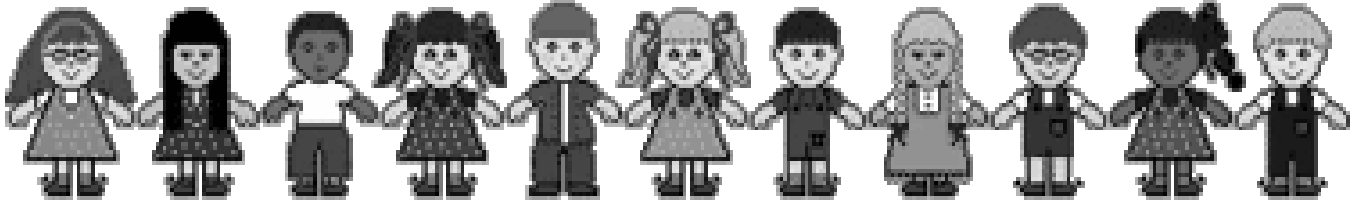


Plymouth Christian Youth Center After School Enrichment Program REGISTRATION PACKET - 2011-2012



Who: Children in grades K through 6

What: An academic enrichment program that will provide your child a safe and fun learning environment after school. Our schedule consists of:

2:00-3:00	Homework time
3:00-3:15	Snack
3:15-4:45	Classroom Academics; Reading, Writing, Math (30 minutes each)
4:45-5:00	Snack
5:00-5:30	Organized recreational time (gym, computer lab, art projects)

When: Monday-Friday from 2:00-5:30 pm, beginning August 29th (Kindergartners begin on 8/31). Our program operates every day that Minneapolis Public Schools are in session, and we are closed all days that MPS is not in session (see "no school" dates on page 6).

Where: Plymouth Christian Youth Center, 2210 Oliver Ave North, Minneapolis, MN 55411

Cost: \$80 for the entire school year

This fee can be made in 1-4 installments. Please confirm payment plan with Program Coordinator.

The payment plan will consist of:

\$20 due at enrollment	\$20 due by December 2 nd
\$20 due by February 3 rd	\$20 due by May 4 th

Transportation: Parents/Guardians will work with their child's school to identify PCYC as the afternoon bus stop. Parents will need to provide transportation at the end of the program day (5:30 pm), with the exception of students that walk home.

Registration is required to ensure your child's spot. SPACE IS LIMITED! Please return completed registration packet and enrollment fee ASAP to:

PCYC, Attn: Jenni Patterson, 2210 Oliver Avenue North, Minneapolis MN 55411

Or fax to 612-643-2072, scan/e-mail to jpatterson@pcyc-mpls.org

Please contact Mrs. Patterson at 612-643-2016 if you have any additional questions.



**Plymouth Christian
Youth Center**
Bright Futures in Action

**PCYC After School Enrichment Program 2011-2012
Registration Form**

Student Information

Student name: _____ Date of birth: _____

Parent/guardian: _____ Relationship: _____

Parent/guardian e-mail address: _____

Current address: _____ Zip Code: _____

Phone numbers: Home _____ Cell/pager _____

Work _____

Grade in 2011-2012: _____ Current school: _____

1. Emergency contact name _____ Phone # _____

2. Emergency Contact name _____ Phone # _____

Currently receiving services in the following areas (check all that apply):

Special Education *: Reading _____ Math _____ Behavior _____ ELL _____

Social Worker/Psychologist _____ Other _____

** Please note that we may not be able to meet the student's need for Special Education support in our program.*

Did your child receive free or reduced lunch this past school year? Yes _____ No _____

Referral Information (Please mark at least one reason)

The reason I would like my child to attend this program is (check all that apply):

