



New York
21st Century Community Learning Centers
SOARING BEYOND EXPECTATIONS

Lyons Advantage & 21st Century After School Enrichment Programs

2018– 2019 Registration Packet

NAME OF PARTICIPANT: _____ **GRADE:** _____

DATE OF SUBMISSION: _____

QUESTIONS CAN BE DIRECTED TO:

Nate Hawver – nhawver@lyonscsd.org

Advantage After School Program – advantage.afterschool@waynecap.org or 315.946.1259

COMPLETED PACKETS CAN BE DROPPED OFF AT THE SCHOOL'S MAIN OFFICE OR MAILED TO:

Lyons Elementary School

98 William Street, Lyons NY 14489

FOR STAFF USE ONLY:

Date Received: _____

Staff Name: _____

NOTES: _____

REGISTRATION PACKETADVANTAGE & 21ST CENTURY AFTER SCHOOL PROGRAMS 2018-2019

2018 Poverty Guidelines

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation

Annual 2018 Poverty Guidelines for 48 Continental United States

Household/ Family Size	50%	75%	100%	125%	150%	175%	200%
1	\$6,070	\$9,105	\$12,140	\$15,175	\$18,201	\$21,245	\$24,280
2	\$8,230	\$12,345	\$16,460	\$20,575	\$24,690	\$28,805	\$32,920
3	\$10,390	\$15,585	\$20,780	\$25,975	\$31,170	\$36,365	\$41,560
4	\$12,550	\$18,825	\$25,100	\$31,375	\$37,650	\$43,925	\$50,200
5	\$14,710	\$22,065	\$29,420	\$36,775	\$44,130	\$51,485	\$58,200
6	\$16,870	\$25,305	\$33,740	\$42,175	\$50,610	\$59,045	\$67,480
7	\$19,030	\$28,545	\$38,060	\$47,575	\$57,090	\$66,605	\$76,120
8	\$21,190	\$31,785	\$42,380	\$52,975	\$63,570	\$74,165	\$84,760
9	\$23,350	\$35,025	\$46,700	\$58,375	\$70,050	\$81,725	\$93,760
10	\$25,510	\$38,265	\$51,020	\$63,775	\$76,530	\$89,285	\$102,040
11	\$27,670	\$41,505	\$55,340	\$69,175	\$83,010	\$96,845	\$110,680
12	\$29,830	\$44,745	\$59,660	\$74,575	\$89,490	\$104,405	\$119,320
13	\$31,990	\$47,985	\$63,980	\$79,975	\$95,970	\$111,965	\$127,960
14	\$34,150	\$51,225	\$68,300	\$85,375	\$102,450	\$119,525	\$136,600

The values listed cap the range from one percentage column to the next;
Any amount exceeding the cap must be applied to the subsequent column.

REGISTRATION PACKETADVANTAGE & 21ST CENTURY AFTER SCHOOL PROGRAMS 2018-2019**PARTICIPANT INFORMATION**

CHILD'S NAME:

AGE:

DOB:

SS#:

STREET ADDRESS:

GENDER:

GRADE:

CITY:

STATE:

ZIP:

RACE/ ETHNICITY:

MAILING ADDRESS IF DIFFERENT:

TEACHER:

CITY:

STATE:

ZIP:

SCHOOL:

CHILD SCHOOL LUNCH PROGRAM INVOLVEMENT BASED ON INCOME: FREE REDUCED PAID**PARENT / GUARDIAN 1**

NAME:

RELATIONSHIP TO PARTICIPANT:

ADDRESS IF DIFFERENT FROM ABOVE:

HOME:

CELL:

EMPLOYER:

WORK PHONE:

EMAIL ADDRESS:

 CUSTODIAL PARENT OKAY TO PICK UP**PARENT / GUARDIAN 2**

NAME:

RELATIONSHIP TO PARTICIPANT:

ADDRESS IF DIFFERENT FROM ABOVE:

HOME:

CELL:

EMPLOYER:

WORK PHONE:

EMAIL ADDRESS:

