2023 Elementary Afterschool
Information & Registration Form

Dates: September 11 - June 12 *(tentative pending snow days)*

Days/Hours: Monday- Tuesday,Thursday-Friday 3:00 pm *(end of school day)*-5:30pm

Wednesday- 2:00 pm - 5:30 pm

Who Can Attend? Children enrolled in kindergarten through 5th grade.

Tuition: $150/week*

*COST: We accept Child Care Subsidy and have full and partial scholarships available.

*Partial week registrations may be available on a case by case basis but cannot be guaranteed.

SPACE IS LIMITED – REGISTER TODAY!
Registration will open on July 15, 2023

To register, complete the attached registration form in full and return via:

| **Mail:** PO Box 3039 | **Visit:** 66 North Avenue | **Email:** |
| Burlington, VT 05408 | Burlington, VT 05401 | elementary@saraholbrookcc.org |

Questions? For more information regarding the SHCC Afterschool program, please contact the Elementary Program Director, Jarrell Watts at 802-862-6342 x216

Sara Holbrook
COMMUNITY CENTER
Established in 1937

Tuition:		
☐ **Full Pay Tuition**	☐**Have current Child Care Subsidy Certificate**	☐ **Interested in Full or Partial Scholarship***

*Scholarship recipients are required to apply for childcare subsidy. Child Care Subsidy application can be found online @ https://outside.vermont.gov/dept/DCF/Shared%20Documents/Benefits/CCFAP-Application.pdf or is available in printed format at SHCC.

Enrollment:	
☐ **Full Week**	☐**Partial Week*** Days: ___Mon ___Tue ___Wed ___Thur ___Fri

*Partial week registrations may be available on a case by case basis but cannot be guaranteed.

STUDENT INFORMATION

Full Name: _____ Nickname: _____

Date of Birth: _____ Age: _____

Country of Origin:_____ Language(s) spoken at home: _____

Demographics:

Race	□ American Indian/Alaskan Native	□ Asian	□ Black/African American
	□ Hispanic/Latino	□ Native Hawaiian/Other Pacific Islander	□ White
Ethnicity	□ Hispanic/Latino	□ Non-Hispanic/Latino	
Gender	□ Boy	□ Girl	□ Non-Binary
	□Don't Know/Prefer not to say		

School Name: _____ Grade in the fall_____

Student's Interest/Hobbies: _____

STUDENT'S NAME: _____

PARENT, GUARDIAN & HOUSEHOLD INFORMATION

Parent/Guardian # 1:

Name: _____   Email Address_____

Address: _____   Primary Phone: _____

City: _____ State:_____ Zip: _____   Secondary Phone: _____

Place of Work: _____   Work Phone #:_____

Parent/Guardian # 2:

Name: _____   Email Address_____

Address: _____   Primary Phone: _____

City: _____ State:_____ Zip: _____   Secondary Phone: _____

Place of Work: _____   Work Phone #:_____

Is there a court ordered custody agreement in effect?   □ Yes   □ No

If yes, a copy will need to be provided to the Elementary Program Director

If applying for a scholarship, please answer the following questions. Otherwise, you do not need to answer the following question, however we appreciate if you would. Many of the grants that make Sara Holbrook programs possible require that we collect it.

Number of family members in the home_____   Household Income: _____

EMERGENCY CONTACTS

▶ **These MUST be people other than the parent/guardian, and will be used if the parent/guardian cannot be reached***

EMERGENCY CONTACT #1:

Full Name: _____   Relationship to Student: _____

Primary Phone #: _____   Secondary Phone #: _____

EMERGENCY CONTACT #2:

Full Name: _____   Relationship to Student: _____

Primary Phone #: _____   Secondary Phone #: _____

EMERGENCY CONTACT #3:

Full Name: _____   Relationship to Student: _____

Primary Phone #: _____   Secondary Phone #: _____

OTHERS AUTHORIZED TO PICK-UP

- **Individuals authorized to pick your student up must present photo-ID prior to the students release from the program.**

