



Afterschool Program at

IPS School 43



July 2017

Dear Parents & Students of James Whitcomb Riley School #43:

The MLK Center is the new provider of before and after care programming at your school. Please return the attached registration form (one for each child) to the school office, or the front desk of the MLK Center at 40 W 40th Street.

When:

Before Care starts at 7:00 a.m. Monday through Friday. Students will be released to their classrooms for breakfast. After Care starts immediately after dismissal Monday through Friday. Your child should report to the Cafeteria when school is dismissed to sign-in.

Program:

The program will provide recreation, snack, homework assistance, academic enrichment and youth development activities. The program is heavily focused on reading, and helping every child reach their best reading level. We will work closely with teachers and school staff to support what your child is learning in the classroom.

Cost:

The cost is pay-what-you-can toward \$60 per week. No one will be turned away.

Pickup:

Before 6:00 p.m., please pick your child up at Door 8 at the School.
After 6:00 p.m., please pick your child up at the MLK Center, two blocks east at 40 W 40th Street. All children must be picked up by 7:00 p.m. or a fee may be charged.

Parent Support:

The MLK Center has a variety of activities, programs, and support services for families including Yoga, Counseling, and the Working Parent Fund. The Center is a space to gather, celebrate, discuss and connect with other families.

Contact:

Tyla Ayers
Coordinator
21st Century Community Learning Center
317-226-4243 (School #43)
317-923-4581 (MLK Center)
Tyla@MLKCenterIndy.org

2017 Youth Program Registration



After School Program After School Club Summer Program

Part 1 – YOUTH INFORMATION (All information must be completely filled out)

First name:		Last name:		Last 4 digits of SS#:	
School Enrolled:			Current Grade:		Homeroom Teacher:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate:		Age:		
Race: <input type="checkbox"/> Af. Am./Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Cauc./White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other					Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Does child have Limited English Proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does child qualify for:		CCDF? <input type="checkbox"/> Yes <input type="checkbox"/> No		FREE or REDUCED Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21st Century Scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Total estimated household income: <input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> \$35,001-\$45,000 <input type="checkbox"/> \$45,001-\$55,000 <input type="checkbox"/> Over \$55,000					
Household makeup: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other:					
How many people are in your household:			Student ID number from school:		
Is your child receiving mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> N			Does your child have an IEP at school? <input type="checkbox"/> Yes <input type="checkbox"/> N		
Has your child ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> N			Does your child have a Probation Officer? <input type="checkbox"/> Yes <input type="checkbox"/> N		

Part 2 – PARENT/GUARDIAN INFORMATION

Name of <i>primary</i> parent/guardian:			Last 4 digits of SS#:		
Relationship to child:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birthdate:	
Race: <input type="checkbox"/> Af. Am./Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Cauc./White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other				Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Other					
Do you have Limited English Proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street address:				Zip code:	
Mobile phone:		Home phone:			
Employer:				Job Title:	
Employer Zip Code:		Work phone:			
Email address:					
Do you identify as LGBT? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a member of labor union? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Attainment: <input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Certification _____ <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other _____					

Name of <i>secondary</i> parent/guardian:					
Relationship to child:			Email address:		
Street address (if different):				Zip code:	
Work phone:		Mobile phone:		Home phone:	

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Part 3 –EMERGENCY CONTACTS

Add two local people who can be reached during program hours if a parent or guardian is not available (required). For your child's safety, he/she will be released **ONLY** to those listed on this page. All authorized persons must be 18 years of age or older and have a photo ID. Changes to this list must be made in writing and may only be done by the parent or legal guardian whose signature appears on this registration form.

Name:	Relationship to child:
Phone 1:	Phone 2:
Name:	Relationship to child:
Phone 1:	Phone 2:

Additional people authorized to pickup your child:

Name:	Phone:
Name:	Phone:
Name:	Phone:

Part 4 – CHILD'S MEDICAL INFORMATION

Date of last physical exam:	Child is up-to-date with all immunizations needed for school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Tetanus Inoculation date: _____; If no date provided, MLK Center will have a Tetanus shot administered in case of emergency.	
Current medications: If child is taking medications, a Prescription Consent Form must be completed and prescriptions must be sent in original bottles.	
Operations or serious injuries; Disability due to chronic or recurring illness; Any specific activities to be encouraged or limited by physician's advice or Special needs (physical, mental or psychological) for staff awareness:	

Check all conditions child currently or has previously experienced, giving approximate dates where applicable.

