



P4SS Enrollment Form

Student Information (Required)				
Last Name	First Name	Middle		
Address	Apt #	City	State	Zip
Date of Birth / /	Grade	Age	Gender <input type="checkbox"/> M	<input type="checkbox"/> F
Student's Race/Ethnicity	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian (White non-Hispanic)	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Bi-racial	<input type="checkbox"/> Other	
Parent/Guardian Information (Person to notify in case of emergency)				
Last Name		First Name		
Relationship to Youth: <input type="checkbox"/> Mother/Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify _____)				
Household: <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other (specify _____)				
Primary Phone		Other Phone		
Email		@		
Address	Apt#	City	State	Zip
<i>(if different from student)</i>				
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Other (explain)				
Parent/Guardian Information				
Last Name		First Name		
Relationship to Youth: <input type="checkbox"/> Mother/Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify _____)				
Primary Phone		Other Phone		
Email		@		
Address	Apt#	City	State	Zip
<i>(if different from student)</i>				
Transportation Plan & Consent				
I understand that my child will remain at his/her school for P4SS programming at the end of the regular school day. My child has permission to get home after the program each day in the following manner: <i>(Check all that apply)</i>				
<input type="checkbox"/> Parent Pick-up				
<input type="checkbox"/> Pick-up by adult (NOT parent/guardian) Who? _____				
<input type="checkbox"/> Walk home without an adult				
<input type="checkbox"/> Take public transportation home without an adult				
Additional Information:				
The following information is optional, however will assist in providing optimal opportunities for your child				
Number of siblings enrolled in the program _____				
Which does your child receive or is eligible for?		<input type="checkbox"/> free lunch	<input type="checkbox"/> reduced lunch	<input type="checkbox"/> neither
Is your child Limited English Speaking/LEP?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child have an IEP?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, please share with appropriate program staff</i>				
Does your child have a 504 Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, please share with appropriate program staff</i>				
Has your child been identified as gifted/talented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Office Use Only		SSID#		
Date of Enrollment:		Date of Withdrawal:		



P4SS Parent Agreement

I give permission for my child, _____, to participate in the P4SS Program at _____.

Check that you have read and agreed to each statement below.

- I understand that it is necessary for my child to attend regularly and participate in program activities (i.e. classroom and group projects, field trips, youth service projects, etc.) in order to receive the optimal experience of the program.
- I understand that the P4SS Program and its activities are designed to provide opportunities for academic achievement and self-development for my child.
- I agree to participate, as often as possible, in family engagement opportunities offered both through the P4SS program and my child's school. I understand that my participation in program activities shows my child that I value his/her learning, successes and positive self-development.
- I will support my child by talking to the P4SS program staff and his/her teachers about my child's progress and participation in the P4SS program.-
- I will support my child with praise and encouragement so that he/she will develop a confident self-image and pride in his/her achievements.
- I agree to participate in the completion of surveys, interviews and/or focus groups for the purpose of evaluating the effectiveness and impact of the P4SS program.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

P4SS

Child Care Pick-Up List

Below is a list of people I will allow to pick up my child, _____, from
(Child's Name)

For the safety of your child, please always carry photo ID with you and inform everyone on this list to do the same. IDENTIFICATION WILL BE REQUESTED AND IS REQUIRED!

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that anyone not on the above list will NOT be allowed to pick up my child at the P4SS Program.

Parent/Guardian's Signature: _____

Date: _____



A Greater Cleveland Neighborhood
Centers Association Program

P4SS Authorization and Consent to Release Student Information

Student's Name (First, Last)

Contact phone number

P4SS Program Site/School Name

Site Administrator

In order to monitor the effectiveness of the P4SS program and to ensure continued success, ongoing program evaluation is conducted by the Greater Cleveland Neighborhood Centers Association's (GCNCA) external evaluator. It is the intention of this program evaluation to learn how the P4SS program helps students and how the P4SS program can be improved in order to meet funding requirements. Program evaluations are shared with the Ohio Department of Education (ODE), GCNCA staff and its evaluator, P4SS program staff and representatives from Cleveland Metropolitan School District.

Individual student data will only be used to assess the P4SS program and will not be made public. Participating in the evaluation will not affect my child in school, in the P4SS program, or in any other way. My name or my child's name will not be used in any report and our identities will not be recognizable in any report unless authorized below.

I authorize the collection and release of the information by and between GCNCA staff and evaluator, the P4SS program staff, ODE and teachers and staff at my child's school, as I have indicated below:

Yes	No		Initial
		I give permission to collect demographic data including but not limited to racial/ethnic group, gender, grade level, English Proficiency, free or reduced lunch eligibility, and special needs from their school of enrollment.	_____
		I give permission to collect and release school information including grade records, attendance records, Individualized Education Plan (IEP), 504 Plan, Multi-factored Evaluation (MFE), classroom performance information, progress reports, report cards, and standardized test scores (i.e. NWEA/MAP and OST).	_____
		I give permission to assess and survey my child for the purpose of measuring the effectiveness and impact of the P4SS Program.	_____
		I give permission to collect and release test and survey results that are administered during the P4SS Program.	_____
		I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies or videos by P4SS. I also grant P4SS and GCNCA the right to edit, use and reuse said products for non-profit purposes including use in print, on the Internet, and all other forms of media. I also hereby release P4SS and GCNCA and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.	_____

I understand that this authorization and consent expires one year from date this document is signed.