Authorized Pick Up #1:

Full Name: **_____**   Relationship to Student: _____

Primary Phone #: _____   Secondary Phone #: _____

Authorized Pick Up #2:

Full Name: _____   Relationship to Student: _____

Primary Phone #: _____   Secondary Phone #: _____

CHILD'S MEDICAL INFORMATION

Insurance Information:

Is your child covered by family medical/hospital insurance?   □ Yes   □ No

If yes, indicate the carrier or plan name: _____   Group ID # _____

Child's Physician: _____   Phone # _____

Child's Dentist/Orthodontist: _____   Phone # _____

Medications: Please list ALL medications (including over the counter or non-prescription drugs) taken routinely by student: _____

_____

Does your child take medication that needs to be administered during program hours?   □ Yes   □ No

- **Medications administered during program should be provided to the Program Director in its original container with quantity and time administered.**

Does your student require an epinephrine pen with them at all times?   □ Yes   □ No

Allergies: Please describe in detail all known medical and food allergies (only list food allergies if reactions are severe or fatal) including the source of the allergy, reaction and the management or care needed.

_____

Medical Conditions/health history:

Please describe in detail any medical conditions your student has including the management or care needed.

_____

_____

SPECIAL NEEDS

Does your student have or receive any of the following: (check all that apply)

- Individual Aide
- Individual Education Plan (IEP)

- Behavior Management Plan
- ELL Services

- 504 Plan

Special Educators Name: _____   Email _____

ELL Support Staff Name: _____   Email _____

Other: _____   Email _____

ADDITIONAL INFORMATION

Please provide any additional information about your child's behavior, and/or physical, emotional, food, or mental health concerns that the staff should be aware of: _____

_____

_____

AUTHORIZATIONS

	DESCRIPTION	PARENT/GUARDIAN INITIALS	
		YES	NO
**SHCC Waiver	The information I have provided above is true and correct to the best of my knowledge. I hereby give my consent for my child, listed above, to participate in the SHCC program indicated. My child has permission to engage in all activities, except as noted. I agree to hold harmless the SHCC, its employees, or volunteers from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, related activities or events.		
**Medical Authorization	I understand that medical insurance coverage is not provided. I hereby give permission for SHCC to provide routine health care (including the		

	application of non-prescription medications and products, ointments, creams, tick and insect repellents, and other topically applied ointments and lotions as deemed necessary). I agree to the release of any of the above-described information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the program to arrange necessary related transportation for my child and give permission to the attending physician to secure and administer treatment, including hospitalization		
**Immunization Record Access	I give permission for the Sara Holbrook Center to access my child's immunization records through the Vermont Immunization Registry		
Education Consent	*I give permission for Sara Holbrook Community Center to share and receive any and all student information that the Elementary Program believes will assist it in meeting the needs of my Student while at SHCC.*		
Photo Consent	*During Sara Holbrook programs staff take photographs of activities involving students to share all of the amazing things that happen. and updates. Some photographs may capture your child's participation, directly or indirectly. These photos may be published through our website, social media pages, and news bulletins. We seek your consent to publish photos which may involve your child to the said platforms.* SHCC has permission to take and publish photos of my child.		
Transportation Consent	My child can be transported by Sara Holbrook approved staff or a contracted transportation service while attending Sara Holbrook activities.		
Walking Field Trips	My child can participate in walking field trips during their time in an SHCC program.		
Topically Applied Lotion and Ointments	I give permission for my child to apply non-prescription medications and products, such as ointments, creams, sunscreens, tick and insect repellants, and other topically applied ointments and lotions under supervision of SHCC staff.		
Swimming	I understand that all swimming activities are supervised by staff and certified lifeguards. My child has permission to swim while at SHCC.		
PG Movies	My child is allowed to watch PG movies		

I have read the above carefully and sign it voluntarily with full knowledge of its significance.

Parent/Guardian's Signature: _____   Today's Date: _____