Logo

Description automatically generatedCommunity Family Centers

7524 Avenue E

Houston, Texas 77012

(713) 923-2316

JP McGovern Sports and Recreational Building

Youth Services After School/Summer Program

Registration Form

**STUDENTS INFORMATION**

Student First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level\_\_\_\_\_\_\_\_\_\_

School Name and District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT INFORMATION**

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Eve) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Eve) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGN OUT INFORMATION**

Safety is a top priority to CFC Youth Services Program; therefore, no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

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

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

**PHYSICIAN TO BE CALLED IN AN EMERGENCY**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medi-Cal#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital used in Emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any medical, family circumstances or cultural requirements of which the leader should be aware of (Any known Allergies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following and sign at the bottom:**

I, the undersigned parent or legal guardian of the above-named child, do hereby give my permission for the child named above to participate in the activities identified above planned by CFC Youth Services and its affiliated entities. I am aware of and consent to the scope of the activity to be engaged in and mode of transportation being employed. I understand that participation in the after-school program activities requires an acceptance of risk. I am aware of and accept the risks associated with the activity to be engaged in and the mode of transportation being used. I certify that the indicated participant(s) is/are in good physical and mental health and has/have never been declared medically ineligible for athletic competition. I further certify that the above-mentioned participant(s) has/have had no previous pre-existing medical condition or injury, listed as, but not limited to exercise induced asthma, cardio or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities. I understand that participation in after-school program activities requires an acceptance of risk. With my signature, on behalf of myself and the above named child I hereby waive, release and hold harmless the sponsors, promoter and all other persons and entities associated with CFC Youth Services programs and events from any and all claims, demands, actions, causes of action, obligations, debts, damages, losses, liens, liabilities, costs, attorneys fees, debts and expenses of every kind and nature whatsoever, in law or in equity, known or unknown, fixed or contingent, including any and all rights to subrogation therefore which arise out of, result from or are related to the above-named child’s participation in the activities set forth herein If I cannot be reached in case of an emergency, I hereby and authorize Community Family Centers or its affiliates to contact 911 or a medical facility or physician of their choice to provide proper treatment and that I will be responsible for all expenses arising out of or related to such treatment. I hereby authorize and consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the hospital. I understand that this medical authorization and consent is given (1) in advance of any specific examination, diagnosis, treatment, or hospital care being required and (2) to authorize Community Family Centers staff to consent to examinations, diagnosis, treatment, or hospital care which is deemed advisable by a licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital. This authorization is given pursuant to Texas Family Code and shall remain effective until revoked in writing Furthermore, I hereby grant full permission for all the foregoing to transport the above participant(s) upon request; and to use the above participant(s) photograph in video tapes, publications, recordings, or other records of events. I have read and fully understand the foregoing and certify and represent that, as parent/guardian for the above child(ren), all registration and release information provided is true. I hereby represent that I have authority to bind and sign on behalf of all parent/guardians of the above participant(s).

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

Print Name of Parent/Guardian Parent/Guardian Signature Date

Youth Services After School/Summer Program

**Parent Agreements**

Please read the following information carefully. You must sign at the bottom indicating that you understand and agree to all the following.

**Basic Information Rules and State Requirements**

1. Enrollment: Enrollment is limited. Our hope is to have enough room for all children wishing to participate in our After School and/or summer program; however, we cannot always accommodate everyone. After receiving your completed forms, the ASP/SP Staff will call to let you know if your child will be participating in the program and the date that they may begin. Please Initial\_\_\_\_\_\_\_\_

2. Attendance: Students must attend program 5 days a week/ 3 hours a day or full day. Regular attendance is mandatory. Children are expected to stay for the entire duration of the After School/Summer Program each day. If a student is absent, written, or verbal notification must be submitted or communicated to the ASP/SP Staff the next program day. Please Initial\_\_\_\_\_\_\_\_

3. Student Pick-Up: Children participating in the After School Program/Summer Program must be signed out by you or someone designated on the registration form (designated person must be 16 years of age and on registration forms). Your child must be picked up promptly at the end of the program. If not pick up on time, there will be a $1.00 per minute charge. Site staff will try to contact you and/or those individuals designated as emergency contacts.

Please Initial\_\_\_\_\_\_\_\_

4. Discipline: Participation in the CFC JP McGovern Sports and Recreation Building, After School Program/Summer Program is a privilege. A child must follow the rules of the program. CFC supports all core day school rules. Disruptive or disrespectful behavior towards other students or staff is cause for dismissal. We encourage you to discuss concerns about your child’s behavior with the ASP/SP Staff.

Please Initial\_\_\_\_\_\_\_\_

5. Parental Support: While CFC JP McGovern Sports and Recreation Building, After School Program/Summer Program Staff are committed and qualified, your help is needed to make the program the very best it can be. You are an important partner in our program’s success, and we look forward to your help with events and activities, field trips and other projects.

Please Initial\_\_\_\_\_\_\_\_

**Release Form for Statements and Photographs**

CFC Youth Services Program periodically uses photographs of program participants for local, regional, or state publicity of the After School Program. By my initials, I acknowledge receipt of this document and give permission for Youth Services Program use of statements, written and verbal, made by me, and/or photographs of my child in all agency brochures, flyers or publicity documents published by CFC Youth Services Program and its affiliates. If I do not initial this statement my child can still be part of the CFC JP McGovern Sports and Recreation Building, After School/Summer Program.

