

# Portland Youth Services After School Program 2009-10

**PORTLAND YOUTH SERVICES (PYS) for its 14<sup>th</sup> year is again sponsoring an After School Program for Portland youth in grades K through 6 who are Portland Residents.**

The program will provide after school care from approximately 2:45 until no later than 6:00 at a cost of \$14.00 per day. The program will start on the first day of school and end the last day of school. **Excluding holidays, school vacations, early closing due to weather etc. and snow days.**

On scheduled early dismissal days for teacher conferences, days before holidays etc. the program will be open at time of dismissal for those that are enrolled on those days.

All activities will take place at Gildersleeve School. Those that will be attending the After School program, and that attend Gildersleeve School will go directly to the assigned room after close of school. Those students that attend Valley View & Brownstone Intermediate School will be transported by Nichols Bus Company to Gildersleeve School.

**Alternate bus route forms must be filled out and to the school by July 1st.**

The children while at Gildersleeve School will have a time set aside for them to work on their Homework. **All** will work on homework or bring a book to read quietly during that time, (if no homework has been given that day). In allowing this time we hope to decrease the stress at night for the individual families and give you more quality time to spend with your children. They will also have Arts & Crafts, Games, outside activities i.e. Playscape, basketball, 4 square and other planned activities.

**You may return the completed form and payments to:**

Youth Services office at 265 Main St.,  
Youth Services Town Hall mailbox located in the town clerks office at 33 E. Main St.  
or mail to P.O. Box 71, Portland, CT. 06480.

Sign up for this program is on a **first come first serve basis**, space is limited.

Please call Mary Pont at 342-6758 to verify your child's enrollment.

Checks should be made out to **PORTLAND YOUTH SERVICES,**

First weeks payment must accompany this registration. Payment for additional weeks **must** be paid one week prior to child attending the program.

**There will be no credit for days your child is absent due to illness or change of family schedule.**

**If Financial Assistance is needed a Town of Portland's Financial Assistance Application must be filled out. Forms are available from Youth Services or on line.**

**PLEASE NOTE:**

**\*Fees paid for days registered regardless of attendance.**

**\*Two week notice required if child will not attend program due to vacation.**

**\*Strict 6:00 P.M. pick up time. \$10.00 will be charged for 1<sup>st</sup> offense, \$20.00 2<sup>nd</sup> offense, 3<sup>rd</sup> offense child/children will no longer be registered in the program.**

**\*Parents must call Youth Services by noon to notify program that child will not attend for the day, continued violation of this policy will jeopardize your child's position in the program.**

**NOTE: A CURRENT MEDICAL FORM MUST BE BROUGHT TO YOUTH SERVICES PRIOR TO YOUR CHILD ATTENDING.**

*Please complete both sides of the attached form.*

**Portland Youth Services**

P.O. Box 71, 33 E. MAIN STREET;PORTLAND,CT 06480  
TEL#(860)342-6758

**After School Program 2009-10 Application**

I give my child permission to participate in the Portland Youth Services After School program held at Gildersleeve School on the following days:

Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_

**REMINDER PLEASE NOTIFY YOUTH SERVICES OFFICE BY 12:00 IF YOUR CHILD WILL BE ABSENT.**

YOUTH'S NAME\_\_\_\_\_ DATE of BIRTH\_\_\_\_\_ AGE\_\_\_\_\_ SEX\_\_\_\_\_

MOM'S NAME\_\_\_\_\_ DAD'S NAME\_\_\_\_\_

MOM'S WORK TEL.#\_\_\_\_\_ DAD'S WORK.#\_\_\_\_\_

CELL PHONE\_\_\_\_\_ CELL PHONE \_\_\_\_\_

YOUTH'S SOCIAL SECURITY #\_\_\_\_\_

ADDRESS\_\_\_\_\_ HOME TEL.# \_\_\_\_\_

\_\_\_\_\_

SCHOOL IN SEPT \_\_\_\_\_ GRADE\_\_\_\_\_

**THE FOLLOWING INFORMATION IS FOR EMERGENCY USE;**

CHILD'S/YOUTH'S HEIGHT\_\_\_\_\_ WEIGHT\_\_\_\_\_

EYE'S COLOR\_\_\_\_\_ HAIR COLOR\_\_\_\_\_

AMERICAN CITIZEN ( ) NON-AMERICAN CITIZEN ( ) :

CAUCASIAN ( ) AFRO ( ) NON-CAUCSN HISPANIC ( ) ASIAN ( )

NATIVE-AMERICAN ( ) PACIFIC ISLANDER ( ) NATIVE-ALASKAN ( ) IF

OTHER, PLEASE STATE ( )\_\_\_\_\_

ARE THERE ANY SPECIAL MEDICAL NEEDS THAT COULD/SHOULD CONCERN PYS?\_\_\_\_\_

IF YES, THEN PLEASE EXPLAIN ON SEPARATE WRITING PAPER. PLEASE DATE, SIGN, AND ATTACH.

NAME OF FAMILY'S INSURANCE CO. & POLICY

# \_\_\_\_\_

NAME OF CHILD'S/YOUTH'S  
PHYSICIAN \_\_\_\_\_ TEL.# \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list anyone who **has** permission to pick up your child

\_\_\_\_\_  
\_\_\_\_\_

Please list anyone who **does not** have permission to pick up your child  
( If this is a biological parent, a copy of the court order must accompany this form.)

\_\_\_\_\_

**Medical Information/Special Needs**

Please read carefully and sign the **MEDICAL CONSENT AND RELEASE OF LIABILITY** below to complete the registration.

I understand and agree that Portland Youth Services provides this program. (I) (we) do hereby release, discharge indemnify and hold harmless, Portland Youth Services and the Portland School System, employees or agents and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages including without limitation, injuries to my child, myself, and or property arising out of incident to my child while attending this program, whether caused in whole, or part by negligent act(s) or omissions(s) of the Portland Youth Services employees or agents.

In the event of a medical emergency I do know that every effort will be made to contact me. I give my permission to Portland Youth Services staff and or responding Emergency Medical Personnel to treat my child on scene and transport via ambulance or other appropriate means.

My child is in good health and has my permission to participate in this program and on field trips. I understand that various activities present a risk ie. Playscape activities.

Signature \_\_\_\_\_  
(Parent or Guardian) (Please print name)

Date \_\_\_\_\_

**PLEASE NOTE: DURING THE COARSE OF THE SCHOOL YEAR YOUTH SERVICES STAFF MAY BE PHOTOGRAPHING YOUR CHILD FOR USE IN NEWSPAPERS OR DISPLAYS ABOUT OUR PROGRAMS. IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED PLEASE PROVIDE A NOTE TO YOUTH SERVICES.**