type="checkbox"/> We do not have a budget and we do not know much about financial literacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Positive Parent-Child Relationships:** Do you need Resources?

	3	2	1	
Parenting Skills	<input type="checkbox"/> I can deal with my child's behaviors.	<input type="checkbox"/> I have some difficulty dealing with my child's behavior.	<input type="checkbox"/> Being a parent is a struggle for me. I want to learn more about parenting skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Male/Father Engagement	<input type="checkbox"/> There is a positive role male role model in my child's life every day.	<input type="checkbox"/> There is a positive role model for my child but not consistent.	<input type="checkbox"/> My child does not have a positive male role model in his/her life.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Families as Lifelong Educators:** Do you need Resources?

	3	2	1	
Learning & Development	<input type="checkbox"/> I am very involved in my child's learning & development. I know of many learning activities to help my child learn and grow.	<input type="checkbox"/> I am somewhat involved in my child's learning and development. I know of some learning activities to help my child learn and grow.	<input type="checkbox"/> I want to be more involved in my child's learning and development. I also need learning activities to help my child learn and grow.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family & Literacy	<input type="checkbox"/> My family has a daily routine when it comes to reading.	<input type="checkbox"/> My family needs to spend more time reading.	<input type="checkbox"/> My family does not engage in any literacy activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Families as Learners:** Do you need Resources?

	3	2	1	
Adult Education	<input type="checkbox"/> I have attained the highest level of education to my desire.	<input type="checkbox"/> I am interested in going back to school to complete my degree (GED, high school certification, college, etc).	<input type="checkbox"/> I want to continue my education but need help with the English Language or have other barriers that prevent me from obtaining or continuing my education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Development	<input type="checkbox"/> I am satisfied with my job/career.	<input type="checkbox"/> I want to change my job/career or want advancement in my job/career.	<input type="checkbox"/> I am in need of job training services, resume building, or professional development opportunities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Family Engagement  
In Transitions:**

Do you need  
Resources?

	3	2	1	
Transition/School Readiness	<input type="checkbox"/> I have the information & skills to help my child be school ready and I know where my child will attend school next year.	<input type="checkbox"/> I have some information & skills to help my child be school ready but I am not sure where my child will attend school next year.	<input type="checkbox"/> I need assistance to help my child be school ready and I do not know where my child will attend school next year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Services	<input type="checkbox"/> I do not have any concerns regarding my child's learning and development.	<input type="checkbox"/> My child is currently receiving special education services and I do not have any concerns.	<input type="checkbox"/> I have concerns about my child's learning and development and my child is not identified with a disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Family Connections to  
Peers & Community:**

Do you need  
Resources?

	3	2	1	
Supporting Networks	<input type="checkbox"/> We have a supportive network of friends and family that will help us if we are in a crisis.	<input type="checkbox"/> We have 1 or 2 people to help us if we are in a crisis.	<input type="checkbox"/> We do not know of anyone who we could ask for help if we are in a crisis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Connections	<input type="checkbox"/> We know of many agencies and organizations in the community and where to go for assistance, if needed.	<input type="checkbox"/> We know 1 or 2 agencies in the community to assist us when needed.	<input type="checkbox"/> We do not know the community and want to know what is available in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Family as Advocates  
And Leaders:**

Do you need  
Resources?

	3	2	1	
Participation & Advocacy	<input type="checkbox"/> I am very involved and confident in all decision making for my child's well-being.	<input type="checkbox"/> I am somewhat involved in decision making for my child or I only participate as necessary.	<input type="checkbox"/> I am not very involved but would like to be more involved and participate in decision making for my child's well-being.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteering & Leadership Development	<input type="checkbox"/> I am very active in my community or am a site Volunteer.	<input type="checkbox"/> I rarely participate in my community activities, or I am not interested in any volunteering or leadership development activities.	<input type="checkbox"/> I do not participate in any community activities, but I am interested in development or volunteering in a classroom or onsite.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**PRE-SCREENING HEALTH QUESTIONS**

In an effort to minimize illness, we ask that you check on the health of your child. The best activities start with healthy students and this begins at home. Please indicate if your student has had any of the following symptoms prior to starting the After School Program. We will record temperatures daily on a separate log. If any temperature or symptoms are present, we will send your child home and they will not return until **AFTER 72 hours** once symptoms have improved and fever is gone. Please fill this out and send it in a day or two prior to your student beginning the program.

**Symptoms:**

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

**Please initial**

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial \_\_\_\_\_
2. No one in our household has been sick in the 14 days prior to camp. Initial \_\_\_\_\_
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial \_\_\_\_\_
4. My child has adhered to our state’s guidelines regarding COVID19. Initial \_\_\_\_\_

DATE	TIME & TEMP	INITIALS OF PERSON TAKING TEMP	INITIALS OF WITNESS

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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