Please Initial\_\_\_\_\_\_\_\_

**Transportation**

My child has permission to walk home from the JP McGovern After School/Summer Programs; furthermore, I give permission for my child to sign themselves out of the JP McGovern After School/Summer Program. (Please check and initial if appropriate)

ο Walk Home ο Pick-Up Only

I have read and understand all the information above on this CFC JP McGovern Sports and Recreation Building, After School Program Parent agreement and I give permission for my child to attend the afterschool/summer program. All the information in my child’s afterschool/summer registration form and the afterschool/summer emergency card is complete. I agree to follow the rules of the program and to help my child understand and follow the rules.

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

Please Print Name of Parent/Guardian Parent/Guardian Signature Date

Community Family Centers– JP McGovern Sports and Recreational Building

7318 Avenue F. Office Phone: (713)595-1300

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**Consent for the Release of Confidential Information and/or Records**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Name of Parent/Guardian Name of Student & Student ID Date of birth

Authorize Community Family Centers (Youth Services) staff at \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to exchange confidential information related to the following categories as is reasonably necessary for the rendition at my request of services to me or for my benefit, with the officers and/or employees of:

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

Name, title and address of person or organization to receive information

School Attending: Name of School District: Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following records and/or information: (Client must initial the appropriate boxes.)

Initial: \_\_\_\_\_\_\_ Academic Performance/Education

Initial: \_\_\_\_\_\_\_ Attendance/Truancy

Initial: \_\_\_\_\_\_\_ Report Cards

Initial: \_\_\_\_\_\_\_ Social, emotional and behavior issues

Initial: \_\_\_\_\_\_\_ Physical health issues

Other:

I understand:

• My child’s health records are protected under the Texas Welfare and Institutions Code (WIC) and the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

• That the information disclosed will be used to assist my child in applying for, obtaining or receiving services he/she may be eligible.

• That I have the right to receive a copy of any information disclosed and to discuss it with CFC Youth Services staff.

• That I have a right to a copy of this consent form upon my request.

• That I can revoke this consent at any time by writing a note and delivering it to CFC Youth Services staff or telling a Services staff. If not earlier revoked, this consent shall automatically terminate and expire upon termination of the program.

• If information has been disclosed in reliance upon this consent, the program is not required to try to retrieve that information upon revocation of this consent.

• I further understand that this authorization is voluntary and that I may refuse to sign this authorization.

I have read this release form, or it has been read to me, and I understand its contents.

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

Parent/Guardian Signature Date

Prohibition on Re-disclosure and Confidentiality Notice: This communication along with any file transmitted with it, is CONFIDENTIAL and is intended for the named recipient only. It may contain sensitive or confidential information protected under applicable state and federal law. It must be handled and/or disposed of accordingly. Federal regulations prohibit further disclosure without specific written consent from the person to whom it pertains. I certify that I have reviewed with the participant or with his/her Parent/Guardian this Consent to Release Confidential Information:

Signature of authorized Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior and Discipline Policies**

The CFC Youth Services After-School/Summer Program strives to provide a warm and welcoming environment for students and families. Our expectation is that everyone in our community will behave in a respectful, responsible and caring manner toward one another. The following behavior and discipline guidelines have therefore been established.

Any form of rude behavior, bullying, aggression, violence, disrespect, or foul language will not be tolerated. Clothing, toys, books, or any other objects illustrating, displaying, or supporting any of the aforementioned will not be allowed.

Infractions will be dealt with as follows:

o **First Infraction:** Student will receive a warning.

**Who:** Youth Services Coordinator only.

**What:** Use behavioral display chart (Green, Yellow, Red Cards or similar display of warning)

**When:** Document Day and time of infraction. This is not to be carried onto the next program day.

o **Second and Third Infractions**: Student will be written up and parents will be notified.

**Who:** Youth Services Coordinator contacts parents and keeps documentation.

**What:** Student will fill out Student Reflection Worksheet. Use behavioral display chart (Green, Yellow, Red Cards or similar display of warning). Additionally, Youth Services Coordinator should keep documentation regarding incident if it seems to be a regular behavioral concern.

**When:** Document Day and Time of infraction.

o **Fourth Infraction**: Student will be suspended from the program for a period of one week, depending on the severity of incident.

**Who:** Program Coordinator MUST first contact Program Director and explain the situation prior to informing student and parent regarding possible suspension.

• Once Program Coordinator has contacted Program Director, Program Director will communicate with Director of Programs (provide Program Director with email documentation of conversation)

• Complete an Incident Report.

**What:** Use behavioral display chart (Green, Yellow, Red Cards or similar display of warning). Additionally, Program Coordinator should keep documentation regarding incident if it seems to be a regular behavioral concern.

**When:** Document Day and Time of infraction. Contact supervisor after program of that day.

**If unacceptable behavior continues after the period of suspension, the student will be dismissed from the After School/Summer Program.**

**Who:** Program Coordinator, Program Director, and Director of Programs must discuss situation prior to final decision to suspend student from program. Once PC has contacted supervisor, Program Coordinator will communicate (provide Program Director with email documentation of conversation) **What:** Written letter to parents of student regarding cause of suspension if required.

**When:** Determined at time of discussion with management.

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

Parent Signature Date

AFTERSCHOOL AND SUMMER PROGRAMS

STUDENT REFLECTION WORKSHEET

|  |  |
| --- | --- |
| Student Name: | Date: |

|  |
| --- |
| What agreement did I break? |
| What did I choose to do that was wrong? |
| What are the consequences of my actions? |
| What do I need to do differently next time to follow the agreements? |

|  |  |
| --- | --- |
| Student Signature: | Date: |
| Program Coordinator: | Date: |
| Parent/Guardian Signature: | Date: |

|  |
| --- |
| Additional Comments: |