 CUSTODIAL PARENT OKAY TO PICK UP**FAMILY INFORMATION****FAMILY CHARACTERISTICS:** Single Parent/Father Single Parent/Mother Two-Parent Household Other**NUMBER IN FAMILY:****NUMBER IN HOUSEHOLD:****FRAIL/DISABLED:** NO YES**MEDICAL INSURANCE:** NO YES**MEDICAID:** NO YES**CURRENT HOUSING:** HOMELESS OWN RENT OTHER**DATE MOVED INTO CURRENT HOUSING:****EMPLOYMENT STATUS:** SEASONAL FARM WORKER MIGRANT FARM WORKER FARMER FT/TRAINING FULL TIME HOMEMAKER UNEMPLOYED JOB TRAINING/SCHOOL (PT) SCHOOL SEASONAL UNKNOWN PT & TRAINING RETIRED SELF EMPLOYED**FAMILY INCOME SOURCE:** TANF SSI SOCIAL SECURITY PENSION GENERAL ASSISTANCE UNEMPLOYMENT INSURANCE EMPLOYMENT + OTHER SOURCES EMPLOYMENT ONLY OTHER (i.e. VA benefits)**LEVEL OF FAMILY INCOME** (% OF CURRENT 2018 HHS POVERTY GUIDELINES, See GRID on prior page):

0 - 50% >50 - 75% >75 - < 100% 100% >100 - 125% >125 - 150% >150 - 175% >175- 200% >200

SOURCE/AMOUNT MONTHLY: _____/_____; _____/_____; _____/_____; _____/_____

REGISTRATION PACKETADVANTAGE & 21ST CENTURY AFTER SCHOOL PROGRAMS 2018-2019**PARTICIPANT INFORMATION CONTINUED****CUSTODY**

IS THERE A JOINT CUSTODY OR PARENTING PLAN IN PLACE?	NO	YES (If yes, please attach to packet for file.)
IS THERE A RESTRAINING ORDER IN EFFECT?	NO	YES (If yes, please attach to packet for file.)

RESTRAINING ORDER IS AGAINST:

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD:

THE FOLLOWING PEOPLE MAY NOT PICK UP MY CHILD:

HANDBOOK & CONDUCT

I have been given a Parent Handbook for the 2018-2019 school year. I have read and understand the contents and agree to fulfill what is expected of me as a Parent/Guardian. My child and I both understand that the school code of conduct applies to both Advantage and 21st Century After School Programs.

PARENT / GUARDIAN'S SIGNATURE:

DATE

STAFF SIGNATURE:

DATE

CHILD INFORMATION

Is there anything specific we should know about your child or be aware of?

What are their special interests?

Any other information that would be helpful to share with staff?

REGISTRATION PACKETADVANTAGE & 21ST CENTURY AFTER SCHOOL PROGRAMS 2018-2019**HEALTH & EMERGENCY INFORMATION:**

CHILD'S NAME:	GENDER:	DOB:
ADDRESS:	HOME PHONE:	
	CELL PHONE:	
	INSURANCE CARRIER:	
SCHOOL:	MEDICAID OR INSURANCE NO.:	
PEDIATRICIAN:	PHONE NUMBER:	

MEDICAL CONDITIONS THAT EXIST WITH MY CHILD THAT MEDICAL PERSONNEL SHOULD BE AWARE OF:

_____ PRESCRIBED MEDICATION -- DAILY OR AS NEEDED (SPECIFY) _____
 _____ ASTHMA _____ DIABETES _____ SEIZURES, CONVULSIONS
 _____ ALLERGIES TO MEDICATIONS (SPECIFY) _____
 _____ ALLERGY (BITES, FOODS, ENVIRONMENTAL) _____
 _____ OTHER _____

PARENT / GUARDIAN'S EMERGENCY INFORMATION:

PARENT / GUARDIAN 1:	WORKPLACE & PHONE NUMBER:
PARENT / GUARDIAN 2:	WORKPLACE & PHONE NUMBER:
PARENT / GUARDIAN 3:	WORKPLACE & PHONE NUMBER:
PARENT / GUARDIAN 4:	WORKPLACE & PHONE NUMBER:

RELATIVE/FRIEND/CHILDCARE PROVIDER TO CONTACT IN CASE OF HEALTH RELATED OR EMERGENCY SITUATION IF PARENT(S)/GUARDIAN(S) NOT AVAILABLE:

PERSON 1	PERSON 2	PERSON 3
NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:	PHONE:
ADDRESS:	ADDRESS:	ADDRESS:

I AGREE THAT THE PERSONS LISTED ABOVE MAY ACCEPT RESPONSIBILITY FOR MY CHILD IN MY ABSENCE. I HAVE ALSO MADE THESE PEOPLE AWARE THAT THEY HAVE BEEN DESIGNATED, AND THEY AGREED TO ACCEPT THIS RESPONSIBILITY.

