***Elmwood Village Charter School-Hertel***

***Afterschool Application***

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| **Program Location** | |
| * 665 Hertel Ave , Buffalo NY 14207 | RETURNING STUDENT (please circle)? Yes No |

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| **Student Information** | | | | | | | | | |
| Name: | | | Age: | | | Date of Birth: | | | |
| Days Attending: (circle all that apply)  **Mon Tues Wed Thur Fri** | | | Class: | | | Sex: | * Male | | * Female |
| Ethnicity: | * White | * African American | * Hispanic | | * Multiracial | | | * Other | |
| Home Address: | | | | Phone Number: | | | | | |
| City, State, Zip Code: | | | | Cellphone Number: | | | | | |
| Below, please list the siblings who currently attend school at EVCS | | | | | | | | | |
| Sibling Name: | | | Age: | | | Date of Birth: | | | |
| Sibling Name: | | | Age: | | | Date of Birth: | | | |
| Sibling Name: | | | Age: | | | Date of Birth: | | | |
| Parent Email Address: | | | | | | | | | |
| Primary Language Spoken in the Home: | | | | | | | | | |

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| **FAMILY CONTACT INFORMATION** | | | |
| **Guardian 1 Name:** | Home Phone: | Allowed to pick up: | |
| * YES | * NO |
| Address: | City/Zip Code: | | |
| Place of Employment: | Work Phone: | | |
| **Guardian 2 Name:** | Home Phone: | Allowed to pick up: | |
| * YES | * NO |
| Address: | City/Zip Code: | | |
| Place of Employment: | Work Phone: | | |
| **Emergency Contact’s** **Name:** | Home Phone: | Allowed to pick up: | |
| * YES | * NO |
| Relationship to Child: | Work Phone: | | |
| **Emergency Contact’s** **Name:** | Home Phone: | Allowed to pick up | |
| * YES | * NO |
| Relationship to Child: | Work Phone: | | |
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*2019 – 2020 School Year*

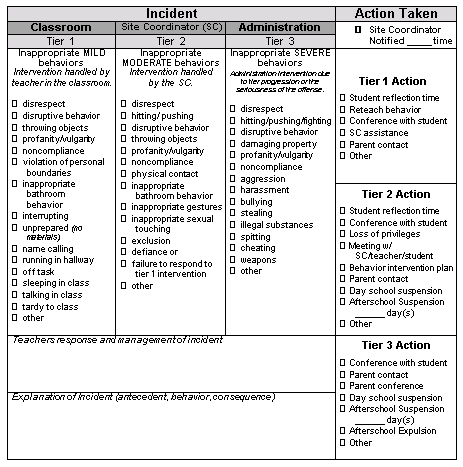
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| **CHILD’S PHYSICAL DESCRIPTION** | | |
| Eye Color: | Hair Color: | Height: |
| Distinguishing Features (i.e. birthmarks, scars, etc.): | | |
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| **Medical Information** | | | |
| Child’s source of **Medical Care/ Primary Care** Physician’s Name: | | Telephone # | |
| Child’s source of **Dental Care**  Dentist’s Name: | | Telephone # | |
| Name of **Medical Care Facility/ Hospital**: | | Telephone # | |
| **Is your child currently taking any medication**? | | * YES *(please list below)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * NO |
| *Children who have special health care needs or those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally.* If your child does have special health care needs please detail in the space below. | | | |
| ***DATE*** | ***ILLNESS:***  *Describe Illness & Method of Care* | ***ACCIDENT:***  *Describe Injury* | |
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| **Allergy Information** | | | | | | | |
| Does your child have any allergies? | | | * YES | * NO | | | |
| What is your child allergic to? *(please list)* | | |  | | | | |
| **Allergy Treatment Information** | | | | | | | |
| Inhaler | * YES | * NO | Self-Administered? | | * YES | | * NO |
| EpiPen | * YES | * NO | Self-Administered? | | * YES | * NO | |

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| **SPECIAL NEEDS INFORMATION** | | |
| Does your child have any special needs? | * YES | * NO |
| If yes, please describe: | | |
| Does your child have any behavioral concerns? | * YES | * NO |
| If yes, please describe: | | |
| ***It is the parent/guardian's responsibility to inform the program in a timely manner should anything in the sections on page two were to change.*** | | |

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| **BestSelf Behavioral Health AFTERSCHOOL PROGRAM BEHAVIOR POLICY** | | |
| The goal of the Building Brighter Futures Afterschool program is to provide a safe environment and quality care for all children. Our staff will teach and model appropriate behavior for the children. It is expected that participants demonstrate appropriate, respectful, and responsible behavior at all times. When these behaviors are exhibited, please expect a positive good note or a phone call from our staff members. Our program works in conjunction the Safe and Civil model that is implemented in many Buffalo Public Schools. | | |
| Participants are expected to: | * Be respectful * Be responsible * Keep your hands and feet to yourself * Be a positive member of your school * No electronic devices (cellphones, hand held games, MP3 players) * Make safe decisions * Come prepared to participate in activities | * Follow all of the rules & directions given by staff – the first time you are asked * Report directly to the designated sign-in area * Stay with your group * Follow all school rules * Have Fun! |

To the right, is a copy of the program’s Behavior Referral Form.

Privilege loss includes, but is not limited to, special events, field trips, enrichment blocks, etc. **Participants who frequently demonstrate inappropriate behaviors will lose the privilege of attending program.**

When behavior problems arise, discipline will be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of participants.

