



**RELEASE OF CHILD**

A. I give my child permission to walk home alone at dismissal.  Yes  No

B. Does your child receive bussing?  Yes  No

C. My child will be picked up after-school by me or one of the following individuals:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Speaks English?  Yes  No

Cell Phone (\_\_\_\_) \_\_\_\_\_ If not, specify \_\_\_\_\_

If the parent is unavailable, this person may be contacted in case of an emergency  Yes  No

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Speaks English?  Yes  No

Cell Phone (\_\_\_\_) \_\_\_\_\_ If not, specify \_\_\_\_\_

If the parent is unavailable, this person may be contacted in case of an emergency  Yes  No

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Speaks English?  Yes  No

Cell Phone (\_\_\_\_) \_\_\_\_\_ If not, specify \_\_\_\_\_

If the parent is unavailable, this person may be contacted in case of an emergency  Yes  No

***o Yes, I have informed the persons above that they are listed as emergency contacts for my child***

**C. DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

I give my child permission to participate in all program activities, including academic support, enrichment, social development, arts, sports, recreation, fitness and wellness. I understand that all program activities will be supervised by the community-based-organization providing the services. I agree that the professional staff of the after-school program may meet with my child and review my child’s attendance, achievement and guidance records (for Attendance Improvement Dropout Prevention programs only) when appropriate. Our Summer Camp and After School programs are licensed by the NYC Department of Health and Mental Hygiene and are inspected twice yearly. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation located at 253 Broadway, CN 59A New York, N.Y. 10007.

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

Date \_\_\_\_\_



**LACASA Afterschool Program**

Sponsored by Strycker's Bay Neighborhood Council

72 West 109<sup>th</sup> Street • New York NY 10025 • 212-874-3098 • [www.lacasakids.org](http://www.lacasakids.org)

**HEALTH RECORD**

To be completed by the parent or guardian. This confidential health record will only be used to ensure the safety of the children in this program. Feel free to continue your notes on back of this form

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

**PLEASE PROVIDE YOUR CHILD'S MEDICAL HISTORY**

- Allergies to food  Yes  No Specify \_\_\_\_\_
- Behavioral/emotional issues  Yes  No Specify \_\_\_\_\_
- Individualized Education Plan  Yes  No Specify \_\_\_\_\_
- Physical Disabilities  Yes  No Specify \_\_\_\_\_
- Corrective Device  Yes  No Specify (glasses, hearing aid, etc.) \_\_\_\_\_
- Asthma  Yes  No Does your child use an inhaler?  Yes  No
- Allergies to penicillin  Yes  No Allergy to plants  Yes  No
- Convulsions/seizures  Yes  No Diabetes  Yes  No
- Hay Fever  Yes  No Allergy to insect stings  Yes  No

Other \_\_\_\_\_

**SPECIAL HEALTH CARE NEEDS**

Yes  No

Does your child have special health care needs that require treatment and/or medication? If yes, describe below.

If your child requires treatment and/or medication during after-school hours, complete the *Health Care Plan for a Child with Special Health Care Needs* form.

**MEDICATION**

Yes  No

Does your child take medication for any condition or illness? If yes, describe below.

If your child requires medication during after-school hours, complete the *Medication Consent* form.

**ACTIVITY PARTICIPATION**

Yes  No

Are there any activities your child cannot participate in? If yes, describe below.

**SUNSCREEN AND TOPICAL OINTMENTS**

Yes  No

Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child?

**HEALTH/INSURANCE INFORMATION**

Student's Doctor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy Holder's ID: \_\_\_\_\_

**If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school or ELT/NYC program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this after-school program.**

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

Date \_\_\_\_\_



**LACASA Afterschool Program**

Sponsored by Strycker's Bay Neighborhood Council  
311 W. 120<sup>th</sup> St • New York NY 10027 212-874-7272  
[www.lacasakids.org](http://www.lacasakids.org)

**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**  
(e.g.: educational, public service or health awareness purposes)

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the participation (Parent or Guardian's Name) in interviews, the use of quotes, and the taking of photographs, movies or video tapes of my son/daughter and his/her school-related work by \_\_\_\_\_. I also grant to **The Learning Action Center for Academic Success and Achievement (LACASA)** the right to edit, use and reuse said products for non-profit purposes. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

\_\_\_\_\_  
(Address of Parent/Guardian)

Parents are encouraged to ask questions concerning our day-to-day operations.

