



## 2019-2020 AFTERSCHOOL PROGRAM APPLICATION CHECKLIST

Welcome to First State Community Action Agency's Afterschool program!

The Afterschool Program will run from October 1, 2019 until May 22, 2020.

- Community Based Afterschool Sites are provided in the following communities:
  - Woodbridge-Coverdale & Walker's Mill
  - Milford-Brightway Commons
  - Cape Henelopen-Slaughter Neck, Cool Spring, Burton Village, West Side New Beginnings.
  
- Hours of operation vary based on site location.
  
- **Closings**-First State C.A.A. Afterschool Programs will follow the school calendar for holidays, In-Service Days and weather related closings.  
In addition, all Afterschool Programs will be closed for First State C.A.A. In-Service Days. Schools/Site Coordinators will be notified in advance of these dates.
- First State C.A.A. Afterschool Programs provide homework help, academic enrichment, personal growth and healthy social development activities. Children are required to participate in all activities as instructed by the First State staff.
- Failure to follow the rules can result in your child being expelled from the Afterschool Program.
- Disrespect of the First State staff, refusal to follow instructions, fighting, bullying of any type, are ground for immediate dismissal.
- Programs are provided free of charge. In order for us to continue to provide these programs for free, we ask one small favor in return and that parents attend meetings once a month to support their child's learning.
  - Parent meetings will focus on topics relevant to school, family and peer interactions.
  - Parent meetings will also entail fundraising in order to keep providing free programs to your child.

Please complete the application in its entirety and provide the following documentation. Applications will be considered incomplete until all documentation is received.

1. Verification of Income
  - a. Paystubs
  - b. Income Tax Return
2. Social Security Card or ITIN

Once your application is received and approved your child will be placed on the afterschool roster. We plan to provide a fun, safe and academically viable environment for your child and we look forward to a successful school year!

Thank You!

Kendra Harrold

*Community Based Program Coordinator*



**2019-2020 AFTERSCHOOL PROGRAM APPLICATION**

*Please fill out all of the following information:*

Site Location: \_\_\_\_\_

**Youth Information:** *(please print)*

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

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

SSN# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Address:** *(please print)*

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Home Phone Number: \_ \_ \_ - \_ \_ \_ - \_ \_ \_

**Household Information:** *(please print)*

Mother's  
 Name: \_\_\_\_\_

Mother's  
 Address: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's  
 Address: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please check the following that apply to the Household**

**Relation to Applicant?: (Person completing Application)**

Mother Father Step Mother Step Father Grand-Parent Foster Parent Other-\_\_\_\_\_

**Work Status? (Person completing Application)**

Employed FT Employed PT Migrant Seasonal Farm Worker Retired Unemployed (Long Term)  
Unemployed (Short Term) Unemployed (Not in Workforce) Unknown

**Health Insurance (Person completing Application)**

Employment Based Private Medicaid Medicare Military Healthcare Other None

**Military Status? (Person completing Application)**

Active Military Veteran No Military Status Unknown

**Marital Status (Person completing Application)**

Single Married Domestic Partner Divorced Separated

**Education (Person completing Application) (Please check highest grade completed)**

0-8<sup>th</sup> Grade 9-12<sup>th</sup> Grade High School Grad GED 12+Some College Associates Degree  
Bachelors Degree Masters Degree Doctorate

**Income (Person completing Application) (Documentation Required-Tax Return/Pay Stubs)**

Employment TANF Public Assistance Child Support Self-Employment Pension   
Alimony  
Rental Interest/Dividends Social Security SSDI SSI Veterans Work Comp. None

**Non-Cash Benefits (Person completing Application)**

Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH   
LIHEAP  
Permanent Supportive Housing Food Stamps WIC Other None

**Housing Status (Person completing Application)**

Rent Own Own-Multi Family Own-Mobile Home Homeless Runaway Live w/Family  
Other

**Farmer Status (Person completing Application)**

Farmer Migrant Migrant Seasonal Not a Farmer

**Is anyone in the home disabled?**

Yes No Prefer Not to answer

**Please check the following that applies to the Child**

**Household Type (Child lives with?)**

Multigenerational  Single Parent/Female  Single Parent/Male  Two Parent  Unrelated Adults  Other Unspecified

**Total members in the household: (required)** \_\_\_\_\_ #Males \_\_\_\_\_ # Females \_\_\_\_\_

**Health Insurance (Child):**  Parent Employment  DE Medicaid  DE Chip Program  Other

**Applicant Gender (Child):**  Male  Female  Other

**Applicant Status (Child):**  American Citizen/ Documented Alien/ Undocumented Alien

**Ethnicity (Child):**  Hispanic Or Latino  Non-Hispanic Or Non-Latino

**Race (Child):**  American Indian or Alaskan Native  Asian  Black/African American  Caucasian (White)

Hawaiian/Pacific Islander  Multi-Race  Other

**Education Level (Child):**  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

**School:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Emergency Contact Information:** *(please print)*

Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

1<sup>st</sup> Contact Name: \_\_\_\_\_ 1st Contact Phone Number: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ 2<sup>nd</sup> Contact Phone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Health Insurance:  No  Yes: *(If Yes, Please provide following)*

