



Alliance After School Support/Summer Program

My signature at the bottom of this form indicates that as parent/guardian of _____, who will be participating in the Alliance After School Support during the _____ 17-18 semester or _____ 2018 Summer Program, I agree to the following:

I give permission for my child(ren) to participate in the Alliance After School Support/Summer. I agree to hold Connections for Families, its officers, directors, board members, staff, volunteers, and other agencies affiliated with Connections for Families harmless for any property damage or personal injury that may occur in conjunction with the activities or transportation to, from, or during those activities.

If it is deemed necessary for my child to receive medical attention, I give permission for the Connections for Families staff to take my child to the doctor or hospital for emergency treatment.

I agree that my child(ren) will abide by the following rules: No smoking, drugs, alcohol, or weapons are allowed while participating in any events, facility that the Alliance After Support Program is being held at any time, including the surrounding grounds, off-site activities, or during transport. There will be no profanity, loud or boisterous language, negative behavior, or abuse of staff, volunteers, or program participants.

Disciplinary policy:

Alliance After School Support/Summer program uses the following protocol to deal with disciplinary problems-

Level 1. Warning. Youth will be reminded of which rules are being violated. Staff will assist the youth in identifying what is needed to correct the problem.

Level 2. Time out/calm down opportunity. Youth will be taken aside by a staff member and given an opportunity to correct the problem. Youth will be allowed to return to the activity when the problem has been corrected. If the youth is unable to correct the problem, the staff member may assign an alternative activity or job to do in lieu of the group activity.

Level 3. Dismissal. Repeated violations may result in suspension or dismissal from the program.

Child Pick Up Policy:

If I am delayed from pick up by an emergency or other unforeseen circumstance, I understand it is my responsibility to contact Connections for Families at 303-204.9232 and make arrangements for my child.

My signature on this form indicates that I have also received a printed copy of all activities my child(ren) will participate in, and that I agree to hold Connections for Families harmless for any injury my child(ren) may incur. I understand that I may withhold my child from participating in any single event that I may feel uncomfortable with. I also understand that my child(ren) will be participating in activities outside of Connections for Families, in the community and on field trips, as well as having people come in from the community to teach specific skills.

Parent/Guardian signature

Print Name: _____ Date: _____

www.connections4families.org

(303) 646.6778



Consent to Release of Information for Evaluation Purposes

I understand that Connections for Families/CASA/CMHC will store basic family demographic information and basic data about Alliance After School Support/Summer program in a database for the purpose of overall program evaluation and program involvement. This information will be submitted to a secure, firewall protected online database. Connections for Families/CASA/CMHC will not share personal, identifying information with any other agency, group, program or individual. I will not be denied any services offered by Connections for Families/CASA/CMHC if I decline to share my information in this database.

- I consent to the release of this information
- I do not consent to the release of this information

Photo Release Form for Minors

Connections for Families has my permission to use my or my child's photograph publicly to promote the Alliance After School/Summer Program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

- I consent to allow my child to be photographed to promote Alliance After School Support/Summer Program
- I do not consent my child to be photographed to promote Alliance After School Support/Summer Program

Release of School Information

I, _____, as the parent/legal guardian of _____, hereby give my permission
Parent/Guardian Name Student Name

to Connections for Families to speak with my child's teacher(s) to plan educational goals for them as well as to request academic records and supplemental materials for activities during tutoring sessions.

Please check one: Yes No

Parent/Legal Guardian Signature

Date