STILL MIDDLE SCHOOL
Beginning Monday, October 7, 2019
Monday & Wednesday
3:00 p.m. to 5:00 p.m.

If you have any questions regarding the MyTime After School Program, please contact Karen Harkness with Communities In Schools, at 630-692-9542 or email kharkness@cisaurora.org.

Today's Date:	Student's Grade Level	Student's School ID #:	Student's State ID #:
Student's Last Name	First	Middle	Any allergies? ☐ YES ☐ NO If YES, allergic to what?

Street Address	City	State and Zip Code	Student's Birthdate / /	Age	Gender ☐M ☐F ☐Other

Language spoken in the home:	Free or reduced lunch: Yes No If yes, please circle which one.

Ethnicity: Check all that apply ☐ African American ☐ Hispanic/Latino ☐ White ☐ Native American ☐Asian/Pacific

Mother's Name	**Mother's Address** if Different from Student's	Mother's Home Phone	Mother's Cell Phone Mother's Work Phone
Mother's Email Address:			
Father's Name	**Father's Address** if Different from Student's	Father's Home Phone	Father's Cell Phone Father's Work Phone
Father's Email Address:			

AUTHORIZED PERSONS FOR PICK UP AND EMERGENCIES

I authorize the following individuals to pick-up my child at any time including emergencies when a parent cannot be reached. I know these persons and agree to allow MyTime After School staff to release my child into their care upon providing valid identification for verification purposes. In doing so, I relieve Communities In Schools and employees of all responsibilities for my child after he/she has been released from the program. Communities In Schools does not have the authority to deny a non-custodial parent his/her rights but does have full authority to regulate how those rights might be exercised when disputes between parents over the physical custody of a child intrude into the after school program scene. It shall be the policy of Communities In Schools to elicit written agreement between separated parents for the purpose of clarifying who may or may not pick up a child from the after school program. If required, a court order will specify which parents may or may not have physical custody. I do hereby give permission for the CIS staff to transfer my child off the property for the purposes of medical care as deemed appropriate and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by CIS staff, to hospitalize or secure proper treatment.

Name of person picking up	Home Phone Number	Cell Phone Number	Work Phone Number	Relation to Child

Yes	NO	**It is the policy of the Board of Directors for CIS to prohibit discrimination against any student or staff on account of race, color, religion, national origin, age, sex, gender, marital status, or physical or mental handicaps.**
		I give permission for Communities In Schools and those community partners we may authorize to use any of my child's name, photographs, writings, artwork, and to film, and/or videotape and/or performance in any activity as part of the *MyTime After School Program* for the purpose of promotional, marketing, publicity, or other purpose whatsoever without additional notification or approval by me for program activities (including websites, YouTube, Twitter and Facebook).
		I understand the MyTime After School program is not able to provide one-to-one attended care during the program hours. Participants must be able to operate in a group with at least 12-15 other children and one adult staff member. Please contact Karen Harkness if you have questions or concerns.
		I give my student permission to participate in all activities and field trips sponsored by *MyTime After School Program* and I agree to further release and hold harmless, Communities In Schools and the City of Aurora including and not limited to their directors, officers, employees, partnering agencies in the *MyTime After School Program* for liability associated with my child's/ward's participation in the *MyTime After School Program* and I agree not to make any claim, suit or demand against the above mentioned agencies/entities for any injury or damage incurred on account of my child's participation in field trips and related activities.
		I authorize the school and the after school program staff or summer camp staff (collaborating with Communities In Schools and its partners) to include my child in the evaluation of the after school program. This evaluation includes getting information including attendance, and asking my child to complete surveys and/or interviews. The surveys or interviews are to learn about my child's experiences and behavior in the after school program, as their attitudes and feelings about school and about the after school program. Copies of the surveys/interviews are available from the study coordinator. Reports about the program will not identify my child. There are no known risks to participating in the evaluation process. The benefit is that the program developers can learn more about how after-school programming can help promote child academic and social development. I understand that my child is not required to complete surveys or interviews and that he/she can stop filling out the surveys at any time. I understand that we will not experience any negative consequences if I do not allow my child to participate in the evaluation.

I agree to all the above policies, rules and procedures of the *MyTime* After School program. I realize that the *MyTime* After School program is a voluntary program and not required.

Printed Name of Parent **Signature of Parent** **Date**