

Sara Holbrook Community Center

Elementary Afterschool

Registration Form

2021-2022

66 North Ave. | Burlington, VT

This entire application must be fully completed to be accepted into the program

Participants: The Elementary Program is for children enrolled in Kindergarten through 5th grade.

Program Hours: Monday, Tuesday, Thursday and Friday 3:00pm-5:30pm. Wednesday 2:00 pm-5:30 pm.

Cost: Please make payment each Monday for upcoming week

After School- Monday through Friday: **\$25 per day**

☐

Pay Full

☐

Already Receive Child Care Subsidy

☐

Apply for [Child Care Subsidy](#). Ask for printed form if needed

https://saraholbrookcc.org/wp-content/uploads/2019/07/CCFAP_Application_web.pdf

☐

Interested in full or partial **scholarship**: To be approved for a scholarship you must NOT qualify for Child Care Subsidy

Program First Day Begins: Wednesday, August 25, 2021

The program follows the Burlington School District Calendar. When school is closed or canceled there is **no program**.

COVID-19 Guidelines

Sara Holbrook Community Center will continue to monitor and follow the department of health Covid-19 guidelines and recommendations .

Students and staff will continue to wear face masks inside/outside during program hours.

Health Guidance for Childcare Programs sending students home:

- Show symptoms of COVID-19, such as a cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
- Have been in close contact with someone with COVID-19 in the last 14 days
- Have a fever (temperature higher than 100.4°F)
- Have a significant new rash, particularly when other symptoms are present
- Have large amounts of nasal discharge in the absence of allergy diagnosis

If above signs and symptoms begin while in care or in your program, the child (or staff member) must be sent home as soon as possible.

•Children and staff must be excluded from care or your program and family childcare providers should remain closed until they are no longer considered contagious. The family should consult with the child's healthcare provider. Based on their clinical judgment, the child's healthcare provider will be able to help the family determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary). Children and staff with a fever greater than 100.4°F, no specific diagnosis,

and COVID-19 is not suspected by the healthcare provider must remain at home until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).

Facial covering will be required for children to wear while they are inside. Children may remove facial coverings during outdoor activities when they can maintain physical distancing and have ready access to put them back on as needed when activity stops. •Please note: Facial coverings are required for children in all programs in schools, including prekindergarten and **after school programs**, as medically and developmentally appropriate.

All staff must wear facial coverings while providing care.

It is very important to notify SHCC staff if your child will not be attending the program. If we do not hear from you and your child is not present, we assume your child is missing and may have to notify the police. Please call 802-862-6342 to tell us if your child will not be attending.

I have read the above carefully and sign it voluntarily with full knowledge of its significance.

Parent/Guardian's Signature: _____ Today's Date: _____

Questions: For more information regarding the SHCC Elementary Program, please contact the Elementary Afterschool Director at 802-862-6342

Mail registration to:

Sara Holbrook Community Center

PO Box 3039

Burlington VT 05401

Scan and email registration form:

jwatts@saraholbrookcc.org

Drop off registration form:

Sara Holbrook Community Center

66 North Ave.

Burlington, VT 05408

CHILD'S INFORMATION

Child's Full Name: _____ Nickname: _____

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Gender Unknown

Date of Birth: _____ Age: _____

Country of Origin: _____ Race or Ethnicity: _____

Language(s) spoken at home: _____

School Name: _____ Grade in Fall: _____

Days in School _____ Days at SHCC _____

Students interest- _____

PARENT'S / GUARDIAN'S INFORMATION

Parent(s)/Legal Guardian(s):

Name(s): _____ Email Address _____

Address: _____
Street Address City State Zip

Primary Phone #: _____ Secondary Phone #: _____

Place of Work: _____ Work Phone #: _____

Other Parent(s)/Guardian(s): (only complete if there is a shared custody agreement)

Name(s): _____

Address: _____
Street Address City State Zip

Primary Phone #: _____ Secondary Phone #: _____

Place of Work: _____ Work Phone #: _____

EMERGENCY CONTACTS

*(These **MUST** be people **other than the parent/guardian**, and will be used if the parent/guardian cannot be reached)*

CONTACT #1:

Name(s): _____ Relationship: _____

Primary Phone #: _____ Secondary Phone #: _____

Address: _____
Street Address City State Zip

CONTACT #2:

Name(s): _____ Relationship: _____

Primary Phone #: _____ Secondary Phone #: _____

Address: _____
Street Address City State Zip

OTHERS AUTHORIZED TO PICK-UP

(SHCC reserves the right to ask for identification)

1.

NAME	RELATIONSHIP	PHONE #
2.		

NAME	RELATIONSHIP	PHONE #
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CHILD'S MEDICAL INFORMATION**Insurance Information:**

Is your child covered by family medical/hospital insurance? ☐ Yes ☐ No

If yes, indicate the carrier or plan name: _____ Group ID # _____

Child's Physician: _____ Phone # _____

Child's Dentist/Orthodontist: _____ Phone # _____

Medication:

Does your child take medication that needs to be administered during camp hours? ☐ Yes ☐ No

If "yes" please provide medication in original container with quantity and time administered.

Is your child required to carry an epinephrine pen with him/her at all times? ☐ Yes ☐ No

Allergies:

Does your child have any allergies to food, medication or the environment? ☐ Yes ☐ No

If yes, please describe in detail the source of the allergy, reaction and the management or care needed.

Medical Conditions:

Does your child have any Medical Conditions that we need to be aware of? ☐ Yes ☐ No

If yes, please describe in detail the condition and the management or care needed.