PARENT / GUARDIAN'S SIGNATURE	DATE
STAFF SIGNATURE	DATE

REGISTRATION PACKET

ADVANTAGE & 21ST CENTURY AFTER SCHOOL PROGRAMS 2018-2019

CONSENT FORM & RELEASE OF INFORMATION

CHILD'S NAME:	DOB:
PARENT / GUARDIAN'S NAME:	SCHOOL DISTRICT:

As indicated below, I hereby give permission to the Advantage After School Program **AND** 21st Century After School Programs to provide the following services for my child:

1. Collaborative after school enrichment activities and workshops offered by both programs;
 - i. Enrichment activity leaders may sign out my child to participate their workshop
2. Basic First Aid by Staff. Including application of antibiotic topical ointments in case of cuts and scrapes;
3. Receive and/or release information (educational/therapeutic and/or medical) to/from:
 - i. Home School District (REQUIRED)
 - ii. Primary Care Physician. Physician's name: _____
 - iii. Health Facility Personnel (i.e. hospitals, doctors, & specialists in the event of an emergency).
 - iv. Collaboration with other programs within/ or outside the Wayne County Action Program Inc., in which the family is enrolled (List programs family is enrolled in)

- v. Special Service Providers _____;
- vi. Other (Specified by family members) _____;
4. Photographs and Videotaping taken and used in:
 - i. Classroom (i.e., albums, posters, etc.)
 - ii. Print and digital media;
5. Water play under adult supervision in a sprinkler or water table;
6. My child can attend walking and school district transported field trips off school grounds;
7. Application of protective sunscreen – SPF 30 (provided);
8. Confidential, and secure storage of the information contained in this registration packet on **COPA**, a centralized online database. **By signing this form, I am showing I understand that:** *The purpose of securely storing information in COPA is to help improve the services I receive; My information will be used to ensure that the agency, Wayne County Action Program, Inc., will provide the most comprehensive services to me and/or my family; The Wayne CAP program serving me is required to utilize COPA for all customers; I am entitled to a copy of this COPA Acknowledgement; The list of Wayne CAP programs that may have access to my information is in the PARENT HANDBOOK I received today, and can be found on the agency website: www.waynecap.org.*

PARENT / GUARDIAN'S SIGNATURE	DATE
STAFF SIGNATURE	DATE

REGISTRATION PACKET

ADVANTAGE & 21ST CENTURY AFTER SCHOOL PROGRAMS 2018-2019

EMERGENCY CLOSING DESTINATION FORM

CHILD'S NAME:	EFFECTIVE:	
PARENT / GUARDIAN#1:	PARENT / GUARDIAN#2:	
DAY TIME PHONE NUMBER:	DAY TIME PHONE NUMBER:	
TEACHER:	GRADE:	SCHOOL:
ADDRESS WHERE CHILD WILL GO WHEN THERE IS NO AFTER SCHOOL PROGRAMMING:		
NAME OF ADULT AT DESTINATION:		
PHONE NUMBER AT DESTINATION:		
		Bus Number:

Please Note: Child will be sent to this destination during emergency closings unless the parent sends a handwritten note into the school indicating an alternative place, including the address, adult in charge and phone number.

REGISTRATION PACKETADVANTAGE & 21ST CENTURY AFTER SCHOOL PROGRAMS 2018-2019**STUDENT 2-WEEK CALENDAR**

CHILD'S NAME:

SCHOOL:

TEACHER:

GRADE:

CHILD NEEDS BUS TRANSPORTATION HOME DAILY: NO YES CHECK HERE IF YOU WOULD LIKE THIS TO BE YOUR CHILD'S PERMANENT SCHEDULE FOR THE SCHOOL YEAR**WEEK OF:**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARRIVAL TIME:	ARRIVAL TIME:	ARRIVAL TIME:	ARRIVAL TIME:	ARRIVAL TIME:
PICK- UP TIME:	PICK- UP TIME:	PICK- UP TIME:	PICK- UP TIME:	PICK- UP TIME:

WEEK OF:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARRIVAL TIME:	ARRIVAL TIME:	ARRIVAL TIME:	ARRIVAL TIME:	ARRIVAL TIME:
PICK- UP TIME:	PICK- UP TIME:	PICK- UP TIME:	PICK- UP TIME:	PICK- UP TIME:

SPECIAL NOTES:

PARENT / GUARDIAN'S SIGNATURE	DATE
STAFF SIGNATURE	DATE