



Funded in full or in part with a grant by the Pennsylvania Department of Education

HASD After School Program Parent/Guardian Agreement Form

Child's Name: _____

1. I understand that, for my child's safety, I must sign my child out when picking her/him up from program. I also understand that my child will only be released to the persons listed in my child's emergency contact information, and that I will be contacted immediately if any unauthorized persons attempt to pick up my child.
2. I understand that program staff will apply minor First Aid (bandages/icepacks) to my child, but cannot dispense oral medications. Staff will contact parents/guardians if First Aid is necessary. I give consent for RSG to seek emergency medical care if necessary.
3. I understand that the after school program has the same expectations for student behavior as the school, and that attending any RSG program is a privilege and is voluntary.
4. I give permission for RSG staff to obtain the following information for my child: school attendance and tardiness data; state assessment data (PSSA, Keystone, etc.); report card grades; school discipline data; and feedback from teachers and administrators to comply with grant reporting requirements, with the understanding that this information will be kept confidential.
5. I give permission for RSG to take pictures and video of my child during the after school program with the understanding that these images may be used for: projects/display boards; student yearbooks; RSG's Website/Facebook/Twitter pages; in the local newspapers and shared with RSG partners/collaborators.
6. I understand that if school is canceled or dismisses early, there will be no program that day. If RSG chooses to cancel program, staff will contact parents/guardians before 2:00 p.m.

*Please sign up for Remind to receive text message updates about program:
in the body of a new text message, type @d908c and send it to the number 81010.

***Program is scheduled for Monday-Friday from after school until 5:30 p.m.**

****Please circle the days that your child will attend program.**

Monday

Tuesday

Wednesday

Thursday

Friday

Demographic information (this is only used for reporting purposes):

Child's gender: (circle one) Male Female

Child is eligible for: (circle one) Free or Reduced Price Lunch None

Child receives learning support services: (circle one) Yes No

Child's race/ethnicity: (circle one or more)

Hispanic/Latino American Indian/Alaska Native Asian

Black or African American Native Hawaiian or Pacific Islander White

Please turn over and complete the other side of this form.

Emergency Contact Information

Child's Name: _____ Birthdate: _____ Grade: _____
Street Address: _____
City/State/Zip: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Please list two persons that we may contact and that have permission to pick up your child in case of an emergency. These contacts should be available during program hours.

1. Name: _____ Relationship to Child: _____
Phone: _____

2. Name: _____ Relationship to Child: _____
Phone: _____

Please list any known allergies or medical conditions/concerns:

Please list any disabilities or special needs:

Transportation:

- My child will ride the bus home, and be dropped off at the bus company's designated stop.
- I will pick up my child no later than 5:30 p.m. (You will need to sign your child out with the program coordinator, and may need to provide I.D.)

***Please send a signed, dated note to the program coordinator if your child needs to make different transportation arrangements.**

Any other information that the RSG program coordinator should know:

Parent/Guardian Signature: _____ Date: _____