

2019 - 2020

S.T.A.R.S.

Afterschool Program Sheridan Middle/High School ENROLLMENT PACKET



**ALL REQUIRED DOCUMENTS MUST BE COMPLETED AND RETURNED
TO S.T.A.R.S BEFORE STUDENTS CAN START THE PROGRAM**

DOCUMENTS ENCLOSED - CHECK LIST

- Parent Handbook
- Enrollment Form – front & back (RETURN TO S.T.A.R.S.)
- Parent Authorization Page (RETURN TO S.T.A.R.S.)
- Busing Information
- Busing Consent Form (RETURN TO S.T.A.R.S.)
- Remind Messaging App Information

S.T.A.R.S. AFTERSCHOOL PROGRAM 2019-2020

STUDENTS AND TEACHERS ACTIVELY REACHING SUCCESS

ENROLLMENT FORM AND EMERGENCY MEDICAL INFORMATION SHERIDAN MIDDLE AND HIGH SCHOOLS

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM COMPLETELY IN BLUE OR BLACK INK

STUDENT INFORMATION

NAME: _____ DOB: ____ / ____ / ____ GRADE: _____

ADDRESS: _____ GENDER: M _____ F _____

PHONE: _____

SHIRT SIZE: (PLEASE INDICATE ADULT OR YOUTH): _____

DOES THE STUDENT HAVE AN IEP OR A 504 PLAN? Y _____ N _____

PARENT/GUARDIAN INFORMATION

ARE THE PARENTS DIVORCED/SEPARATED? Y _____ N _____ IF YES, WITH WHOM DOES THE STUDENT LIVE? _____

IS EITHER PARENT DECEASED? Y _____ N _____ IF YES, WHICH PARENT IS DECEASED? _____

IF APPLICABLE, PLEASE LIST NAME(S) OF STEP-PARENTS: _____

MOTHER/GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

FATHER/GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

ATTENDANCE POLICY

BY ENROLLING, STUDENTS ARE SHOWING INTENT TO ATTEND REGULARLY (AT LEAST 30+ DAYS PER YEAR), BUT THERE MAY BE TIMES WHEN AN ABSENCE IS NECESSARY. INDIVIDUAL CLUBS MAY HAVE DIFFERING ATTENDANCE POLICIES, SO STUDENTS SHOULD CHECK WITH HIS/HER CLUB LEADER. TO ATTEND A FIELD TRIP, THE STUDENT MUST HAVE ATTENDED PROGRAM AT LEAST FIVE TIMES IN THE PREVIOUS SIX WEEKS.

MY STUDENT WILL ATTEND THE AFTERSCHOOL PROGRAM ON AN AS NEEDED BASIS. I DO NOT NEED TO BE CONTACTED IF HE/SHE DOES NOT ATTEND EVERY DAY.

PARENT/GUARDIAN INITIALS: _____

OR

MY STUDENT WILL ATTEND THE AFTERSCHOOL PROGRAM EVERY DAY IT IS AVAILABLE THAT HE/SHE ATTENDS SCHOOL UNLESS A PARENT/GUARDIAN EXCUSES HIM/HER BY PHONE, WRITTEN NOTE, ETC. I WISH TO BE CONTACTED IF HE/SHE DOES NOT SIGN IN WITHOUT AN EXCUSE AT THE FOLLOWING PHONE NUMBER(S):

_____ OR _____

PARENT/GUARDIAN INITIALS: _____

LIST THREE PEOPLE TO BE AUTHORIZED TO PICK UP AND/OR CONTACT IN CASE OF EMERGENCY

NAME AND RELATIONSHIP: _____	NAME AND RELATIONSHIP: _____	NAME AND RELATIONSHIP: _____
HOME PHONE: _____	HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____	WORK PHONE: _____

THREE IS THE STATE REQUIRED MINIMUM (CAN INCLUDE PARENTS FROM THE FRONT) ADD ADDITIONAL AUTHORIZED PERSONS BELOW

AN ADULT MUST SIGN OUT ALL STUDENTS UNDER THE AGE OF 16 EACH DAY. IF OVER THE AGE OF 16, THE STUDENT MAY SIGN HIM/HERSELF OUT OF THE PROGRAM AND DRIVE HOME OR RIDE WITH ANOTHER STUDENT WITH PARENT PERMISSION.

MY CHILD <i>MAY NOT</i> SIGN HIM/HERSELF OUT OR RIDE HOME WITH ANOTHER DRIVING STUDENT. AN ADULT LISTED ABOVE/BELOW WILL SIGN OUT MY CHILD EACH AFTERNOON AT THE DESIGNATED TIME. INITIALS: _____ NAME/PHONE: _____ NAME/PHONE: _____ NAME/PHONE: _____	MY CHILD IS 16 OR OLDER AND MAY SIGN HIM/HERSELF OUT OR RIDE HOME WITH ANOTHER DRIVING STUDENT, OR ADULT LISTED ABOVE/BELOW AT THE DESIGNATED TIME. (STUDENT MUST BE 16 OR OLDER) INITIALS: _____ NAME/PHONE: _____ NAME/PHONE: _____ NAME/PHONE: _____
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DO NOT RELEASE – THE FOLLOWING PEOPLE ARE NOT ALLOWED TO TAKE MY STUDENT:

NAME/RELATIONSHIP: _____ PAPERS RECEIVED ON: _____

NAME/RELATIONSHIP: _____ PAPERS RECEIVED ON: _____

STATE LICENSING REQUIRES THAT WE HAVE THE FOLLOWING INFORMATION FOR EACH STUDENT

CURRENT PHYSICIAN: _____ CURRENT DENTIST: _____

DOES STUDENT HAVE ANY FOOD, MEDICATION, OR ENVIRONMENTAL ALLERGIES? N ___ Y ___ IF YES, PLEASE LIST AND EXPLAIN: _____

DOES YOUR STUDENT'S ALLERGY/ALLERGIES REQUIRE CARE FROM STAFF TO MONITOR STUDENT FOR SYMPTOMS, TAKE ACTION IF A REACTION OCCURS? N ___ Y ___ (IF YES, A MEDICAL/PHYSICAL CARE PLAN MUST BE COMPLETED.)

