



**ENROLLMENT FORM 2019-2020**



**P.S. 21 CRISPUS ATTUCKS**

Registration Date: \_\_\_\_\_

\*After School Program: September 12, 2019 - June 21, 2020; Monday through Friday, from the end of the school day until 5:30 pm; Closed on National Holidays.

**1. Student Information**

Name: \_\_\_\_\_ Special Ed: Yes  No  Birth Date: \_\_\_\_\_

School (day time): \_\_\_\_\_ School Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Food: \_\_\_\_\_ Chronic Illness/Medication: \_\_\_\_\_

Purpose for Enrollment: \_\_\_\_\_

Names of siblings who will also attend After School: \_\_\_\_\_

Notes: \_\_\_\_\_

**2. Parent/Guardian Information**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

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

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

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

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

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**3. Student Pick-up Information:**

Pick-up Only

Please list at-least 2-3 authorized persons with phone numbers who you give permission to pick-up your child/ren from the program.

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

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

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

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

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

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

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

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

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

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

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

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

**4. Emergency Contact Information**



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In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**5. After School Program (To be filled out by staff)**

Start Date : \_\_\_\_\_ End/Drop Date: \_\_\_\_\_

**6. Parent/Guardian Consent for Photographs and Internet Use**

I give my consent to the Rise Up & Walk After-School Program at *P.S. 21 Crispus Attucks* to photograph my child/ren and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release both from any claims whatsoever which may arise in said regards.  Yes  No

I give my consent to the Rise Up & Walk After-School Program at P.S. *P.S. 21 Crispus Attucks* to allow my child to use the internet under the supervision of the After School Program staff.  Yes  No

**7. Parent/Guardian Consent to Participate in the After School Program**

Children are required to maintain a minimum monthly attendance rate of 90%. Children are required to attend at least three program hours daily, unless a written early dismissal policy is in place. A late fee of \$20.00 is due for late pick up past closing time, which is 5:30 PM. In the event of excessive tardiness (i.e. 3 late pick-ups), participant may not be allowed continued access to the program.

In case of an emergency injury or illness, I authorize the Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the Rise Up & Walk After-School representative or designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for personal items. **I have read and understand the above and handbook.**

I give my consent for my child to attend the Rise Up & Walk After School Program at *P.S. 21 Crispus Attucks* and participate in its activities.  Yes  No

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Rise Up & Walk Youth Outreach Center Inc.

Site: *P.S. 21 Crispus Attucks*

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