



# Roberts Family Development Center Afterschool Program Enrollment Form

**For staff use only**

Site:

- LF       G  
 MC       R  
 RT       MLK

## STUDENT INFORMATION

**Child #1: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Gender:  M  F  Other

\_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Child's Race/Ethnicity\* (select only one):**

Latino/Hispanic       African American/Black, non-Latino       Native American/Alaskan Native       Mixed heritage  
 White, non-Latino       Native Hawaiian or Pacific Islander       Asian American       Other:

Has this child been in foster care at any point in their life?  NO       YES, in past       YES, currently

Does this child currently participate in any of the following educational programs?

Bilingual education       ESL/LEP       Special Education/IEP       504       Gifted & Talented (GATE)

Have they ever participated in Special Education or had an IEP or 504 Plan?  YES       NO

Does child have health insurance?  YES       NO      If so, with who?

Does child require any medication during program hours?  YES       NO (If yes, complete Medical Intake Form in Main Office)

Does your child have any allergies or health conditions that we should be aware of? If yes, please explain:

**Child #2: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Gender:  M  F  Other

\_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Child's Race/Ethnicity\* (select only one):**

Latino/Hispanic       African American/Black, non-Latino       Native American/Alaskan Native       Mixed heritage  
 White, non-Latino       Native Hawaiian or Pacific Islander       Asian American       Other:

Has this child been in foster care at any point in their life?  NO       YES, in past       YES, currently

Does this child currently participate in any of the following educational programs?

Bilingual education       ESL/LEP       Special Education/IEP       504       Gifted & Talented (GATE)

Have they ever participated in Special Education or had an IEP or 504 Plan?  YES       NO

Does child have health insurance?  YES       NO      If so, with who?

Does child require any medication during program hours?  YES       NO (If yes, complete Medical Intake Form in Main Office)

Does your child have any allergies or health conditions that we should be aware of? If yes, please explain:

**Child #3: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Gender:  M  F  Other

\_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Child's Race/Ethnicity\* (select only one):**

Latino/Hispanic       African American/Black, non-Latino       Native American/Alaskan Native       Mixed heritage  
 White, non-Latino       Native Hawaiian or Pacific Islander       Asian American       Other:

Has this child been in foster care at any point in their life?  NO       YES, in past       YES, currently

Does this child currently participate in any of the following educational programs?

Bilingual education       ESL/LEP       Special Education/IEP       504       Gifted & Talented (GATE)

Have they ever participated in Special Education or had an IEP or 504 Plan?  YES       NO

Does child have health insurance?  YES       NO      If so, with who?

Does child require any medication during program hours?  YES       NO (If yes, complete Medical Intake Form in Main Office)

Does your child have any allergies or health conditions that we should be aware of? If yes, please explain:

## FAMILY INFORMATION

What is the primary language spoken at home:

Does the child(ren) you are enrolling qualify for or receive free/reduced lunch at school? <sub>1</sub> YES <sub>2</sub> NO

### Parent/Guardian #1:

First Name:

Last Name:

DOB:

Home Phone

Cell Phone

Work Phone

Home address

City

Zip code

Email Address:

#### Relationship to children you are enrolling in the afterschool program

Child #1: <sub>1</sub> Parent <sub>2</sub> Guardian <sub>3</sub> Foster parent <sub>4</sub> Grandparent <sub>5</sub> Other relative:

Child #2: <sub>1</sub> Parent <sub>2</sub> Guardian <sub>3</sub> Foster parent <sub>4</sub> Grandparent <sub>5</sub> Other relative:

Child #3: <sub>1</sub> Parent <sub>2</sub> Guardian <sub>3</sub> Foster parent <sub>4</sub> Grandparent <sub>5</sub> Other relative:

### Parent/Guardian #2:

First Name:

Last Name:

DOB:

Home Phone

Cell Phone

Work Phone

Home address

City

Zip code

Email Address:

#### Relationship to children you are enrolling in the afterschool program

Child #1: <sub>1</sub> Parent <sub>2</sub> Guardian <sub>3</sub> Foster parent <sub>4</sub> Grandparent <sub>5</sub> Other relative:

Child #2: <sub>1</sub> Parent <sub>2</sub> Guardian <sub>3</sub> Foster parent <sub>4</sub> Grandparent <sub>5</sub> Other relative:

Child #3: <sub>1</sub> Parent <sub>2</sub> Guardian <sub>3</sub> Foster parent <sub>4</sub> Grandparent <sub>5</sub> Other relative:

## STUDENT RELEASE AND EMERGENCY CONTACT INFORMATION

Please list 3 people (not mentioned above) your child(ren) can be released to and or in the case of emergency should be reached on behalf of you.

Name

Relationship to child

Contact number

Name

Relationship to child

Contact number

Name

Relationship to child

Contact number

## PERMISSION FOR PHOTO/FILMING/MEDIA:

The Roberts Family Development Center takes photographs and film of its participants and uses the images for publicity on the center's website, Facebook, newsletter, and other forms of social media and outreach. Roberts Family Development Center does not compensate children or families for the use of the images/ film.

Please choose one of the following options and sign below.

- I authorize and give permission for the Roberts Family Development Center to photograph and video tape or film my child(ren) and I as long as my child(ren) participates in the program for the purpose of marketing and outreach.
- I DO NOT authorize and give permission for the Roberts Family Development Center to photograph and video tape or film my child(ren) and I as long as my child(ren) participates in the program for the purpose of marketing and outreach.

Parent Signature/ Guardian

Date

## FIELD TRIP PERMISSION:

I give permission for my child (above stated students) to participate in all of the field trips that are coordinated by the after-school program from the Roberts Family Development Center. In case of emergency I authorize my child to receive medical treatment. I understand that I will be notified in advance regarding any field trip that my child is invited to attend.

Parent Signature/ Guardian

Date

## PARENT COMMITMENT AND PLEDGE:

I, \_\_\_\_\_, promise to make a positive contribution to the Roberts Family Development Center. I promise to take necessary actions that will ensure my child's success in school and in life. My household will commit to making my child's school academic career a priority. I will also participate in the following while my child attends the Roberts Family Development Center after-school program:

- If required, I will make a monthly monetary contribution to the Roberts Family Development Center and I understand that this contribution is due by the 10<sup>th</sup> of every month.
- I will attend ALL monthly parent meetings.
- I will attend all assigned volunteer field trips that I have signed and agreed to attend.
- I will attend as many extracurricular activities/events as possible with my child.
- I will make sure my child attends the after-school program on a daily basis.

Parent Signature/ Guardian

Date

# REQUEST FOR RELEASE OF INFORMATION

## 2019/2020 School Year

### Student Information:

_____	_____	_____	_____	_____
Student Name	Grade	Counselor/Para	Teacher	School
_____	_____	_____	_____	_____
Student Name	Grade	Counselor/Para	Teacher	School
_____	_____	_____	_____	_____
Student Name	Grade	Counselor/Para	Teacher	School

I, \_\_\_\_\_, the parent/ guardian of the above students, authorize staff members of the Roberts Family Development Center to...

- View my child's academic records for the purpose of monitoring and supporting his/her academic progress, including IEP and 504 documents.
- Obtain my child's grades and test scores.
- Gain access to my child's School Loop information from the school office to help better assist my child academically.
- Meet and serve as an advocate/ representative/ liaison with my child's teachers, counselor and or other school personnel to obtain information regarding my son/daughter's progress and/or challenges in school.

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

Date \_\_\_\_\_

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

Phone: \_\_\_\_\_

### Roberts Family Development Center

770 Darina Avenue  
Sacramento, CA 95815  
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