EMERGENCY MEDICAL AUTHORIZATION

S.T.A.R.S. HAS PERMISSION TO SECURE EMERGENCY TRANSPORTATION FOR MY STUDENT IN THE EVENT OF AN ILLNESS OR INJURY. THE EMERGENCY TRANSPORTATION SERVICE WILL DETERMINE THE FACILITY TO WHICH MY CHILD WILL BE TRANSPORTED. PARENT/GUARDIAN INITIALS: _____	OR	S.T.A.R.S. DOES NOT HAVE PERMISSION TO SECURE EMERGENCY TRANSPORTATION FOR MY STUDENT IN THE EVENT OF AN ILLNESS OR INJURY WHICH REQUIRES EMERGENCY TREATMENT. PARENT/GUARDIAN INITIALS: _____
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NOTE: THIS INFORMATION NEEDED FOR EMERGENCY PERSONNEL (PLEASE PROVIDE EACH SCHOOL YEAR)

List Medication:	List Allergies:	Physical Impairments:	Other:
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I, _____, understand that the S.T.A.R.S. afterschool program is an extension of the school day and therefore, has the same high expectations of student behavior and success. I also understand that my participation in clubs, field trips, homework help and all other program activities are contingent on my actions and attitude, during the regular school day and during afterschool. As a Sheridan student and S.T.A.R.S. enrollee, I agree to respect my peers, the S.T.A.R.S. staff and equipment, and myself.

Student Signature: _____ Date: _____

I, _____, give my child permission to attend the S.T.A.R.S. afterschool program. I agree to the S.T.A.R.S. Handbook that describes the policies and procedures governing the program and share that information with my student, specifically regarding the discipline policy. I am aware of the possibility to allow my student to be bused to a local elementary school. I understand that in order for my student to receive the maximum benefits and assistance from the program, club leaders and learning center tutors will receive information from the student's regular classroom teacher as well as use information obtained from the CORE survey and the Renaissance STAR testing that students will complete three times throughout the program.

Y ___ N ___ My student has permission to access the internet for educational purposes under supervision of the staff.
 Y ___ N ___ I give permission for my student(s) photograph to be taken during S.T.A.R.S. activities and used for educational purposes.

Parent/Guardian Signature: _____ Date: _____

PARENT AUTHORIZATION

Please initial each
line and sign below

_____ My child has permission to participate in the STARS After School program.

ACADEMIC ASSISTANCE

_____ Is your child on an IEP, 504, or Special Education Plan? Yes_____ No_____

If yes, please briefly describe the special areas of concern, so that we may support child's academic needs. _____

HANDBOOK

_____ I have received a Parent Handbook that describes the policies and procedures governing the Sheridan Middle/High School STARS After School Program.

SHARING OF INFORMATION

_____ The Sheridan Middle/High School STARS After School Program wants to provide the best academic improvement program it can, continuously improving to meet students' needs. I grant permission for the STARS After School Program, under the supervision of Sheridan Middle/High School, to gather participation and school information regarding my child for evaluation purposes (i.e. grades, test scores, free/reduced lunch status, eligibility, etc.). Collected information will be confidentially processed for program compliance and evaluation solely by the STARS After School Program staff. At no time will your child's complete individual information be released outside of the program.

PHOTO/TAPE/AUDIO RECORDS

_____ The Sheridan Middle/High School STARS After School Program has my permission to photograph and/or audio/video tape activities that include my child for purposes of program promotion.

USE OF COMPUTERS AND ONLINE SERVICES

_____ All computers must be used in a responsible, efficient, and ethical manner. Every effort will be made by the STARS After School Program staff to protect children from harmful content, including the use of software that blocks offensive content. Unacceptable uses of the computer and/or network by students will result in the revoking of access privileges. I give permission for my child to use computer equipment and the internet, acknowledging the inherent risk of the internet.

CORE - SOCIAL/EMOTIONAL LEARNING SURVEY

_____ I give my child permission to complete the CORE Survey. The CORE Survey is an assessment tool for our regular attendees to show improved academic, social, and behavior outcomes. Improvements measured by increased school attendance rates, reductions unexcused absences, and increases in student ratings (via CORE social-emotional skills rating tool)

TRANSPORTATION SERVICES

_____ It is VERY important that the buses leave the elementary schools at their appropriate times. I understand that if my student is NOT to attend the STARS After School program that day, I must send a note that morning, call the school secretary, or Site Coordinator at least one hour before the end of the school day. If there is no such communication, the student will be required to stay for the program that day. *Please note that this is for the safety of your student.*

STUDENT SIGN OUT

_____ An adult MUST sign out all students each day. If your child is 16 years or older and you gave consent, they may sign him/herself out. NOTE: Your child will only be released to those listed on the enrollment form.

Please sign and return this form to the STARS Site Coordinator.

_____ ***STARS* Student Name**

_____ Parent/Guardian Signature

_____ Date