



# R.E.A.C.H. After School Program

21st Century Community Learning Center

---

**\*The R.E.A.C.H. After School Program is funded by the 21<sup>st</sup> CCLC Federal Grant. The federal grant requires us to collect specific information on our participants. Please answer all questions. The information collected is kept confidential and used by after school program staff to help ensure that we are best able to provide a supportive environment for your child's successful participation.**

## Registration and Release Form 2021/2022 School Year

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_. **Ethnicity:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **School:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

### Parent/Guardian (1) Information Student's Primary Residence

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

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

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

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

### Parent/Guardian Information (2)

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

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

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

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

### Emergency Contact (other than Parent/Guardian)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

### Emergency Contact (other than Parent/Guardian)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

### Transportation:

I will be able to pick my child up from the after-school program: \_\_\_\_\_

I will need my child to take the after-school program bus: \_\_\_\_\_

***By answering the following questions in full, you are helping to ensure that we can help your child be as successful as possible in the after-school program.***

Does your child receive special education support services? \_\_\_\_\_

Does your child have an I.E.P. in place? \_\_\_\_\_

If yes, what services do they receive? \_\_\_\_\_

---

Does your child have a 504 plan? \_\_\_\_\_

If yes, what services or accommodations do they receive under the 504 plan? \_\_\_\_\_

---

Does your child **currently** receive 1:1 education or behavioral support during the school day? \_\_\_\_\_

---

Does your child have a history of struggling to regulate their behavior in the classroom? \_\_\_\_\_

If yes, please describe what struggles we might see in the after-school program and what strategies are used during the school day to help them find more success: \_\_\_\_\_

---

This program is intended for students who do not have additional educational supports. We do however work closely with the special education department to try and help all students successfully participate in our program. To see if your child qualifies, please call our office at 207-474-3339 ext. 2254.

Special Conditions (Medical Conditions, Allergies, Medications, Dietary Requirements) Please give detailed information: \_\_\_\_\_

---

Is your child fully potty trained and able to use the bathroom independently? \_\_\_\_\_

**Medical Information**

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Pick-up Authorization**

The following people, along with parents/guardians & emergency contact listed above, are authorized to pick up my child from the MSAD #54 R.E.A.C.H Afterschool Program. I understand my child will be allowed to leave with these individuals only.

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**FEES:**

We take pride in offering our program to MSAD #54 families at no cost; however, maintaining a high-quality program is costly, and funding is limited. **Any contribution made by participants makes a difference!**

\_\_\_ We are able to make a contribution in the amount of \$\_\_\_\_\_ (enclosed).

Please enclose cash, or make checks payable to: MSAD #54 School Department 21st Century Program

\_\_\_ We are unable to make a contribution at this time.

**RELEASES AND PERMISSIONS:**

**Please sign on each line**

**FIELD TRIPS:** Some of our after-school programs will be taking field trips during the normal operating hours, throughout the Central Maine area. At this time, you may give permission for your child to participate in all of the field trips. If any field trip falls outside normal operating hours you will be asked to sign a separate permission slip.

By signing below, I give permission for my child to participate in all field trips that are part of the MSAD #54 R.E.A.C.H After School Program.

**Parent Signature:** \_\_\_\_\_

**PHOTOGRAPHS AND VIDEOS:** This form gives permission for your child's photograph and/or video to be used to advocate and/or publicize our R.E.A.C.H After School Programs. These publications may be used in our school newsletter, brochures, on our website, television, or any other type of publication.

By signing below, I give permission for my child to participate in any photo or video session that may be part of MSAD #54 R.E.A.C.H After School Program.

**Parent Signature:** \_\_\_\_\_

**FIRST AID:** We do not have nursing services provided during our after-school hours of operation.

By signing below, I confirm that I have been informed and I agree to notify the program of all of my child's medical conditions/needs. By signing below, I also authorize the R.E.A.C.H After School Program staff to take the appropriate action to protect the well-being and safety of my son/daughter including seeking emergency medical attention or hospitalization (or both) should the need arise and I am unable to be reached.

**Parent Signature:** \_\_\_\_\_

**21ST CCLC and R.E.A.C.H. PERMISSION:** In order to provide evidence to maintain our 21st CCLC grant we need to keep track of student demographics, free and reduced lunch status, academic progress and activity participation. All information collected will be restricted and used solely for serving student needs and program evaluation purposes.

By signing below, I authorize the release of my child's information in order to provide evidence to maintain MSAD #54 R.E.A.C.H After School Program and 21st CCLC grant and to track overall student progress for program evaluation.

**SOYA (Survey of Youth Outcomes):** The 21st CCLC program at MSAD #54 will administer student surveys from time to time in order to gather feedback regarding program offerings or other experiences students are having within the program. An annual survey required by our grantors is called the SAYO or Survey of Youth Outcomes. This survey measures students' experiences in the program as related to support, engagement, choice, leadership opportunity, and measures perceived competencies in academics and social skills. This survey is done electronically and is completely confidential. Staff will utilize the information for program improvement purposes only. Your signature below gives consent for your child to participate in these surveys.

**Parent Signature:** \_\_\_\_\_

**CELL PHONE POLICY:** Parents are expected to make their travel arrangements with their child prior to drop off. If students choose to bring their cell phones on the trip they are expected to have their phones turned off during the trips and placed in their backpacks. Violations of this policy will result in the cell phone being confiscated, the parent notified, and additional consequences may be assigned depending on the circumstance. MSAD #54 and R.E.A.C.H. After School Program, are not responsible for lost, stolen or damaged items of any kind, including cell phones.

By signing below, you have read and understand the cell phone policy for the R.E.A.C.H. After School Program.

**Parent Signature:** \_\_\_\_\_

**RELEASE OF LIABILITY:** By signing this permission slip, I/we agree to hold harmless and indemnify RSU/MSAD 54 school system, officers, agents, employees, volunteers, and contractors from all claims, demands, causes of action that arise from any unintentional or claimed negligent act or omission resulting from any student's participation in the R.E.A.C.H After School Program.

\_\_\_\_\_  
Child's Name (Please Print)

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