



**Crook County After the Bell Enrollment Form
2019-2020**

Students, parents and caregivers:

Please fill out the following information and return this form to the Crook County After the Bell classroom at 641 E. First St. or mail to:

CC After the Bell, 450 SE Fairview St, Prineville OR 97754

For more information, contact Stepheni, Site Coordinator: 541-778-0066 / stepheni.lester@centraloregonyouth.org

Student Information:

Student Name _____ Grade _____ Gender _____

Birth date _____ School Enrolled In _____

Student Name _____ Grade _____ Gender _____

Birth date: _____ School Enrolled In _____

Student Name _____ Grade _____ Gender _____

Birth date _____ School Enrolled In _____

Parent/Guardian Name(s) _____

Home Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Email _____

Yes, I would like to be contacted about volunteering at After the Bell. []

Dismissal/Sign Out:

My child may be picked up by the following adults (list all names): _____

_____ // _____

Enrollment Options:

Option 1: Full School Year (paid up front)

___ Each Child: \$510.00 (15% discount off the monthly rate)

Option 2: Full Time Monthly (paid up front)

___ Each Child: \$60.00

Option 3: Part Time Drop In (paid at the end of each month)

___ Each Child: \$6.00 per day

Please contact Stepheni, site coordinator, at 541-788-0066 for any questions or concerns.



***Grant-Related Information (optional):**

Ethnicity: Not Hispanic ___ Hispanic ___

Race: White ___ Black ___ Am. Indian/Alaska Native ___ Asian ___ Hawaiian & Pacific Islander ___ Other ___

Our family receives: free lunch ____, reduced lunch ____, food stamps ____, SSI ____, Veterans Assistance ____

Estimated yearly family income: \$0 – \$12,000 ____, \$12,000 - \$25,000 ____, \$25,000 - \$40,000 ____, Other ____

****We collect basic demographic information for the sake of applying for and reporting on grants to support our programs.***

As the parent or legal guardian of the above-named student(s), I hereby give permission for them to be enrolled in and attend After the Bell. I acknowledge that I have read, understand, and agree with all policies and releases (including release of liability, billing, and behavior expectations).

Parent and/or Guardian Name: _____

Parent and/or Guardian Signature: _____ Date: _____



**Parent or Guardian Release
2019-20**

Students, parents and legal guardians, please read carefully. A parent or legal guardian signature on this form is required to participate in the after school program.

For Emergency Treatment

I authorize Crook County After the Bell and Central Oregon Youth Development, Inc. to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to Crook County After the Bell and Central Oregon Youth Development, Inc. in conjunction with any authorized event.

General Release of Liability

In consideration for being allowed participant privileges in any program of Crook County After the Bell and Central Oregon Youth Development, Inc., I hereby assume full responsibility for any risk of bodily injury, and/or death, or property damage while using the premises or any facilities or equipment. I further agree to hold harmless Crook County After the Bell and Central Oregon Youth Development, Inc., their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. To the extent permitted by law, and in consideration for being allowed to participate in Crook County After the Bell programs and activities, I hereby save, hold harmless, discharge and release Crook County After the Bell, Central Oregon Youth Development, Inc., from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the After the Bell program, whether caused by negligence or carelessness of After the Bell, Central Oregon Youth Development, Inc. or otherwise. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend After the Bell and Central Oregon Youth Development, Inc. from any claim by the aforementioned parties arising out of my participation in After the Bell.

Transportation from Crooked River Elementary to Classroom Site & Community Field Trips

Crook County After the Bell will transport students by vehicle from Crooked River Elementary to our classroom site at The Pioneer Complex, 641 E. First Street, Prineville, OR 97754. Crook County After the Bell will take short field trips on occasion that are within the school community. We will always return by normal dismissal time, unless we notify you in advance. I give permission for my child to leave the school property with supervision from Crook County After the Bell employees, program partners, directors, officers, employees, agents, and volunteers.

Please sign here

Student's Name(s): _____

Parent/Legal Guardian Signature: _____ Date: _____



After the Bell Media Release Form 2019-20

Students, Parents and Caregivers:

Please fill out the following information and return this form to Stepheni Lester, After the Bell Site Coordinator, at 641 E. First St.

Or mail to: After the Bell, 450 SE Fairview St, Prineville OR 97754.

For more information call Stepheni at **541-778-0066**

StudentName: _____ Grade: _____

Home Phone: _____ Cell Phone: _____

Birth date: _____

Media Release

I hereby consent to the use of my child/children’s name(s), likeness(es), and speech in any audio tape, video tape, film or photograph made in any After the Bell and Central Oregon Youth Development, Inc. activity for business or publicity purposes of After the Bell, Central Oregon Youth Development, Inc., and the program partners. I understand that any participation offers no remuneration and that my child’s name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release After the Bell and Central Oregon Youth Development, Inc., its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

*Please sign here if you **AGREE** to the Media Release*

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

*Please sign here if you **DO NOT AGREE** to the Media Release:*

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

And Thank You!



**Crook County After the Bell Health Form
2019-20**

Participant's Name: _____
Last First M.I.

Address: _____
Street Address

City State Zip

Gender _____ Grade: _____ Birth Date: _____ Home Phone: _____

Emergency Contact: Name: _____ Relationship to Child: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Health Statement

(to be completed by parent, physician or adult guardian)

∞ Is the participant currently under medical treatment? Yes No

Describe: _____

∞ Does the participant have any history of respiratory illness? Yes No

Describe: _____

∞ Is the participant diabetic? Yes No ∞ Date of last tetanus shot? _____

∞ Is there any medical condition (heart condition, seizures of any kind, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program? Yes No

If yes, please explain:

∞ Does the participant have any allergies or dietary restrictions? Yes No

If yes, please

describe: _____

∞ Name of all medications and medication schedule: _____

∞ Name and phone number of physician: _____



Crook County After the Bell Health Form (cont.)
2019-20

***Accommodations:** Central Oregon Youth Development, Inc. and Crook County After the Bell do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in our program?

