

School: _____

Student Information

Student Name: _____

Date of Birth: _____ Student ID #: _____ Grade: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Information		
Relationship to the student: <i>(Check one)</i> <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____	Name	Home Phone
Cell Phone	Work Phone	Email

Pick-Up Information

My child may walk home alone at _____ (time) unless otherwise specified.

My child may be picked up by any of the following people:			
Name	Relationship <i>(to the student)</i>	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
Name	Relationship <i>(to the student)</i>	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
Name	Relationship <i>(to the student)</i>	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number

Emergency Contact		
Relationship <i>(to the student)</i>	Home Phone	Work Phone
Name	Cell Phone	Email

Names of all children in the family who participate in a OSTP Afterschool Program or an OSSE subsidized program.	
1.	2.
3.	4.
5.	6.

Student Survey

I allow my child to complete a survey and/or participate in a focus group about the Afterschool Program. The survey/focus group will ask your child to answer questions about his/her experiences in the afterschool program. The survey/focus group will be conducted during the afterschool program hours and should take approximately 10-15 minutes to complete. Participating will not affect your child in school, in the afterschool program, or in any other way, and is not required for afterschool enrollment. We will not use your name or your child's name in any report. Your child's responses will be combined with the responses of other afterschool participants at the school and will be reported only in aggregate. Participation is completely voluntary and participants may withdraw at any time with no consequences. A copy of the survey is available upon request from the Office of Out of School Time Programs at 202-442-5002.

Yes No

Parent/Guardian Name: _____ Date: _____

Release Statement

I agree to pay the required co-payment for afterschool programming if I do not qualify for free programming. If my child is participating in a full time CBO program (2.5 hours per day) I will only be charged for the day(s) they are in the OSTP afterschool program.

I understand that my child's school is an OSTP afterschool program that is funded by a grant from the Office of the State Superintendent of Education (OSSE). The OSSE grant requires that the adjusted gross income of each family must fall within the established range on the Sliding Fee Scale for the family size to be eligible to enroll their students in the program. All applicants must be income eligible in order to qualify for subsidy.

Late Pick-up Policy

I understand that if my child is picked up late (after 6 PM) more than three times, the child can be removed from afterschool programming.

By signing below, I agree to **all** of the terms written in the above statements:

Parent/Guardian Name: _____ Date: _____

Cluster Coordinator: _____ Date: _____

Office of Out-of-School Time

1200 First Street, NE 8th Floor
Washington, DC 20002
202-442-5002
Afterschool.dcps@dc.gov

FERPA LETTER – Must be signed in order for your child to be enrolled in the DCPS Afterschool Program for the 2013-2014 school year.

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, DCPS works with organizations that specialize in providing afterschool programs (Afterschool Providers). In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS's sharing of this information about your child with the Afterschool Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name

Your Child's School

**CONSENT AND RELEASE FOR STUDENTS
TO BE FILMED/ PHOTOGRAPHED/ INTERVIEWED
AND FOR USE OF IMAGE/VOICE**

I, _____, hereby irrevocably grant to District of Columbia Public Schools (DCPS) and
Parent/Guardian's Name

the District of Columbia, their successors, and their assignees the right to record the image and/or voice and use the
artwork and /or written work of my child, _____, on videotape, on film, in photographs, in digital
Child's Name
media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant
District of Columbia Public Schools (DCPS) and the District of Columbia , their successors, and their assignees the right to
use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium
and hereby consent to such use.

I hereby release District of Columbia Public Schools (DCPS) and the District of Columbia, their successors, and their
assignees and anyone using my child's image and/or voice, artwork and/or written work pursuant to this release from
any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by
reason of any use thereof.

I understand that the provisions of this release are legally binding.

Parent/Guardian (if student is under 18) [Print Name]

Signature

Date

Student's School: _____ Student's Grade: _____