We are committed to being pro-active. We are here to help our participants learn to be productive members of our community. However, School Administrators and Program Facilitators reserve the right to IMMEDIATELY suspend or expel a student if the infraction is serious or such a decision is deemed necessary.

**I have read and understand the program behavior policy described above.**

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*Parent Signature Student Signature*

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| **AGREEMENTS** | | | |
| *I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation, and the services provided by the facility, and the Office of Child and Family Services regulations under which it operates. I knowingly and freely assume all risks, both known and unknown, and hereby release, indemnify and hold harmless, for myself, the above named minor and our heirs, assigns and next of kin, BestSelf Behavioral Health (BBH), Elmwood Village Charter School, and each of their trustees, officers, employees and volunteers, with respect to any and all injury, disability, death, or loss or damage to person or property associated with the presence or participation of the minor in our charge, whether arising from the negligence of the release or otherwise, to the fullest extent permitted by law. By initialing each agreement below I am providing my consent.* | | | |
| **#** | **Please READ & INITIAL EACH Agreement Below:** | | **INITIAL** |
| **1** | I give my permission to release my child’s school records from the 2018-2019 AND the 2019-2020 school years. | |  |
| **2** | I understand I am responsible for attending Parent Orientation and/or reading and agreeing to conditions in the Parent Handbook. | |  |
| **3** | I give permission for BBH and EVCS to obtain from and/or release the following information to service providers, all school and service provider records including but not limited to grades, assessments, attendance, discipline and health. | |  |
| **4** | I give consent for my child to take part in neighborhood trips (i.e. library, parks, playgrounds, galleries, museums, etc.) away from the facility under proper supervision. | |  |
| **5** | I understand in the event of emergency BBH Building Brighter Futures Staff cannot transport students. Parents will be notified and 911 will be called. | |  |
| **5a** | In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child. | |  |
| **5b** | I understand physical activities can pose a risk for injury to students who participate in them. I take full financial responsibility for any injuries that might occur to my child while my child is attending this program. | |  |
| **5c** | I agree to allow BBH Building Brighter Futures staff to administer basic first aid to my child, if necessary. | |  |
| **5d** | I authorize the release of my child’s records and insurance information so my insurance company may be billed appropriately for medical services provided. | |  |
| **5e** | I hereby release any and all claims for injuries suffered or sustained by the child in going to or coming from the program, during the program and consents to hospital or medical care if needed. | |  |
| **6** | I grant permission for my child to use over the counter topical creams i.e., anti-bacterial ointment. sun block and insect repellant. I understand that I must supply my child with sun block and insect repellant. | |  |
| **7** | I have provided information on my child’s special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. | |  |
| **8** | I understand personal electronic devices (i.e. cellphones, iPods, hand held games) are not allowed in program and will be taken from my child if found, and not returned until a parent or guardian comes to claim it. | |  |
| **9** | I understand my child is responsible for participating in the academic portion of the program and for bringing assigned homework and/or reading materials daily. | |  |
| **10** | I understand the program is a partnership with the school and all school rules apply to the program. | |  |
| **12** | I agree to review and update this information, including telephone numbers, whenever a change occurs and at least once every 6 months. | |  |
| **13** | I understand my child will only be released to the individuals I have listed below. Individuals picking up my child must present identification. If circumstances change, it is my responsibility to notify the Building Brighter Futures Site Facilitator and update the above listing in writing. | |  |
| **14** | I understand I may cancel my consent to release information at any time, except to the extent that the program or person which made the disclosure has already acted in reliance on it. Cancellation of consent to release information requires a written request. | |  |
| **ADDITIONAL CONSENTS** *(Check Y/N)* | | | |
| **15** | I give permission for my child’s photograph & video to be taken and used for BBH Building Brighter Futures publication purposes. | * YES | * NO |
| **16** | I give permission for my child to use the Internet in supervised program settings. | * YES | * NO |

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**Authorization/Acknowledgment Signature of the above***- Date*

*Parent or person(s) legally responsible*

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**Review Signature***- Site Director* *Date*

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| **PERSONS AUTHORIZED FOR PICK-UP *OTHER* than Parents & Emergency Contacts** | | | |
| *As per NYS Regulation 417.15 (C)(4): The provider must maintain on file at the facility, available for inspection by the Office or its designees at any time, the names and addresses of persons authorized to pick up the child(ren) from the program* | | | |
| **Name and Address** | **Relationship to Child** | **Daytime Phone #** | **Home Phone #** |
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For safety reasons, the Building Brighter Futures Staff will only release a child to those individuals that have been designated by the child’s legal guardian as an authorized person to pick up the child. If an order of protection exists, the Building Brighter Futures program must be provided with the original copy of the order.

**The Building Brighter Futures** **Program should also be informed of any individual to whom the child should NOT be released. Any Custody issues or concerns need to be addressed to the Site Facilitator, and appropriate documentation is REQUIRED.**

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**Signature of Parent/Guardian** *Date*

***\*\*****Once this application is submitted to the program, it will be reviewed for completion. Incomplete applications will be sent back home*

*to be completed and returned.*

***\*\*****After a complete application is received, the program facilitator will determine the student’s eligibility. IF accepted into program, a letter will be sent home with the student indicating when they may begin attending program.*