

All City Youth Program



After School Registration Packet

All City Youth Programs
 PO BOX 567, FLORESVILLE, TX. 78114
After School Care Registration Form
Student Information

Last Name	First Name	Date of Birth	Age	Male Female
Address		City & zip		
Parent/Guardian		Home Phone	Cell Phone	
Parent/Guardian		Home Phone	Cell Phone	
Parent/Guardian EMail Address				
Emergency Contact other than parents		Home Phone	Cell Phone	

SCHOOL INFORMATION

Current School: _____

Current Grade: _____

Type of School: Public Charter Parochial Private Other _____

School Lunch Verification/Child Eligible for: Free Lunch Reduced Lunch Not Eligible

Race/Ethnicity (√ all that apply): Black Asian Brazilian Caucasian Latino Caribbean Islands
 Multiracial Native American Pacific Islander Other _____

HOUSEHOLD INFORMATION

Child lives with (please √ all that apply)

Both Parents Mother Only Father Only Aunt/Uncle Sister/Brother Grandparents Guardian
 Foster Parent Step Parent(s) Other _____

Number of People Living in Household:

Number of Siblings: Brothers/Step-Brothers: Ages: 0-12 mos. ___ 2-4 ___ 5-6 ___ 7-9 ___ 10-12 ___
 13-15 ___ 16-18 ___ Sisters/Step-Sisters: Ages: 0-12 mos. ___ 2-4 ___ 5-6 ___ 7-9 ___ 10-12 ___
 13-15 ___ 16-18 ___

I need a scholarship for my child & agree to pay the membership fee, participate in a fundraiser. Scholarship applicants understand that we have limited scholarship funds, their acceptance is "first come, first serve".

Parental Consent

I parent/guardian of the above named child, hereby give my permission for his/her participation in All City Youth Programs' After School Program. I give permission for All City Youth Programs to receive from the above named school, homework information for my child, named above. I understand that All City Youth Programs (ACYP), the City of Floresville, the 4A Corporation will not be held responsible for any sickness or injury that the applicant may receive while in attendance or participating in any of our programs. If the parent cannot be contacted in case of a medical emergency, I give permission to call 911, at parent's expense. I understand that No insurance is provided by ACYP, the City of Floresville, 4A Corporation for accidents or sickness. Refunds will not be given out once the After School program has begun. Unless I send ACYP a letter to state otherwise; I will allow my child to be photographed for the ACYP web page and other ACYP promotions.

Parent/Guardian Signature

Date



All City Youth Programs

After School Care Fee Form

Parents/ Guardians must pay fees equaling 1 week payment, in advance, to be eligible for payment plan, with the understanding that non-payment can cause their child to lose their spot. No refunds after the program starts.

Annual Membership Fee per child (Jan. 1- Dec. 31) \$20					\$
Seasonal Fundraiser per Family (circle one) Donation \$25 * Program Shirt w logo \$28 * (4) BBQ Tickets \$30 * Backpack w/logo \$45 ACYP has 3 seasons: Spring, Summer & Fall					\$
We accept Ck., C.C., or Cash					Total \$
Child's Name:	\$4.00 per hour	X	School days per month	X	Hours per day
Season: Fall/Spring (circle season)					
August/January		X		X	\$
September/February		X		X	\$
October/March		X		X	\$
November/April		X		X	\$
December/May		X		X	\$
Scholarship Eligibility (circle)					
Free Lunch					
Medicaid					

Tuition is due the 1st of every month. We can take credit card payments over the phone. A \$25 late fee will be charged on all payments received after the 5th of the month. A \$35.00 fee will be charged for checks returned for insufficient funds. If more than one check is returned for insufficient funds, only Credit/Debit Cards, Money Orders or Cash will be accepted as payment. Parents/Guardians delinquent in payment or owe for returned checks will be informed by the program staff not to return to the program until all fees have been paid. All City Youth Programs work extremely hard each year raising dollars to enable everyone to take advantage of our programs and services. **Scholarships are limited. You will need proof of Medicaid or the Free lunch program to be awarded a scholarship. If you need assistance in paying for the after school program talk to us and we will see what we can do for you. Many parents/guardians also get funding help from the Division of Youth and Family Services, Social Services and/or Child Care Connection.** Let us know how we can help you. Parents/guardians will be notified of any policy changes by email and must respond through email that they received the change and acknowledge it. A fee of \$1.00 per minute will be charged if your child is picked up after 6pm. It must be paid before the child can re-enter the next day.

Parent Signature acknowledges the above policy & procedures were read and understood:



All City Youth Programs Medical Information & Emergency Contact List

Child's Name: _____

Gender/ Age of Child _____

Name of Parent/ Parents child resides with: _____

Name of Parent child does **not** reside with: _____

Phone Numbers: Mother _____ Work _____

Father _____ Work _____

E-mail address _____

Additional Emergency Contact Numbers (other than parents)

Name: _____ Relationship to child: _____

Phone Numbers: _____

Name: _____ Relationship to child: _____

Phone Numbers: _____

Health Insurance: _____ Policy Holder Name: _____

Policy # _____ Group _____

Medical Information:

Asthma: Yes No How is it treated _____

Allergies: Yes No Specify _____

Physical Restrictions: Yes No Specify _____

Learning Disabilities: Yes No Specify _____

Medications: Yes No Specify _____

School entry Vaccinations Yes No School attended: _____

This Program does not give out medications. Please let us know with a written statement that your child can take their medication by themselves, list what the meds are and times taken. Your child's meds should be in a clear baggy clearly marked with your child's name. All meds will be kept in our office.