Parent/Guardian Name (Print)

Parent Guardian Signature

Date

Site Administrative Name (Print)

Site Administrator Signature

Date

WAIVER AND RELEASE OF LIABILITY BY PARENTS

Given the severity of the COVID-19 pandemic, and in anticipation of my child’s participation in the P4SS Out of School Time program, I hereby make the following waiver, release and other representations and covenants set forth herein, on behalf of my child, and in favor of P4SS and affiliated organizations.

Acceptance of Risk; Release; Indemnification. The safety and security of the children in its care remains a top priority of P4SS. Although the risk of exposure to COVID-19 may be reported to be steadily decreasing, I understand that there is still significant risk associated with my child’s participation in P4SS, including but not limited to, increased social contact and interaction with employees of P4SS and its affiliate organizations other children. To help reduce the spread of COVID-19 and to protect P4SS employees and other children, P4SS encourages all children and parents to adhere to all safety and health guidelines for the prevention of COVID-19, including those issued by the Ohio Department of Public Health and the Centers for Disease Control and Prevention. All persons should engage in frequent hand washing using soap and water for at least twenty seconds (or, if soap is not available, use an alcohol-based hand sanitizer), sanitize surfaces and objects frequently used, wear personal protective equipment such as face masks and gloves, and follow any and all other preventive measures recommended by applicable authorities. Notwithstanding the foregoing, I understand that the above guidelines do not completely eliminate my child’s risk of exposure to COVID-19 and, should my child experience any COVID-19 related symptoms (such as fever, cough, body aches, or shortness of breath), I am advised to keep my child home, not to bring my child to the P4SS Academic Learning Pod, and follow the advice of my healthcare provider, clinic, or hospital. In such case, I will immediately alert P4SS of such symptoms.

Regardless of any steps taken by P4SS to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my child’s participation in P4SS during the COVID-19 pandemic, including without limitation, being exposed to and contracting COVID-19 from other individuals, surfaces and/or airborne particles. I understand that my child’s contracting of COVID-19 could result in serious medical symptoms requiring medical treatment in a hospital or even death. On behalf of myself and my child, and our heirs, successors, and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my child’s participation in the P4SS Academic Learning Pod arising from or relating to COVID-19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge P4SS, SCORES and affiliated organizations, along with, officers, directors, members, managers, officials, partners, trustees, agents, contractors, employees, affiliates, or other representatives, and their successors and assigns (collectively, the “**Program Representatives**”), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, “**Damages**”) arising from or relating to COVID-19 as a result of my child’s participation in P4SS, and including but not limited to claims based on the alleged negligence of any P4SS Representative or any other person. I further promise not to sue P4SS, SCORES or any Program Representative for any illness, injury, death or other Damages arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my child’s participation in the P4SS Academic Learning Pod.

READ CAREFULLY -- BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

PRINT NAME OF PARENT _____

Last First MI

PRINT NAME OF CHILD _____

Last First MI

SIGNATURE: _____ DATE: _____

Student Emergency Information Form

Student's name:		Date of Birth:		
Parent/Guardian name:		Parent/Guardian Work/School Phone:		
Parent/Guardian Cell Phone:		Parent/Guardian Home Phone:		
Where can you be reached while your child is in this program?				
Emergency contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency, if you cannot be reached. At least one person listed must be within one hour of the school/center, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name		Name		
City	State	City	State	
Phone	Relationship	Phone	Relationship	
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Health/Medical Insurance Company:		Policy/Group #:		
Name of Physician or Clinic/Hospital				
City	State	Phone		
Allergies, Special Health or Medical Conditions, and Food Supplements Fill in this section completely.				
Please note that program staff WILL NOT administer medication on a routine basis. Medication will only be administered on an emergency basis by the program staff and then only if a Medical/Physical Care Plan and/or Request for Administration of Medication is completed.				
Does the student have any food, medication or environmental allergies? (check all that apply) <input type="checkbox"/> No <input type="checkbox"/> Yes – check all that apply <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain:				
Does the allergy/allergies require program staff to take action if a reaction occurs, or give emergency medication? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes – a Medical/Physical Care Plan and if administering medication, a Request for Administration of Medication must be completed.				
Does the student have a special health or medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please check all that apply. If other please explain <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions/Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Corrective Device <input type="checkbox"/> Other - Please list <u>all</u> other medical concerns P4SS should be aware of:				
Is your child currently using any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes – please list				
Does the student have any dietary restrictions, including those for medical, religious or cultural reasons? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes – please explain				
Give Permission to Transport		Do Not Give Permission to Transport		
Program Name		Program Name		
Has permission to secure emergency transportation for my child in the event of an illness or injury, which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		OR	Does not have permission to secure emergency transportation for my child in the event of an illness or injury, which requires emergency treatment. I wish for the following action to be taken:	
Parent/Guardian's signature		Parent/Guardian's signature		
Date		Date		