Thank you!



**Strycker's Bay**  
 Neighborhood Council Inc.  
 72 West 109th Street New York, New York 10025  
 Phone (212) 874-7272 Fax(917) 591-4995 email:info@stryckersbay.org

## LACASA @ NYFACS Club/Activity Registration Form 2011-2012

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Parent Name \_\_\_\_\_

<b>Full Program (M-F 4:30PM-6:30PM)</b> Program Year Sept. 19 – Jun. 15 (35 Weeks)	<b>Fee / Cost per Child</b>	<b>Payment Notes:</b>
<b>1st Semester runs Sept. to Dec. for (14 Weeks)</b>	<input type="checkbox"/> \$700.00 \$50.00 per week for 14 Weeks	Weekly, Bi-Weekly, Bi-Monthly or Monthly Payments Accepted.
<b>2nd Semester runs Jan. to Jun. for (21 Weeks)</b>	<input type="checkbox"/> \$1,050.00 \$50.00 per week for 21 Weeks	Please schedule an appointment to speak with the program director if you need financial assistance.
<b>1st &amp; 2nd Semester run Sept. to Jun. for (35 Weeks)</b>	<input type="checkbox"/> \$1,750.00 \$50.00 per week for 35 Weeks	We accept: Credit Card, Money Order or Checks

<b>Flexible Program - Fall Only</b> <b>(4:30-5:35PM)</b>	<b>Grades</b>	<b>Days</b>	<b>Dates &amp; Num. of Sessions</b>	<b>Activity Cost</b>
Alvin Ailey Creative Movement \$20.00 per class	K - 1 <sup>st</sup>	Tuesday	Sept. 27-Dec. 20, 2011 (12 sessions)	<input type="checkbox"/> \$240.00
Alvin Ailey West African Dance \$20.00 per class	2 <sup>nd</sup> – 3 <sup>rd</sup>	Thursday	Sept. 29-Dec. 22, 2011 (12 sessions)	<input type="checkbox"/> \$240.00
Soccer - Super Soccer Stars \$20.00 per class	K – 3 <sup>rd</sup>	Tuesday	Sept. 27-Dec.20, 2011 (12 sessions)	<input type="checkbox"/> \$240.00
Chess – NY Chess Kids \$20.00 per class	Levels by Assessment	Monday	Sept. 26-Dec. 19, 2011 (12 sessions)	<input type="checkbox"/> \$240.00
Jodi's Gym - Gymnastics \$25.00 per class	K - 1 <sup>st</sup>	Monday	Sept. 26-Dec. 19, 2011 (12 sessions)	<input type="checkbox"/> \$300.00
	2 <sup>nd</sup> - 3 <sup>rd</sup>	Wednesday	Sept. 28-Dec. 21, 2011 (13 sessions)	<input type="checkbox"/> \$325.00

<b>More information available at <a href="http://lacasakids.org">http://lacasakids.org</a></b> Please Make Checks Payable To: SBNC 72 West 109 <sup>th</sup> Street New York, N.Y. 10025	TOTAL \$ _____
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**Payment Terms:** This agreement is for program payments totaling \$ \_\_\_\_\_ covering days LACASA club activities are in session during the **Fall & Spring 2011-2012 Semesters:** (September 19, 2011 through June 15, 2012.) There are **no deductions** for absences, withdrawal from the program or program suspensions once the semester commences. The Program will not issue refunds for any clubs not attended or held due to the scheduling of half-days or full staff development days on the part of the BofED; I understand there are no refunds for unused fees/tuition.

**Flexible Program Enrollment** requires a **25% deposit** and **full payment must be made no later than October 21, 2011.**

**Full Program Enrollment**, must be accompanied by a **20% deposit**. Future payments are to be made Weekly, Bi-Weekly, Bi-Monthly or Monthly preferably by credit card, check or money order.

Parent Signature X \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_