

Parents/Guardians Please Keep This Page For Your Records

As soon as your child has been enrolled and accepted into the Community Learning Center After School Program, you will be notified by the Program Manager by phone. **A parent, guardian or responsible adult must come to a mandatory program orientation** before a registered child can attend program. We will call you to set up a time for orientation once your application has been received and processed.

Program starts 9/7/2022 to 6/2/2023

Program Contact Person Information:

Tarlon Gibson

Office: 585-288-0021

Cell: 585-435-9347

Fax: 288-8662

Email: tgibson@communityplace.org

145 Parsells Avenue

Rochester, New York 14609

Child's Name: _____



The
COMMUNITY
PLACE of GREATER
ROCHESTER, INC.

Community Learning Center Registration Application 2022-2023

After School Program

9/7/22-6/2/2023

Monday-Friday 2pm-6pm



Serving Grades:

Kindergarten – 8th grade

Located at:

145 Parsells Ave

Rochester, NY 14609

Important Notes:



Incomplete registrations will not be accepted.



There will be a Mandatory Parent Orientation Prior to the Start of Program



Registrations are only accepted Monday's – Thursday's.

Office Use Only:

Date Received:	Received By:	Date Entered:	Entered By:
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Child's Name: _____

Street Address		City	Zip Code
Date of Birth	Race/Ethnicity		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
School	Grade	RCSD ID # (Required - Found on Report Card)	
Parent/Guardian Name		Relationship to Child	
Street Address		City	Zip Code
Home Phone	Cell Phone	Work Phone	
Employer		E-mail Address	
Parent/Guardian Name		Relationship to Child	
Street Address		City	Zip Code
Home Phone ()	Cell Phone ()	Work Phone ()	
Employer		E-mail Address	
So we can identify families, if you are registering siblings please list their names and their grade 2022/2023 *One Application Per Child*			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			
Name:		Grade:	
Relationship:			

Child's Name: _____



Community Learning Center Youth Plan

The Youth Plan is a service plan for youth engaged in The Community Place of Greater Rochester's Community Learning Center (CLC). The goal of the Community Learning Center is to prepare youth for college, work, and life by age 21 through innovative and engaging after-school programming activities, workshops, and field trips. Programming focuses on the following core components of youth development and enrichment:

1. Academic Enrichment (Literacy, STEM, and HW Assistance)
2. College and Career Exploration
3. Civic Engagement and Community Service Learning
4. Health and Physical Fitness
5. Social and Emotional Development
6. Leadership and Character Development
7. Artistic and Cultural Development

Youth participants agree to:

- Actively participate in scheduled activities each day and for at least 3 days a week.
- Work towards successfully implementing and achieving Youth Behavioral Guidelines of program.

CPGR Staff agrees to:

- Create a welcoming, friendly, and safe environment for youth participants and their families.
- Deliver quality program incorporating core components of youth development and enrichment activities.
- Provide age appropriate activities, use evidence based curriculums and include youth voice/choice in program offerings.
- Interact with youth establishing rapport and making appropriate referrals for wrap around services as needed.
- Contact parent/guardian about their child's successes in program and when challenges arise.

Parent/Guardian agrees to:

- Support all staff, partners, and volunteers involved with helping youth to be successful.
- Be an active participant in programming through attending events, conversations with staff, completing satisfaction surveys, reading newsletters, etc.
- Communicate with Community Learning Center staff regarding program absences, changes in contact information, health concerns, and behavior concerns.
- Provide honest feedback on the Community Learning Center to facilitate the continuous improvement of the program to meet the needs of families.

Youth Signature

Date

Parent Signature

Date

Staff Signature

Date

Child's Name: _____



The COMMUNITY PLACE of GREATER ROCHESTER, INC.

Privacy Notice – Acknowledgement of Receipt

New federal regulations require The Community Place of Greater Rochester, Inc. (CPGR) to send a Privacy Notice to everyone who receives services from CPGR. These regulations are known as the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The HIPPA Privacy rule does not change the way you receive services from CPGR. It does not change the privacy rights you have had under New York State Mental Hygiene law. The HIPPA privacy rule requires CPGR to take some additional steps to make sure you are aware of your privacy rights.

By signing this acknowledgement form, I am confirming that:

- I have received a copy of CPGR's Privacy Notice.
- I understand that I can contact people listed in the Privacy notice to get more information about my privacy rights at CPGR.