<i>Condition:</i>	<i>Dates/Explanation:</i>	<i>Condition:</i>	<i>Dates/Explanation:</i>
<input type="checkbox"/> ADD/ADHD		<input type="checkbox"/> GermanMeasles**	
<input type="checkbox"/> Autism		<input type="checkbox"/> Mumps**	
<input type="checkbox"/> Asthma		<input type="checkbox"/> ChickenPox**	
<input type="checkbox"/> Convulsions		<input type="checkbox"/> FoodAllergies**	
<input type="checkbox"/> HeartDefect/Disease		<input type="checkbox"/> MedicineAllergies**	
<input type="checkbox"/> Bleeding/ClottingDisorders		<input type="checkbox"/> Poison Ivy/EnvironmentAllergies**	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Insect StingAllergies**	
<input type="checkbox"/> Frequent EarInfection		<input type="checkbox"/> OtherAllergies**	
<input type="checkbox"/> Hypertension			

Part 5 – INSURANCE INFORMATION

Doctor's name:	Clinic/Office:	
Address:	Clinic/Office Phone:	
Date of last physical exam:	Insurance Carrier:	Policy #:
Does child receive Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, provide Medicaid #:		
Does child receive AFDC/TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, provide AFDC/TANF #:		
Dentist's name:	Phone:	

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Part 6 – PARENT/GUARDIAN AUTHORIZATION & SIGNATURE

Authorizations (Initial in box to left to give authorization)

	Media Release: I give permission for my child(ren)'s image to be included in any promotional/media resources related to MLK Center and/or the school, including printed brochures, flyers, MLK Center website, social media pages or photos included with press releases to local media. MLK CC will not identify children by name.
	Transportation: I give permission for my child(ren) to use bus/van transportation provided by MLK Center for field trips or other program related activities. I understand that only licensed and qualified personnel will operate any vehicle to and from the site. I agree to release the Martin Luther King Community Center, its officers and directors, and staff from any and all claims of damages, demands or liabilities, which may arise as a result of my child's participation in MLK Center's transportation service.
	Data Sharing: I give my permission for MLK Center to collaborate with my child's school system, in securing copies of grades, assessments, attendance, discipline referral, suspension information, and school counselor's reports, to help MLK Center staff support my child's educational process. I give my permission to share data with IPS and United Way of Central Indiana for program and outcome data collection purposes.
	Behavior Policy: I understand that MLK Center's priority is to provide a safe and enriching experience for all children. For MLK Center to provide a positive, nurturing environment, we will not continue to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which may include, but is not limited to: Behavior that requires constant attention from the staff Inflicts physical or emotional harm to others; Ignores or disobeys the program expectations for acceptable behavior WE will work with both the child and family to address and modify any behavior concerns; however, if a child continues to display inappropriate behavior, then he/she may be removed from the program.
	Emergency Treatment: I hereby give permission to the medical personnel selected by MLK Center staff to order X-rays, routine tests and treatment for me or my child(ren), and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child. I will be fully responsible for any costs of such treatment, even if not covered by insurance.
	Client Confidentiality: MLK Center values the privacy of all individuals and families we serve. All information given to MLK Center will be held in strict confidence and released based on these permissions unless we are authorized by the individual, or minor's parent or guardian, for disclosure or a court order is issued requiring the release of specific information.
	Grievance Policy: You have the right to receive services in a professional and respectful manner. Parents who feel that they have a complaint or grievance can follow the following procedure: (1) Report the incident/complaint to the Program Director for review. The Program Director is to provide a response within 5 business days. (2) If parents still believe that the situation was not resolved, request a review by the Executive Director. The Executive Director will speak to all parties involved and provide a written response within 7 business days of completing a review of all the information. (3) If parents still believe that the situation was not resolved, request a review by the MLK Center Board President. The Board President will review all information and provide a written response within 10 business days of completing a review.

I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representations and grant the authorizations contained herein.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

STAFF ONLY	
Date:	Scholarship approved <input type="checkbox"/> Y <input type="checkbox"/> N
Amount:	Payment Plan:
Approved By:	
Program Enrollment:	
Applicable UWCI EIHB Program Metric(s)	
<input type="checkbox"/> After School Program	<input type="checkbox"/> Fall Break
<input type="checkbox"/> Spring Break	<input type="checkbox"/> Summer Program

2017 Non-Prescription Medication Consent

Student: _____ Date of Birth _____ Grade: _____

Please check all medications you would like made available to your student. Keep in mind, however, that not all of these may be in supply.

- Acetaminophen (generic Tylenol)
- Ibuprofen (generic Motrin or Advil)
- Throat Lozenges/Cough Drops
- Antacids (generic Tums)
- Lotions, creams or ointments (generic Calamine, Cortaid, Polysporin)

MLK Center personnel must have parental consent in order to administer over-the counter medications. Generic equivalents may be used in place of more expensive brand name items. Parents may supply other over the counter medications to be administered to their student after consultation with designated staff. Please complete the following information for those medications:

1. Medication _____ Dosage _____
Time to be given _____ Reason _____
2. Medication _____ Dosage _____
Time to be given _____ Reason _____

Over-the counter medications will be administered sparingly when indicated to make your student more comfortable and able to remain at MLK Center. You may still be contacted for further care of your student. I understand that any MLK Center employee who administers these medications according to proper dosages shall not be held liable for damages as a result of an adverse reaction to the medication administered.

I hereby give permission for my child to receive medication indicated on this form as deemed necessary by delegated staff person. All medications will only be given according to standardized dosing instructions.

Parent/Guardian Signature Date

I **DO NOT** want any of the above medications given to my student at MLK Center.

Parent/Guardian Signature Date