_____ To be involved in after-school activities that build skills and encourage thinking and creativity.

_____ To strengthen academic skills such as reading, writing, and math.

_____ To improve attendance.

_____ To improve behavior.

_____ To improve social skills.

_____ To learn leadership skills.

_____ To be in a safe place after school.

_____ English is my child's second language.

_____ Referred to this program by home school. The person referring: _____

Referral reason: _____

Do you have any concerns about how your child does in school? Yes _____ No _____

If yes, please check all of your school-related concerns:

- | | |
|--|--------------------------------------|
| _____ Attendance | _____ Reading |
| _____ Staying focused | _____ Writing |
| _____ Following directions | _____ Math |
| _____ Getting along with other student's | _____ Homework/assignment completion |
| _____ Aggressiveness | |

Is there anything else you would like us to know about your child that would help us best meet their academic and/or social need?



Health Information Form

DOES YOUR CHILD:

Take medication for any behavioral disorder (i.e. ADD OR ADHD).....YES NO

DOES YOUR CHILD HAVE:

1. ALLERGIES to food, medication, other.....YES NO

If "YES," please list: _____

2. ASTHMA?.....YES NO

If "YES," please list triggers: _____

3. OTHER HEALTH CONCERNS?.....YES NO

If "YES," please list: _____

Primary Physician _____ Name of Clinic _____

Choice of Hospital _____ Phone Number _____

I give my child permission to participate in the PCYC After School Enrichment Program.
I give permission for my child to be seen for basic health services by staff at PCYC.
I give permission for staff to transport my child to receive emergency medical attention if needed.

Signature of Parent/Guardian _____ Date _____

Please note: The information provided on this form will help us assist your child more effectively. We will not discriminate based on any of the answers provided.



**Plymouth Christian
Youth Center**
Bright Futures in Action

**PCYC After School Enrichment Program 2011-2012
Authorized Student Pick-up Form**

The people listed below are authorized to pick up my child/ren. I understand that if I need someone that is not on this list to pick up my child/ren, I need to contact Mrs. Patterson at 612-643-2016. If I do not make arrangements ahead of time, the PCYC staff will not release him/her to that person.

Name _____ Home # _____

Cel # _____

Name _____ Home # _____

Cel # _____

Name _____ Home # _____

Cel # _____

Name _____ Home # _____

Cel # _____

Name _____ Home # _____

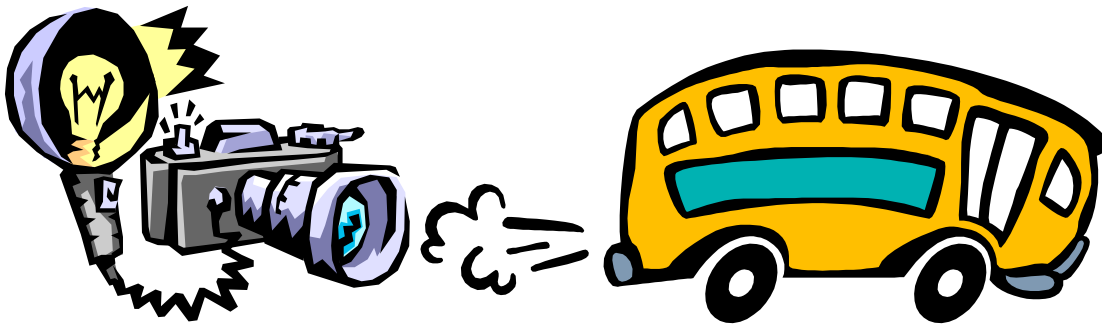
Cel # _____

Please list anyone that does **NOT** have your permission to pick up your child.

Name _____

Name _____

**IT IS IMPORTANT THAT THIS FORM STAYS CURRENT THROUGHOUT THE
SCHOOL YEAR.**



Parent/Guardian Authorization 2011-2012

Please initial next to each section, and sign at the bottom.

I give permission for my child _____ (child's name),

_____ To be **photographed and/or videotaped** within the context of the Plymouth Christian Youth Center After School Enrichment Program. I also give permission for PCYC to use any photograph/video segment for the purposes of advancing the mission of the organization.

