



Schenectady City School District
 in collaboration with the **Boys & Girls Clubs of Schenectady**
 After School Program Application for Students in Grades 3-6
2009-2010

Emergency Phone Number for the Martin Luther King After School Program: (518) 210-7592

Name of Student _____ Male ___ Female ___

First name Last name

Name of **Homeroom** Teacher _____ Grade: _____ Date of Birth _____

Student's address _____

Parent/Guardian _____

Relationship to child First Name Last Name

Ethnicity of Child _____ Parent/Guardian Place of employment _____

CURRENT EMERGENCY TELEPHONE NUMBERS AND ADDRESSES:

Telephone (home) _____ Telephone (work) _____

Cell number _____ Cell number _____

Emergency Contact Information:

New York State Education law mandates that schools may only release a child to law enforcement official, child protective service workers and persons whose names appear in a list provided by the child's parent or guardians. Therefore, please list two responsible adults that can be contacted in the event you cannot be reached and to whom the school may release your child, if necessary:

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

IT IS VERY IMPORTANT TO HAVE A NUMBER FOR SOMEONE AVAILABLE BETWEEN 3:30 -5:30PM

Custody

___ Check here if there are legal court restraining /custody orders (The school must have an original copy.)

Transportation is not available at this time

___ My child will be picked up by parent/guardian or _____ (please list name) at 5:30 PM.

___ My child has permission to walk home

Publicity Permission

___ My child **CAN** have his/her picture taken and name used for school publicity.

___ My child **CAN NOT** have his/her picture taken and name used for publicity.

Attendance: Days I expect my child to attend: ___ Mon. ___ Tues. ___ Wed. ___ Thurs.

Due to registration caps, students will be dropped from the program for lack of consistent attendance. Dates of operation will be provided to students. Announcements are made if the program is cancelled. Students/parents/guardians should make prior arrangements in the event of a cancellation.

Health: My child has allergies to the following _____

___ Check here to be contacted about our **free Mentoring program** for your child, one-to-one time with a caring adult.

- Registration for this program entitles your child to a no cost one-year membership in the Boys & Girls Clubs of Schenectady.
- The grant partnership between the Schenectady School District and the Boys & Girls Clubs of Schenectady requires us to share student demographic and academic information for State and Federal reporting. We maintain confidentiality of all student information.
- The program will accommodate 30 students each day. Registration is on a first come basis. Wait lists will be formed. You will be notified if your child is registered. Inappropriate behavior in the program or lack of consistent attendance will result in removal from the program.

Parent signature

Date

Office Use Only

Date Received _____ Date of Parent Notification _____ Student Status: A ___ W ___