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:

___ Activity Volunteer ___ Help prepare food
___ Transportation for Field Trips ___ Donate funds
___ Donate Craft/Sports/Games Supplies ___ Other:
___ 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. 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

<table>
<thead>
<tr>
<th>Youth’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Parent’s Workplace:</td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>School:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td></td>
</tr>
</tbody>
</table>

## MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Does your child have allergies?</th>
<th>Please list allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have any physical limitations?</td>
<td>Please list limitations:</td>
</tr>
<tr>
<td>Does your child take any medications?</td>
<td></td>
</tr>
<tr>
<td>Physician Name:</td>
<td>Physician Phone:</td>
</tr>
<tr>
<td></td>
<td>Physician Address:</td>
</tr>
</tbody>
</table>

*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: ___________
EMERGENCY CONTACT INFORMATION

In case of an emergency please contact the following:

1
   Name: ___________________   Relationship: ___________________   Daytime Phone: ___________________
2
   Name: ___________________   Relationship: ___________________   Daytime Phone: ___________________
3
   Name: ___________________   Relationship: ___________________   Daytime Phone: ___________________

PICK-UP INSTRUCTIONS

My child will walk home at the end of the program day: ____  (Please Check)

My child will be picked up at the end of the program day: ____ (Please Check)

I give permission for the following people to pick up my child:

1
   Name: ___________________   Relationship: ___________________
2
   Name: ___________________   Relationship: ___________________
3
   Name: ___________________   Relationship: ___________________

Note: A written letter of permission to pick up your child is required from you for anyone not on the above list.

LATE PICK-UP FEE

Westcott Community Center offers free after-school programming to youth in our community. Our staff has other obligations after the program ends. When parents/guardians are late picking up their child(ren) it affects our staff’s lives. Parents must pick up their child(ren) on time. If you will be late, it is necessary that you call and let us know. Parents will be charged a fee for extended services.

Up to 15 minutes late: $5.00  15-30 minutes late: $10.00
30-45 minutes late: $15.00  45 + minutes late: $20.00
Any time in excess of an hour and staff will call the emergency contact.

I understand and agree to the late pick-up fee.

Parent / Guardian Signature: ___________________ Date: ___________________

Westcott Community Center       826 Euclid Avenue, Syracuse, NY 13210       315.478.8634
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 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 Center to have access to my child’s ____________________ Academic Record 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 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)