Participant name (please print): _____

Parent/Guardian name: _____

Parent/Guardian Signature: _____ Date _____

In the event the participant and/or his/her guardian is unable to comprehend the notice:

Address of contact person: _____

Signature of Contact Person: _____ Date _____

Relationship to consumer: _____

Child's Name: _____

All Combined Releases: Please read carefully and sign accordingly.

1. **SCHOOL RELEASE:** The Community Place of Greater Rochester is working with parents and schools to monitor and improve school attendance rates and grades as well as to foster greater commitment to education among youth program participants from Kindergarten to 8th grade. In order for us to accomplish these goals, we need your permission to both obtain from and give information to your child's school. If you have any questions about the program, please feel free to call Tarlon Gibson, Director of Early Childhood and Youth Development, at (585)288-0021. I agree to let the Community Place of Greater Rochester, Inc. (CPGR) obtain and/or give information to

_____ about _____
((Child's School)) *((Child's Name))*

I have read and support the information above and by signing below I give my permission for the release of information.

Parent/Guardian Signature

Date

2. **IMAGE RELEASE:** I give permission for my child to be photographed / videotaped for promotional purposes while participating in this program.

Parent/Guardian Signature

Date

3. **PROGRAM TRANSPORTATION:** I give the Community Place of Greater Rochester, Inc. permission to transport my child for scheduled field trips and program outings.

Parent/Guardian Signature

Date

4. **PERMISSION TO PARTICIPATE IN PROGRAM EVALUATION:** The Community Place of Greater Rochester is committed to providing the best possible program for youth and families and making sure that the program is effective in preparing youth for employment, life and college. We will be using various methods to evaluate program success, including parent/youth surveys, focus groups, assessment tools, etc. All information will be kept strictly confidential. I give my child permission to participate in Program Evaluation activities.

Parent/Guardian Signature

Date

5. **MEDICAL RELEASE:** I give permission that my child, may be given first aid and emergency treatment by a child care provider of the Community Place of Greater Rochester, Inc.'s Community Learning Center. This includes minor first aid, sunscreen, antihistamine cream and antibiotic cream

Parent/Guardian Signature

Date

6. **PROGRAM RELEASE:** I give my permission for my child to participate in the Community Place of Greater Rochester's Community Learning Center.

Parent/Guardian Signature

Date

Child's Name: _____

Does your child receive any of the following through school? Please check box for Yes Leave Blank for No. **(Required)**

Special Education	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	IEP	<input type="checkbox"/>
Limited English Proficiency	<input type="checkbox"/>	Free/Reduced Lunch	<input type="checkbox"/>		<input type="checkbox"/>

Child Health Information

Special Health Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No (Ex. ADD, ADHD, Emotional, Psychological) If Yes, please specify.	Allergies (Food, Drug, Environmental): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify.
Regular Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify. <u>Medications given at home:</u> <u>Medications given at school:</u>	Important information we should know about your child... Who does your child live with and what is their relationship to him/her?
What techniques of discipline do you find most effective?	If you could describe your child in one phrase, what would it be?

Child's Medical Insurance Coverage

Insurance Company/Medicaid Provider	Member Policy Number
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Family Income Information

<input type="checkbox"/> \$0-9,999	<input type="checkbox"/> \$35,000-\$44,999
<input type="checkbox"/> \$10,000-14,999	<input type="checkbox"/> \$45,000-\$74,999
<input type="checkbox"/> \$15,000-24,999	<input type="checkbox"/> \$75,000 +
<input type="checkbox"/> \$25,000-34,999	<input type="checkbox"/> No Income

Child's Name: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION (Required for Emergency Binder)

PHOTO OF CHILD (Optional)	Child's Full Name:			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to:			
	Children who have special health care needs are those who have chronic physical, developmental behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.			
	Child's Source of Medical Care/Primary Care Physician's Name:		Number:	
Child's Source of Central Care/Dentist's Name:		Number:		
Name of Medical Care Facility/Hospital:		Number:		
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY/PICK UP INFO	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER
CHILD'S FULL NAME:				SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
CHILD'S HOME ADDRESS:			DATE OF BIRTH:	HOME TELEPHONE NUMBER:
DATE OF ACCEPTANCE:		DATE OF DISCHARGE:		
NAME OF PERSON APPLYING FOR CHILD:		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other	HOME TELEPHONE NUMBER:	
			DAYTIME TELEPHONE NUMBER:	
ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):				
AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE				DATE

The Community Place of Greater Rochester, Inc.
 The Community Learning Center
 145 Parsells Avenue, Rochester, NY 14609
 585-288-0021 X. 182 (office)
 (585) 953-4597 (Cell)

Child's Name: _____