Yes No // If yes, please describe:

*Accommodations may include: speech, hearing or vision impairments that may affect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the Crook County After the Bell and Central Oregon Youth Development, Inc. representative in charge to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the representative of Crook County After the Bell and Central Oregon Youth Development, Inc. to hospitalize, secure emergency treatment for, order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent or Legal Guardian: _____ Date: _____



**Billing and Payment Information
2019-20**

Billing Policy

Bills will be sent out on the 25th of each month via PayPal and are to be paid by the 5th of the following month. Methods of payment are:

- 1- Onsite with cash or check,
- 2- Mailed to the ATB: CC After the Bell, 450 SE Fairview St., Prineville, OR 97754, or
- 3- Online via Paypal.

If the bill has not been paid in full by the 5th, a **\$10 late fee** will be added to that month's bill. If a payment has still not been received by the 10th of that month **the student will not be allowed to attend the program** until payment has been received – *this includes full payment of late fees.*

FOR FULL TIME STUDENTS, THE 1ST PAYMENT IS DUE WITH REGISTRATION

Late Pickup Fee & Policy

Please be sure to pick up your child **by 6pm**, the After the Bell closing time. Parents/Guardians will be charged **\$10** each time a child is not picked up by closing time; this fee will be added to the monthly bill. If needed, After the Bell reserves the right to contact appropriate authorities when children are not picked up by a reasonable time and after we have attempted to reach all emergency contacts.

Signature of Acknowledgment: _____



After the Bell Behavior Expectation Policy 2019-20

We exist to enrich, mentor and educate youth through safe and positive outside- of-school programs. Cooperation is a key component to our program running smoothly and is an expectation that we hold highly. We believe that the best motivations for encouraging positive behavior are modeling appropriate conduct, praising positive behavior, and consistently enforcing program rules and expectations. Parents have the right to expect that their child will have proper supervision while attending our program. The child who constantly needs the attention of the staff for behavior correction is taking away the rights of the others and not allowing the needs of all the children in the program to be met.

Unacceptable Behavior

Students attending After the Bell will be subject to discipline including, suspension, expulsion, loss of awards and honors, and/or referral to law enforcement officials for the following, including but not limited to:

1. Bringing, possessing, concealing or using a weapon to or on the property or at an activity under the jurisdiction of the school or at an interscholastic activity administered by a voluntary organization approved by the State Board of Education under ORS 339.430; *
2. Substance abuse or any possession or use of tobacco, alcohol or unlawful drugs, including drug paraphernalia; *
3. Assault or menacing of a staff member or another student. Menacing means by word or conduct the student intentionally attempts to place an employee or another student in fear of imminent serious physical injury;
4. Use of threats, targeted lists, intimidation, harassment or coercion against any fellow student or employee;
5. Willful damage or destruction of district property;
6. Willful damage or destruction of private property on district premises or during activities;
7. Open defiance of a staff member’s authority;
8. Theft;
9. Use or display of profane or obscene language;
10. Hazing;
11. Persistent failure to comply with rules under the lawful directions of staff.

**After the Bell has a zero-tolerance policy for the possession of drugs, alcohol and weapons and possession of any of these items may result in immediate expulsion from the program. In addition, when a student commits substance abuse, drug or drug paraphernalia, alcohol- and/or tobacco-related offenses or any other criminal act, he/she may also be referred to law enforcement officials. Violations of the district’s weapons policy, as required by law, shall be reported to law enforcement.*

Disciplinary Procedure

Disciplinary measures are applied depending on the nature of the offense. The age and past pattern of behavior of a student will be considered prior to any suspension or expulsion.

Verbal Warnings: A student will be given one verbal warning to change the unacceptable behaviors listed above.

If negative behavior continues then a Parent/Guardian will be contacted and be expected to pick up their child early or have arrangements for someone else to pick up the child as soon as possible.

If a student’s parent/guardian has to be called twice in one week due to negative behavior, the student will receive a suspension from the following program day(s).

Student Name: _____

Parent or Guardian Name (Print): _____

Signature of Acknowledgment: _____ Date: _____



Authorization to Use and/or Disclose Educational and Protected Health Information
2019-20

I authorize the Crook County School District to use and/or disclose educational and/or protected health information regarding my child (children) to Central Oregon Youth Development, Inc.

Student/Child's Name(s) _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Other Names Used _____ School or Program Name(s) _____

I understand that:

- This authorization is voluntary, and I may refuse to sign it without affecting my child's health care.
I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
I may revoke this authorization at any time by notifying Central Oregon Youth Development, Inc. in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.

(Signature of Parent, Legal Guardian) _____ (Date) _____

(Relationship) _____

This authorization expires July 1, 2020

*This form allows the school to share important information with After the Bell staff. For example: if the student has been sick the nurse can let After the Bell staff know. Another example: if a teacher would like to let After the Bell staff know that a student would benefit from extra tutoring in a certain subject.

Central Oregon Youth Development, Inc. offers programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, marital status, national origin, race, religion, sex, sexual orientation, or veteran's status, and is an Equal Opportunity Employer. Reasonable accommodations will be provided to those with physical or mental disabilities. Please contact our office in advance to make arrangements.