Pediatrician's Name: _____

Address: _____ Phone Number: _____

Dentist's Name: _____

Address: _____ Phone Number: _____

Child's Current Immunization Record

I, _____ (Print Parent name)

attest my child/children listed below:

1. _____

2. _____

3. _____

4. _____

Meet the applicable immunization requirements specified by the Texas Department of State Health Services (DSHS) for our region and said records are on file at the below mentioned School:

● Name of School _____

● Address of School _____

● School Telephone # _____

This statement of attestation is signed and dated on _____ of _____ 20__

Parent's Signature



Parental Consent for Child Pick-up

Please Print the person or persons who will be picking up your child from After School Care, including yourself. The people you choose must have some form of picture identification so we can make sure the right person is picking up your child. We will not allow your child to be picked up by anyone, other than the people you have authorized. We will not allow your child to be picked up by an authorized person if the person is intoxicated or under the influence of some type of substance that alters their normal state of being. The person picking up your child must be 18 years of age or older.

1. _____
2. _____
3. _____
4. _____
5. _____

Print Child or Children’s name(s) who will be picked up from Summer Camp or the After School Program.

I the undersigned agree to the terms above.

Parent’s Signature

Date



Scholarship Agreement Form

I, the undersigned parent/ guardian of (print children's name)

Xavier Garcia / Julian Garcia / Isabella Galvan

understands All City Youth Programs (ACYP) is an “at risk” youth organization. ACYP’s mission is to help children grow and succeed into productive, responsible, and giving adults by teaching and role modeling the importance of a healthy lifestyle mentally, physically, and spiritually. We have two scholarship programs. To qualify for a 100% reduction of the program fee I agree to provide ACYP with a copy of the Medicaid Eligibility Letter and to qualify for a 50% reduction in the program fee I agree to provide the Free Lunch Program acceptance letter. I understand that I will still be responsible for the membership fee per child and responsible to participate in the seasonal fundraiser per family.

I understand that the scholarship program has a limited amount of funding, which limits the number of scholarships that are available. I understand scholarships are on a first come, first serve basis.

I understand if I do not call to inform ACYP of my child’s absence from the Summer Day Camp Program or the After School Program, I may lose my spot in these programs. I agree unless I notify or notate on the registration form that my child/children will be absent from the program (up to a week) and when, I will forfeit my child/children’s spot. I understand that if I lose my child/children’s spot in the scholarship program, I can request to be put on the scholarship waiting list and understand I will have to wait my turn.

I understand there are no refunds.

Signed this 12th day of November, 2020.

Signature of Parent/Guardian

Jacqueline de la Torre

Print Name

All City Youth Programs
After School Parent Contract

Our After School program has a lot of planned activities to keep their minds learning and their bodies moving. When picking up your children they may not sign themselves out, a signee must be a parent or parent appointed adult. This is a safety measure to make sure all children are accounted for.

We usually have children that are on a waiting list to come into this program. I encourage scholarship parents to call us and let us know if their child is going to be absent. If we do not hear from you, losing your place in the program could be possible.

Snacks will be served during the empower hour (Homework Time at the beginning of the After School program). Supper will be served from 5:00 to 6:00 pm.

All children must be dressed in appropriate clothing (nothing that we might deem provocative). A cell phone, ipad, or any other gaming device will not be allowed in classrooms unless being monitored by teachers during homework. Since children are not allowed to use their phones to text or talk during class time, we suggest you call our main number 830-393-1800 to contact us for a child-parent conference using the child's cell phone. Any tech devices found being used in an unauthorized way will be collected and stored in my office until they are ready to go home.


We are, for class management purposes, initiating the "3 strikes you're out" rule. This rule helps us manage the discipline in each class, which of course keeps the children safe. Each teacher will give the misbehaving child two redirects, with the third redirect resulting in an office visit. If the teacher has to redirect the child's bad behavior after an office visit, the child will get one strike for that class period. A child with 3 strikes for the day will not be allowed to come back into the program for 2 days (there will be no refunds for the 2 day consequence). We give each child a clean slate everyday to encourage them to behave. We want them to have fun, but as you know, children must have clear boundaries and learn to follow instructions, in order to keep them safe and to ensure that all the children can enjoy this program. My discipline actions with any child coming into my office ends up with time out, after discussing with the child, their behavior choices.

We cannot guarantee that your child will finish his or her homework, due to homework availability, child's complacency or behavior issues. Please make sure that you check all homework and look to sign all papers sent home from their school.

Please pick your child up on or before 6 pm. We will charge you \$1.00 per minute after 6 pm because our volunteers want to go home and we have to prepare for the basketball league which starts promptly at 6 pm.

Thank you,
Debbie Bolf
Executive Director

I, the undersigned, have read and understand the above contract. I accept the above terms and instruction.


Signature

11/12/2020

Date