



## Westcott Community Center Kid's Club After-School Program

Dear Parents:

Westcott Community Center is excited to offer our Free Kid's Club After-School Program, which will run September 17, 2018 through June 21, 2019. The hours of our program are from 3:00 pm until 5:30 pm. A snack will be provided to all participants. The Kid's Club Program accepts an Application Fee of \$15 per child, \$20 for 2, and \$25 for 3 children. Please contact us if you have any concerns.

Parents are encouraged to be involved with our program and activities. We are looking for parents to help out in a variety of ways. We would especially love to have you come teach your talents and interests (dance, woodworking, drawing, photography, cooking, athletics, etc.). We are also in need of any and all supplies for our activities.

Please indicate how you'd like to participate below and we will contact you:

- |   |  |
|---|--|
| <input type="checkbox"/> Activity Volunteer                 | <input type="checkbox"/> Help prepare food |
| <input type="checkbox"/> Transportation for Field Trips     | <input type="checkbox"/> Donate funds      |
| <input type="checkbox"/> Donate Craft/Sports/Games Supplies | <input type="checkbox"/> Other:            |
| <input type="checkbox"/> Fundraising                        |  |

Please stop in between 9:00 am and 4:30pm to obtain an application for the after-school program or print it from our website: [www.westcottcc.org](http://www.westcottcc.org). Please complete the entire application and return it to the Reception Office. **Applications must be turned in before your child can attend. We can accept 30 students.**

Have a great school year! We look forward to seeing you.

Westcott Community Center  
Mitchell Cyrus, Youth Program Coordinator  
(315) 478-8634, (315) 481-5678

**\*Please submit completed applications by September 10, 2018.**

**Westcott Community Center  
Kid's Club After-School Program**

**YOUTH INFORMATION FORM**

Youth's Name	
Date of Birth:	Age:
Parent/Guardian Name:	
Address:	Email Address:
Parent's Workplace:	
Home Phone:	School:
Cell Phone:	Grade:
Work Phone:	

**MEDICAL HISTORY**

Does your child have allergies?	Please list allergies:

Does your child have any physical limitations?	Please list limitations:

Does your child take any medications?	
Physician Name:	Physician Phone:
	Physician Address:

***I understand Westcott Community Center is not certified to hand out medications.  
I give permission to Westcott CC to store medication(s) for my child.***

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



## PARENT/GUARDIAN AGREEMENT

**Child's Name:** \_\_\_\_\_

By signing and returning this application the parent agrees:

1. For their child to participate in all activities except where prior special arrangements have been agreed to by the Westcott CC.
2. The staff of Westcott CC can administer first aid to my child, and, if necessary, to have my child transported to a local hospital for medical treatment.
3. The Westcott CC will take reasonable precautions to insure the safety and wellbeing of my child and that, even after taking such precautions, accidents or injuries may occur. I recognize the risks and agree to assume the risks by allowing my child to participate in this program. I hereby release, discharge and agree to indemnify the Westcott Community Center, its officers, directors, employees and volunteers from all damage and injury to my child or theft of their property related to or arising out of my child's attendance in the After-School Program.
4. If a child is not picked up by 5:30pm a \$5.00 charge will be assessed for every 15 minutes beyond 5:30pm.
5. My child will not be able to participate unless application and registration papers are on file at the Westcott CC.
6. All of my child's belongings will be marked with the child's name.
7. My child and I agree to abide by the rules and regulations set by the Westcott CC After-School Program for the health, safety and welfare of all the children.
8. The Westcott CC reserves the right to suspend or dismiss a child if it considers this to be in the best interest of the program and/or the child.
9. I understand that personal information will be kept confidential by the Westcott CC and only appropriately shared in case of medical emergency, etc.
10. I will not send my child in on any day that he/she is sick or running a fever. Furthermore, if the child becomes ill during the day, he/she will be sent home.
11. I give my child permission to attend supervised events and field trips away from the Westcott CC.
12. During my child's participation in the After-School program, I or my child(ren) may be included in a video recording or picture that may identify us as participants of the Westcott CC. I understand that any videos or pictures taken are the sole property of the Westcott CC and I grant permission for such media to be used for appropriate agency promotional purposes.

**I/We understand and agree to be bound to the terms of enrollment stated above.**

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

## CHILD AGREEMENT OF PARTICIPATION

I, \_\_\_\_\_, agree to treat the people and places that are a part of Westcott CC Kid's  
 (Child's Name)  
 Club Program with dignity and respect. In particular, I agree to following rules:

1. When I deal with other people, there will be no name-calling, fighting, swearing, "put downs" or threats.
2. I will follow directions from staff and notify staff if there are any problems with other youth in the program.
3. I will not write graffiti, damage, or vandalize the Westcott CC, or any other spaces or places.
4. I will respect and not damage or destroy computers, supplies, snacks, games or any other property of the Westcott CC.
5. I will not download inappropriate material on the Westcott CC computers.
6. I will clean up after myself and will help other youth and staff with cleaning.
7. I will respect the rights and needs of others (including youth and staff).
8. I will attend activities that I have registered for in the assigned rooms. I will not roam around the building, open exit doors or use the fire escape for any reason (except to exit the building in case of fire).
9. I will remain at the Center in the program until I receive permission to leave. Once the program is over for the day, I will leave and not hang out in or around the Westcott CC property.
10. I will not run inside the Westcott CC.
11. I will use an inside voice when inside the Westcott CC.
12. I will not bring any weapons, alcohol, drugs or cigarettes onto the Westcott CC property.
13. I understand the **Three Step Disciplinary Action** and if I break a rule: **1)** a verbal warning from the Program Coordinator will be given, **2)** the Program Coordinator will bring me aside for a discussion, and **3)** I will sit out from the activity. **If problems continue:** parent/guardian will be called, parent/guardian conference will be held, child will be dismissed for the day, or child will be dismissed from the program (at the discretion of the Program Coordinator and/or Executive Director).

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

## HOUSEHOLD INFORMATION

Please provide us with the following information for the agencies that provide us with the funds to run our After-school program. This helps keep our program free.

**Confidentiality: This information is used for funding purposes. We will only share this information in a way that does not identify your name or family.**

1. Number of people living in your home: Males \_\_\_\_\_ Females \_\_\_\_\_
2. Annual Household/Family Income: \$\_\_\_\_\_ (must be filled out)
3. Race:
  - \_\_\_Caucasian
  - \_\_\_African American
  - \_\_\_Asian
  - \_\_\_Native American
  - \_\_\_Hispanic
  - \_\_\_Non- Hispanic
  - \_\_\_Native American & Caucasian
  - \_\_\_Native Hawaiian/Pacific Islander
  - \_\_\_Native Hawaiian/Pacific Islander & Caucasian
  - \_\_\_Native American & African American
  - \_\_\_Other
4. \_\_\_Single Parent Home                      \_\_\_Two Parent Home

# WESTCOTT COMMUNITY CENTER ACADEMIC RELEASE FORM

I, \_\_\_\_\_, give permission for Westcott Community  
(Parent / Guardian)  
Center to have access to my child's \_\_\_\_\_ Academic Record  
(Child's Name)

for the purpose of monitoring my child's academic improvement as a result of his/her participation in the Kid's Club After-School Program. I understand that my child's academic information will remain confidential and will only be used in statistic reporting to funding sources of Westcott Community Center.

I have read, agree with, and understand the purpose for this academic release form.

\_\_\_\_\_  
(Parent / Guardian Name *printed*)

\_\_\_\_\_  
(Parent / Guardian Name *signature*)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Youth Program Coordinator *signature*)

\_\_\_\_\_  
(Date)

## TRANSPORTATION PERMISSION FORM

Westcott Community Center utilizes a 15 passenger van to transport our program participants. On occasion we may utilize our staff's vehicles to transport our program participants. We have evaluated all staff member's driving records. All drivers are over the age of 21 and a copy of their license is on file along with a copy of their insurance coverage.

Please complete the bottom portion of this form to give consent for your child to be driven by Westcott CC staff.

I \_\_\_\_\_ give permission for my child,  
(Parent / Guardian)

\_\_\_\_\_, to be transported by a staff member of Westcott Community Center's  
(Child's Name)

After-School Program. I understand that they have a clean driving record and a copy of all information verifying license and insurance is on file.

\_\_\_\_\_  
(Parent / Guardian *print name*)

\_\_\_\_\_  
(Parent / Guardian *signature*)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Youth Program Coordinator *signature*)

\_\_\_\_\_  
(Date)



## WALKING FIELD TRIP CONSENT/ RELEASE OF LIABILITY FORM

The following list of **walking field trips** has been established for the Kid's Club After-School Program. These field trips would be taken during the course of the After-School program year. You will be informed as to the destination, date and time of the trip several days in advance of the field trip happening.

Onondaga County Public Library	Petit Branch Library	Syracuse University
Ed Smith School	Thorndon Park	Barry Park
Westminster Stairs	Fire Station #10 (E. Genesee St.)	
Women's Info. Center (601 Allen St.)	Erwin First United Methodist Church (Gym)	

Please complete, sign, and date the following statement of consent and release of liability if you agree to your child participating in these field trips.

I hereby consent to the participation of \_\_\_\_\_ in the events  
(Child's Name)

listed above. I understand that these events will take place away from the Westcott Community Center grounds and that my child will be under supervision of After-School program staff. Consenting to my child's participation acknowledges that the Center will not be held responsible for events over which it has no control, including but not limited to; acts of God, war, and terrorist activity. I willingly consent to the conditions stated above for participation in walking field trips.

\_\_\_\_\_  
(Parent / Guardian *name printed*)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent / Guardian *signature*)

\_\_\_\_\_  
(Home Phone Number)

\_\_\_\_\_  
(Cell Phone Number)

\_\_\_\_\_  
(Work / Emergency Phone Number)