

For Office Use Only
Date Enrolled: _____



**The Children's Home Society**
OF NEW JERSEY®
Saving the lives of children since 1894
Positive Impact Program
STUDENT ENROLLMENT FORM
FY 2023

This form must be completed and signed by the parent or guardian of a student enrolling in the afterschool program.

Student Name: _____ Birth Date: _____
 First Last MI Month/Day/Year

Gender: Male Female Race/Ethnicity _____ Unspecified
Special Needs: Yes No Unspecified
Limited English Proficiency: Yes No Unspecified
Special Education: Yes No Unspecified
Free/Reduced Lunch: Yes No Unspecified

School _____ Grade: _____ Homeroom Teacher: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name Last Name

Relationship to Student

Cell Phone

Work Phone

Home Phone

E-mail

Street Address

City State Zip

Parent/Guardian # 2

First Name Last Name

Relationship to Student

Cell Phone

Work Phone

Home Phone

E-mail

Street Address

City State Zip

RELEASE OF CHILD

I give my child permission to walk home alone at dismissal. Yes No

My child will be picked up after school by me or one of the following individuals:

Name	Relationship to Child	Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name	Relationship to Child

EMERGENCY CONTACTS

Please identify two persons who may be called between 2:30pm and 5:30pm if you are not available.

First Name	Last Name	First Name	Last Name

INFORMATION ABOUT CHILD

I allow the school to release to the Positive Impact program, information about my child's school performance, including, but not limited to, IEP's, grades and test results. Yes No

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in the afterschool program.

Parent/Guardian Signature	Date
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"This project was funded in its entirety with federal Elementary and Secondary Education Act, Title IV, Part B, Nita Lowey 21st Century Community Learning Center (21st CCLC) grant funds through a grant agreement with the New Jersey Department of Education."



**Positive Impact Program
HEALTH RECORD**

(To be completed by the parent or guardian)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this afterschool program. Feel free to continue your notes on back of this form.

Student's Name:	Date of Birth:
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1 . Please provide your child's medical history.

CONDITION	YES (if yes, write approx. date)	NO
Asthma	<input type="checkbox"/> _____	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/> _____	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> _____	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/> _____	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> _____	<input type="checkbox"/>
Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
German Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/> _____	<input type="checkbox"/>
Mumps	<input type="checkbox"/> _____	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/> _____	<input type="checkbox"/>
Does your child use an inhaler?	<input type="checkbox"/> _____	<input type="checkbox"/>

ALLERGY	YES	NO
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
Foods	<input type="checkbox"/>	<input type="checkbox"/>
Plants	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Topical ointments	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to any of the above, please specify allergy and describe reaction.		

2 . List significant illnesses or surgeries that require attention after school.

3 . Special situations or needs that program staff should be aware of:

<input type="checkbox"/> Child has behavioral/emotional difficulties
<input type="checkbox"/> Child has physical disabilities
<input type="checkbox"/> Other (describe)

4 . Special Health Care Needs

Does your child have special health care needs that require treatment and/or medication? YES NO

If yes, describe below. If your child requires treatment and/or medication during after-school hours, complete the *Health Care Plan for a Child with Special Health Care Needs* form.

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5 . Medication

Does your child take medication for any condition or illness? YES NO If yes, describe below.

If your child requires medication during after-school hours, complete the *Medication Consent* form.

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6 . Sunscreen and Topical Ointments

Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child? YES NO

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Parent/Guardian Signature

Date



Positive Impact Program

PHOTO/VIDEO/INTERVIEW CONSENT (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date of birth is _____.
Name of child
Month/day/year

I understand that this after-school program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school program.

I give permission for my child to be photographed or otherwise recorded during after-school events and activities, and for any and all such photographs to be displayed by The Children's Home Society of New Jersey in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SURVEY CONSENT (To be completed by the parent or guardian)

To learn more about participants' experiences with the 21st CCLC program, we may ask your child to complete short online or paper surveys. All information is stored on a password-protected computer database. Only approved 21st CCLC staff can see the information.

We will never share any single child's answers. We will only share results from the surveys for the 21st CCLC program as a whole. You and your child's participation in surveys is voluntary and will not affect you or your child's ability to participate in the program.

If you have any questions about the surveys, you may contact the CHSofNJ's Program Evaluator, Dr. Jill Patterson, at jpatterson@chsofnj.org, or Director of School-Based Services, Mr. Michael Roseborough, at mroseborough@chsofnj.org.

PLEASE CHECK ONE OF THE BOXES AND SIGN BELOW.

Agreement to Participate: I have read and understand this form. I agree to allow my child to answer the surveys.

Refusal to Participate: I have read and understand this form. I do NOT give permission for my child to answer the surveys.

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to be surveyed, photographed, or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Use of Technology and Social Media Policy

For the purposes of this policy, social media shall apply to any web-based applications and/or mobile technologies, in use now or developed at any time in the future, that enable individuals or entities to disseminate, transmit or receive information, communicate or otherwise interact online, and should be understood to include any website or forum that allows for the open communication on the internet including, but not limited to:

- Social Networking Sites (LinkedIn, Facebook);
- Micro-blogging Sites (Twitter);
- Blogs (including company and personal blogs);
- Video and photo-sharing websites (Snapchat, YouTube, Instagram, Flickr);
- E-mailing;
- Text-messaging; and

Methods Used to Communicate with Staff and Parents

Staff are allowed to use the center cell phone or personal cell phone to reach parents for emergency closures, illness/accidents/injuries, behavioral concerns, and unusual incidents when necessary. Center cell phone should be utilized as the first option.

Staff is permitted to use technology devices, but shall not prevent staff from adequately supervising children. Staff will closely monitor participants' use of the Internet, especially if the computers are not equipped with age-appropriate filters. Students are only allowed use of the Internet for educational purposes.

Students are not allowed to live stream on social media during the after school program at any time. Students are not allowed to go post other students or staff on social media sites without permission from said person. Students phones will be temporarily confiscated if they are use their phone during inappropriate time or on an inappropriate site.

If participants watch a television program or a movie, the following criteria must be met:

- The program or movie is relevant to the day's activities or theme;
- The program or movie is rated G or PG; and limited PG-13
- The Site Coordinator approved the presentation in advance.

Staff members will use discretion when playing the radio or recorded music at Positive Impact. Avoid music that contains lyrics promoting violence or sexual behavior.

I have read and the revised media/social media policy.

Signature: _____ Date: _____