

SUMMIT After School Program @BCS

FAMILY INFORMATION

Today's Date: _____

Parent/Guardian #1 Name: (Primary contact for child)

Mr. Ms. Mrs. Last Name _____ First Name _____

Street _____ Home Phone: _____

City _____ State _____ Zip _____ Work Phone: _____

*Email: _____ Cell Phone: _____

Parent/Guardian #2 Name:

Mr. Ms. Mrs. Last Name _____ First Name _____

Street _____ Home Phone: _____

City _____ State _____ Zip _____ Work Phone: _____

Email: _____ Cell Phone: _____

Which parent is best to call in the event of an emergency, and what is the best way to reach that person?

(Please check one from below)

Parent/Guardian #1 Home Parent/Guardian #1 Work Parent/Guardian #1 Cell

Parent/Guardian #2 Home Parent/Guardian #2 Work Parent/Guardian #2 Cell

If parents cannot be reached, please list 2 emergency contacts:

Contact #1 Name: _____ **Contact #2 Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Home Phone: _____ Home Phone: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

PARTICIPANTS INFORMATION

Child's Last Name _____ **First Name** _____

Child's Date of Birth: _____ **Age** _____ **Gender:** M F

School: _____ **Grade:** _____ **Class:** _____

Child in a special class? No Yes (if "Yes", please specify) _____

Child's Physician: _____ **Physician Phone:** _____

Has your child ever attended an RTS program? No Yes

(If "Yes", please specify where/when) _____

Please attach a current
photograph of your child here.

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Medical Information

We need this information to ensure the health and safety of your child while they are in our program. The information provided on this form will not affect your child's acceptance into the SUMMIT After School Program.

Does your child have any food allergies? No Yes (if "Yes", please specify) _____

Does your child have any other allergies? No Yes (if "Yes", please specify) _____

Does your child have asthma? No Yes (if "Yes", does your child know when an attack is coming on?) _____

What brings on an attack? (colds, weather, emotionally upset, etc.) _____

How does your child react? (scared, calm, etc.) _____

How often does your child have asthma attack? Once a week Less than once a week More than once a week

Date of last emergency room visit for asthma: _____

Does your child have any other medical conditions that we should know about? (Please explain) _____

Does your child take any medication? No Yes (if "Yes", please specify name/type and dosage)

Name/Type

Dosage

Parental Agreement

1. I have read, understand and agree to the Summit After-School Program Policies.
2. SUMMIT has permission for my child to participate in all programs, including field trips that are planned and supervised by SUMMIT.
3. SUMMIT has the unrestricted right to terminate this enrollment agreement at its sole discretion due to child behavior.
4. SUMMIT has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose.
5. SUMMIT has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent/guardian or emergency contact cannot be contacted in an emergency, SUMMIT has the permission to have my child examined at a hospital emergency room.
6. I understand and agree that the SUMMIT After School Program is not responsible or liable for any injury or damage that might arise out of or in connection with such authorized medical treatment.

Parent/Guardian Signature: _____

Date: _____

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Child Release Form

Please list all people who you would like to allow to pick your child up from the SUMMIT After School Program. Please include your name along with any friends and/or family (including spouses, siblings, grandparents, etc.) Please note that if a person not listed on this form (*even a parent*) arrives to pick up your child, we will not be able to release your child to them. The people on this list are the **only** people who will be allowed to pick up your child.

I grant permission for:

Please Print Parent/Guardian 1 Name

Best Phone # to reach this person

Please Print Parent/Guardian 2 Name

Best Phone # to reach this person

Please Print Alternate Pick-up Person's Name

Best Phone # to reach this person

Please Print Alternate Pick-up Person's Name

Best Phone # to reach this person

to pick up my child _____ at any point during the day and/or at the end of the SUMMIT After School Program. **Please Print Child's Name**

Parent/Guardian Signature

Date

If you would like to permit your child to leave the SUMMIT program at the end of the day without an adult escort, you will need to sign the bottom portion of this page. SUMMIT will not release children without an adult escort from the program until the end of the program day.

Please allow my child _____ to leave RTS at the end of the day **without** an adult escort. **Please Print Child's Name**

Parent/Guardian Signature

Date

Please return this completed form to:

The Brooklyn Charter School Main Office / 545 Willoughby St. rm. 327 / Brooklyn, NY 11206

The SUMMIT After School Program @BCS

SUMMIT Behavioral Guidelines

(Please **sign** and **return**)

The SUMMIT After School Program is in a community in which every participant is entitled to feel safe, comfortable and secure. We are committed to ensuring that every child is able to enjoy and benefit from our program. All participants and families must be committed to safety, constructive participation and appropriate behavior, and willing to abide by the guidelines established by the program.

Please take a moment to go over the following guidelines carefully with your child before signing at the bottom.

As a SUMMIT participant I promise that:

- I will stay with my group at all times
- I will listen carefully to guidelines and instructions and ask questions when I do not understand
- I will be kind to other children and staff and I will not threaten, use physical aggression or bully other participants
- If I need help I will go to my Group Leader or support staff

As a Summit parent I understand that:

- I am expected to help my child understand and follow these guidelines
- I will be notified if my child's behavior undermines his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program
- If an issue of behavior arises, I will be expected to collaborate with my child's Group Leader on a strategy to address the problem
- If my child's behavior continues to undermine his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program, his or her participation in the program may be suspended temporarily or permanently
- Temporary suspension and/or permanent dismissal from the program are at the discretion of SUMMIT

We agree to abide by and support the guidelines set forth.

Parent Signature

Date

Participant Signature

Date