SPECIAL NEEDS**Check all that apply:**

Individual Aide (IA)? ☐ Yes ☐ No Individual Education Plan (IEP)? ☐ Yes ☐ No

Behavior Management Plan? ☐ Yes ☐ No ELL Services? ☐ Yes ☐ No

504 Plan? ☐ Yes ☐ No

Special Educators Name: _____ Email _____

ELL Teachers Name: _____ Email _____

Other: _____ Email _____

ADDITIONAL INFORMATION

Please provide any additional information about your child's behavior, and/or physical, emotional, food, or mental health concerns that the staff should be aware of:

2021 CDBG Public Service/Facility - Self Certification of Income

Program Name: _____

Date: ____/____/____

Part I: To be filled out by Participant

Demographic Information

Ethnicity (Select One)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic
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Race (Select One)	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Island	<input type="checkbox"/> Other Multi-Racial

Household Income

Circle the applicable family size and annual income

# of People In Household*	1	2	3	4	5	6	7	8
Annual Income is equal to or less than	\$19,250	\$22,000	\$24,750	\$27,500	\$30,170	\$34,590	\$39,010	\$43,430
	\$32,100	\$36,650	\$41,250	\$45,800	\$49,500	\$53,150	\$56,800	\$60,500
	\$51,350	\$58,650	\$66,000	\$73,300	\$79,200	\$85,050	\$90,900	\$96,800

CONSENT FORM FOR THE RELEASE OF A STUDENT'S EDUCATION RECORDS
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Child's School: _____

Address of School: _____

Telephone Number of School: _____

This Consent Form **must be filled out and submitted** to the District before the District can comply with the parent or eligible student's request to release information, other than Directory Information, regarding a student, to **The Sara Holbrook Community Center**, the "Elementary Program."

Name of Student: _____, the "Student"

I. Specifications of the education records to be disclosed: Any and all education records of the Student maintained by the District that the Summer Camp Program believes will assist it in meeting the educational needs of the Student and improving the Student's educational achievement. Such records may include or be relevant to, but are not limited to:

- First and last name
- Date of birth
- Student ID number
- Race/ethnicity
- Gender
- IEP
- Bilingual/Limited English Proficiency
- Free/reduced lunch
- Parent/guardian name
- Email address(es)
- School attending
- Phone numbers
- Grade Level
- Special education
- Scores on standardized tests
- Progress Monitoring Assessment Data
- Student behavior data
- Student Attendance
- Medical Records (including immunizations)
- Address
- Grades

II. The purpose(s) of disclosure is/are: To improve instruction and other out-of-school time services that promote the Student's success in school, to meet the needs of the Student more effectively, to equitably support students from all demographic segments of the population, to identify gaps in service, and determine whether these programs are supporting student achievement in alignment with educational needs as well as creating a culture of positive behavior and strong youth engagement.

III. Describe the party or class of parties to whom the disclosure may be made: The Elementary Program's staff who work with the student and or staff who record data relating to the student's participation and progress in the Elementary Program.

My signature below demonstrates my consent to the release of the above named Student's education records to the Elementary Program, all as more fully described above. This Consent is valid from September 1 through August 31 of the current school year.

Signature of Parent/Guardian of Eligible Student

Date

Copies of the Disclosed Education Record(s) are available upon request to parent(s) or eligible student(s). If you have any questions regarding this request, please call your child's school.

101050-11 Consent for Afterschool Programs 7-31-12

AUTHORIZATION

1) SHCC Waiver & Medical Authorization: I attest that the information above is true and correct to the best of my knowledge, and I am fully aware of the risk inherent. I hereby give my consent for my child, listed above, to participate in the SHCC program indicated. The person herein described has permission to engage in all activities, except as noted. I agree to hold harmless the SHCC, its employees, or volunteers from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, related activities or events. I understand that medical insurance coverage is not provided. I hereby give permission for SHCC to provide routine health care (including the application of non-prescription medications and products, ointments, creams, tick and insect repellents, and other topically applied ointments and lotions as deemed necessary). I agree to the release of any of the above-described information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the program to arrange necessary related transportation for my child and give permission to the attending physician to secure and administer treatment, including hospitalization

☐ YES ☐ NO Parent/Guardian Initials _____

2) Photo Consent: I hereby irrevocably give my consent to SHCC and to such other persons as they may designate, to use my child's name, verbal statements and portrait or picture (motion or still) for public relations, advertising purposes or for any lawful purpose whatever, in any media now know or hereafter developed.

☐ YES ☐ NO Parent or Guardian Initials _____

3) Transportation Consent: I grant my child permission to be transported by any Sara Holbrook approved Staff, Chaperone or contracted bus service while attending and participating in Sara Holbrook related activities.

☐ YES ☐ NO Parent or Guardian Initials _____

4) Swimming Consent: I grant my child permission to participate in swimming. I understand that all swimming activities will be supervised by staff and certified lifeguard(s).

☐ YES ☐ NO Parent or Guardian Initials _____

5) Permission to Access Immunization Records: (It is a licensing requirement that the Sara Holbrook Community Center have a copy of your child's immunization records on file at our program.) I give permission for the Sara Holbrook Center to access my child's immunization records through the Vermont Immunization Registry.

☐ YES ☐ NO Parent or Guardian Initials _____

6) PG Movies: I grant my child permission to view PG-rated movies.

☐ YES ☐ NO Parent or Guardian Initials _____

7) Field Trips: I grant my child general permission for walking field trips. Parents will be notified and location.

☐ YES ☐ NO Parent or Guardian Initials _____

8) Waiver for Participant by Parent/Guardian: In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Burlington Parks District, the Burlington School District, or the SHCC and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

☐ YES ☐ NO **Parent or Guardian Initials** _____

I have read the above carefully and sign it voluntarily with full knowledge of its significance.

Name of Child: _____ Child's Date of Birth: _____

Parent/Guardian's Name Printed: _____

Parent/Guardian's Signature: _____ Today's Date: _____