



## Enrollment Form

Shaw Community Center:

[info@shawcommunity.org](mailto:info@shawcommunity.org)

(202) 232-1258

### STUDENT REGISTRATION FORM – SCHOOL YEAR 2017-18

**Program and Location:** Shaw Community Center Afterschool -1701 11<sup>th</sup> Street, N.W. (Lincoln Temple UCC)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ward: \_\_\_\_\_

DCPS Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Language spoken at Home: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Parent's Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Adult(s) authorized to pick your child up from the program: \_\_\_\_\_

List any of your child's medical, physical or mental health needs that require special attention: \_\_\_\_\_

List any medications your child takes regularly: \_\_\_\_\_

List any food allergies: \_\_\_\_\_

Do you consent for your child to receive medical attention in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

#### PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local (school) site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. **I understand that if my child is not picked up from the local site by 6 p.m., he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW (202) 671-SAFE.**

Signature: \_\_\_\_\_

*Parent/Guardian*

Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_



# SHAW COMMUNITY CENTER

## 2017/18 Parent's Agreement and Conditions of Enrollment

I, \_\_\_\_\_, (name of parent / caregiver). Promise and agree to abide the terms and conditions of enrollment as follows:

### I commit my child to following SCC rules and the direction of all Professional Staff Members

- Together we will maintain a safe and respectful environment for all participants. Accordingly:
  - Youth and Parents agree to support the house rules and participate in mediation should conflicts arise
  - Verbal or Physical Bullying are grounds for immediate suspension or expulsion at Director's discretion
  - Destruction of physical property or flagrant damage to the program premises will not be tolerated
  - Parents can be held liable for any damages to program equipment or facilities incurred by youth
  - No cell phones will be allowed during program times, except during lunch or as prescribed by Director
  - Parents will call main program number or check in with Director for any mid-day interventions with youth

(SCC Program hours are from **3pm to 6pm daily**, Monday through Friday, August 21<sup>st</sup> 2017 – June 13<sup>th</sup>, 2018)

I understand that SCC's program planning depends on **consistent, daily participation**. Accordingly;

- There is no before or after care: **late pickups will result in a \$1 per minute late fee**
- Repeated non-compliance with pickup hours or unpaid late fees default the child's enrollment
- 2 or more unexcused absences will result in my child missing the next scheduled field trip
- 5 or more unexcused absences will **default my child's enrollment** to waitlisted participation

**\*Health Forms and 4<sup>th</sup> Quarter Report cards must be delivered to SCC by August 18<sup>th</sup> to maintain enrollment\***

The name of my Child is: (print): \_\_\_\_\_

Emergency Contact: Name (print): \_\_\_\_\_ Phone#: \_\_\_\_\_

X \_\_\_\_\_

Parent / Caregiver

Date

X \_\_\_\_\_

SCC Program Director Melissa Laws

Date

*Dedicated to enhancing the lives and expanding opportunities of  
Children, Youth, Adults and Seniors of the Shaw Community*

For more information, contact us at [info@shawcommunity.org](mailto:info@shawcommunity.org).

We are a 501(c)(3) organization.





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## Publicity Release Form

For valuable consideration, I do hereby authorize Shaw Community Center, and those acting pursuant to its authority to:

- a. Record my participation and appearance on video tape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which Shaw Community Center, and those acting pursuant to its authority, deem appropriate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_



DISTRICT OF COLUMBIA  
PUBLIC SCHOOLS

Office of the Chief Academic Officer

**Office of Out-of-School Time**

1200 First Street, NE 8<sup>th</sup> Floor

Washington, DC 20002

202-442-5002

[OutofSchoolTime@dc.gov](mailto:OutofSchoolTime@dc.gov)

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' 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' 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' 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



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### SY 17 18 Walk-Home Release Form

I authorize my child: \_\_\_\_\_ to  
check out of Shaw Community Center with the following conditions (check ONE):

\_\_\_\_\_ My child has permission to check out of the After School Program at 6pm  
after he/she has been cleared by SCC Staff to check out.

\_\_\_\_\_ My child does NOT have permission to check out of the After School  
Program unless a parent/guardian is present.

Effective Start Date: August 21, 2017 through June 13, 2018

If my child checks out of the After School Program against staff instruction and/or the above conditions are not followed by my child, I understand that I will be notified of such violations in a timely manner. SCC staff will make every reasonable attempt to discourage camp participants from violating the conditions listed above, however, it is SCC policy that staff will not chase, tackle, or restrain After School Program members in an attempt to uphold this release form and/or restrict the child from leaving the After School Program. In the case of a child pre-maturely leaving the After School Program or violating the conditions listed above, SCC staff will notify parent/guardian and/or the appropriate authorities as deemed necessary.

By signing below, I am releasing Shaw Community Center of any and all liability for my child after he/she has checked out of the After School Program. Finally, parent / guardian acknowledges that SCC is giving no legal advice concerning the validity of the Walk-Home Release Form. Parent / Guardian agrees to indemnify, defend, and hold harmless SCC, its employees, officers, and directors or successors and assigns, against damages, claims, losses, liabilities, and expenses of any kind, arising out of or connected with this Walk-Home Release Form.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date