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

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Member ID # \_\_\_\_\_

Policy Holder: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

If emergency medical care is necessary and I cannot be reached, I authorize First State C.A.A. to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

**Parent Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**RELEASES**

**Permission to Release Child**

For your child's safety, please list individuals that have permission to pick-up your child from the program. Our staff will not allow your child to leave the premises with an individual unless they are indicated on the list. Individuals must be 18 years old to sign-out your child. Additionally, your child will only be released to people that have been identified and who have appropriate picture identification.

**\*Please notify staff if you have a court ordered document preventing an individual from picking up your child**

My child CAN be released to:

Name & Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**FIELD TRIPS/PHOTO RELEASE**

**Please check the items that apply.**

I give my child permission to attend field trips with First State's Afterschool Program.

I give my child permission to be photographed by the media for Afterschool Program purposes.

**LIABILITY RELEASE**

The undersigned agrees and does hereby release from liability and to indemnify and hold harmless First State Community Action Agency and any of its employees or agents representing or related to First State Community Action Agency as regards to the First State Community Action Agency Afterschool Programs. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for First State Community Action Agency, Afterschool Programs. The undersigned further agrees to abide by all the rules and regulations promulgated by First State Community Action Agency.

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(Parent Signature)

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(Date)

\_\_\_\_\_  
(Program Coordinator/Manager)

\_\_\_\_\_  
(Date)

**AUTHORIZATION TO OBTAIN INFORMATION/COMMUNICATION WITH SCHOOL**

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

I, \_\_\_\_\_, do hereby consent to authorize First State  
(Parent/Legal Guardian)  
Community Action Agency, Inc. to obtain information from:

\_\_\_\_\_  
(School Name)

\_\_\_\_\_  
(School Address)

**Information to be obtained**

Report Cards  
Attendance  
Discipline/Behavior Records

**I understand that:** Information obtained is prohibited from re-disclosure

**Purpose:** The requested information is needed to assist in evaluation, monitoring, reporting and program implementation.

**Time Limit & Rights to Revoke Authorization:** I understand that this authorization is valid for one year from the date of its signing or until the child is no longer enrolled in the program and I may revoke this authorization at any time by notifying the providing organization in writing. I also understand that by signing this release below, I am also authorizing First State Community Action Agency, Inc. to verbally consult/communicate with the above organization until enrollment is no longer in effect.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Program Coordinator/Manager)

\_\_\_\_\_  
Date

**Please forward records to:**

First State Community Action Agency, Inc.  
308 N. Railroad Ave.  
Georgetown, DE 19947

**-OR-**

Via E-mail to:

Kendra Harrold-Community Based Program Coordinator- [kharrold@firststatecaa.org](mailto:kharrold@firststatecaa.org)  
Sandi M. Hagans-Community Based Program Manager- [shagans-morris@firststatecaa.org](mailto:shagans-morris@firststatecaa.org)

## Discipline Policy

**Please read the following rules with your child. We must have this form on file for our records.**

To maintain enrollment in the program, youth must display the following behaviors and follow the directions and rules of the staff at First State Community Action Agency's Afterschool Programs.

- Respect the staff and peers
- **No** fighting, name calling, bullying, or use of profanity
- Be polite and use good manners
- **No** running in the school/community center
- Respect the property of the school/community center
- Stay in designated areas at all times. Must have permission for the bathroom/water breaks
- **No** use of electronics i.e. cell phones, Ipods, video games, etc. The same rules apply as they do during regular school hours. First State will not be held responsible for broken or stolen items. (Please read the liability waiver).

### IF BEHAVIOR OR DISCIPLINE PROBLEMS OCCUR:

- Staff will speak with the student to work through the problem
- Staff will write an incident report and submit it to the program coordinator/manager
- Parent(s) will be notified of the incident at time of pick up
- Parents may be called to pick up their child in the event he/she is out of control
- Child may be suspended from the program for excessive or persistent misbehavior issues
- Program coordinator/manager may ask to meet with the child's parent(s) to discuss alternatives
- Parent may contact Program coordinator/manager with any questions or concerns regarding the child

I have read and reviewed the discipline policy with my child and fully understand that he/she must be compliant with the rules to remain in the program.

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(Parent's Signature)

(Date)

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(Program Coordinator/Manager Signature)

(Date)



**FirstState**

COMMUNITY ACTION AGENCY  
*People Helping People Build Community*