



2019-2020 Application
Afterschool Program
in partnership with

IPS School 43



July 2019



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

The MLK Center is the after school program provider for your child's school. Please return the attached registration form (one for each child) to the MLK Center at 40 W 40th Street. You will be contacted by a staff within two days to discuss enrollment or a waiting list.

When:

The program starts immediately after school dismissal Monday through Friday. Students will be escorted by their teachers to the cafeteria where MLK Center staff will sign them in for the day. Students will be transported to the MLK Center via bus or walking weather permitting.

Program:

The program is focused around reading and literacy. It our goal that your child is reading at or above grade level. We will provide one on one instruction where needed to support your child. The program also provides recreation, snacks, and youth development. 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. CCDF is accepted and Scholarships are available. No one will be turned away, so we will work with you to pay what you can on a sliding scale.

Pickup:

All children must be picked up by 7:00 p.m. at the MLK Center (40 W 40th Street) or a fee may be charged. You or someone on the approved pickup list must come inside and sign your child out. Please use a designated parking spot and do not park right in front of the door. Please exit through the back of the parking lot onto Illinois Street.

Parent Support:

The MLK Center has a variety of activities, programs, and support services for families including financial coaching, employment support and counseling. If you need emergency assistance please talk to us to see how we can help. If you would like to use the MLK Center for a family event or party, it is also available to rent.

Contacts:

Front Desk: 317-923-4581

Amber Brookins, After School Coordinator, Amber@MLKCenterIndy.org

Jillian Weimer, Office Manager/Payments, Jillian@MLKCenterIndy.org

Allison Luthe, Executive Director, Allison@MLKCenterIndy.org

2019 Youth Program Registration

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



Child's First name:		Last name:		Last 4 digits of SS#:	
School Enrolled:			Current Grade:		
Gender:	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 your child receive:		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

Part 2 – PARENT/GUARDIAN INFORMATION

Name of <i>primary</i> parent/guardian:			Last 4 digits of SS#:		
Relationship to child:		Your Gender:		Your 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 (never married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated
Street address:				Zip code:	
Mobile phone:			Home phone:		
Employment Status: <input type="checkbox"/> Employed Full-Time (35 hrs or more per week) <input type="checkbox"/> Employed Part-Time (less than 35 hrs per week) <input type="checkbox"/> Not in the workforce (homemaker, disabled, retired) <input type="checkbox"/> Unemployed (seeking employment) <input type="checkbox"/> Other					
Email address:					
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/Head of Household <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other:					
How many people are in your household:					

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

Part 3 –EMERGENCY CONTACTS

Add up to three 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:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:



Special Medical Health Needs:
Allergies:
Medication To be Taken:

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 Center 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, such as hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child. In response to these behaviors, the MLK Center will not use threats or bribes, physical punishment even if requested by the parent, deprive your child of food or other basic needs, humiliation or isolation. In response to misbehavior we will: respect your child, establish clear rules, be consistent in enforcing rules, use positive language to explain desired behavior, speak calmly while bending down to your child's eye level, give clear choices, redirect your child to a new activity, and move your child to a time-out chair for no longer than one minute per year of your child's age if necessary. 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 2 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 14 business days of completing a review.
	Immunization Form: I understand that I must have my doctor complete and sign the immunization form required by the State of Indiana or I will have to find alternative child care arrangements.
	CCDF: I understand that I will have to apply for CCDF if eligible. The weekly rate is \$102 per child. Scholarships, family discounts and payment arrangements are available.

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

THIS IS A REQUIRED FORM for all children



Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
 Street Address _____ City _____ State _____ Zip _____

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Pevnar								
Hep A								

Child has documented history of Varicella Disease _____ No _____ Yes If yes, age _____

Please check the appropriate response.

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: *(Please list immunizations excluded for medical reasons)* _____

Parent comments: *(Please indicate religious objection, if any)* _____

Signature _____ Date _____
 (Medical Professional Signature and Date is **required.**)

Printed Name and Title _____
 (Printed Name and Title is **required.**)

This form must be updated annually.