_____ To **attend any field trips** with the PCYC After School Enrichment Program. I also give permission for my child to ride in a PCYC vehicle (bus, van) to the destination. I understand that all necessary precautions will be taken for the safety of all the children and beyond that, I will not hold PCYC or individual staff responsible.

_____ To **participate in data collection** activities including surveys, focus groups, etc. to be used for the purposes of evaluating programs for ongoing improvement. I understand that my child's data will be kept confidential and secure.

Parent/Guardian Signature _____

Date _____



**Plymouth Christian
Youth Center**
Bright Futures in Action

**PCYC After School Enrichment Program 2011-2012
Release of Information**

I give permission for my child's teachers and school administrators to share information with the Plymouth Christian Youth Center's After School Enrichment Program staff related to my son/daughter's education. This includes his/her Individual Education Plan, assessment and standardized test data, attendance data, any information related to academic and/or behavior planning and intervention, and any other information that they see pertinent to help maximize his/her performance in school.

Student's Name _____

Student ID Number _____ **Birth date** _____

Parent's Signature _____ **Date** _____

PCYC After School Enrichment Program 2011-12 Student Expectations Agreement

Safe Space Policy

Safe Space means Respect:

- **Respect for yourself**
- **Respect for others**
- **Respect for the space around you**

Safe Space means a kind of behavior:

- **Having a positive attitude**
- **Keeping hands and feet to yourself**
- **Listening when others are talking**
- **Being a good sport**
- **Talking out problems**
- **Taking responsibility for your actions and choices**
- **Self-control: stopping to think before you act**
- **Following the "Golden Rule" (Treat others the way you want to be treated!)**

Behavior Policy

We have very high expectations for all of our students' behavior. All students are expected to treat others with respect all the time. We work with students to develop positive behavior habits, including self-discipline, communication skills and good manners.

Safe Space Policy violations result in one or more of the following, depending upon the severity of the behavior:

- **Verbal Warning**
- **Time out in a designated space inside or outside the classroom**
- **"Fix It" plan**
- **Loss of privilege (appropriate to the behavior)**
- **Conflict resolution circle**
- **Behavior plan, signed by student, parent, staff and Program Coordinator**
- **Call to Parent/Guardian**
- **Sent home for the day, with possible suspension**

Chronic behavior problems or physical fighting could lead to suspension or withdrawal from the program.

ATTENDANCE POLICY

It is our expectation that every student we enroll will be here every day of the program. If absence from the program is necessary, a parent or guardian must let us know when it occurs by calling 612-643-2016. Please note that our program does not run on MPS "No School" Days.

Please also note that if your child is absent from their home school, they are not allowed to attend PCYC that day.

Student Signature

Parent Signature

Date

MPS "NO SCHOOL" DAYS 2011-2012		
September 5	December 26-30	March 2, 30
October 19-21	January 2-6, 16, 23	April 2-6
November 4, 23-25	February 20	May 7, 28



**Plymouth Christian
Youth Center**
Bright Futures in Action

2210 Oliver Ave North
Minneapolis, MN 55411
(612) 643-2000
www.pcy-c-mpls.org

AFTER SCHOOL ENRICHMENT PROGRAM 2011-2012 LATE PICK UP POLICY

1. The After School Enrichment Program concludes at 5:30 pm, Monday - Friday. It is very important that you make sure your children are picked up by or before 5:30pm each day. Please call Mrs. Patterson at 612-643-2016 if there is an emergency and you are going to be late. Please carefully read the details that follow regarding our late pickup procedures.
2. To offset the cost of paying staff overtime, you will be charged \$1.00 per minute, per child, for all students picked up after 5:30pm. There can be **no exceptions**. Please note that while phone calls are mandatory for all late pickups, the late fee must still be paid. The phone call is merely to avoid the steps outlined in item 4.
3. You will have 3 program days to pay the late fee. If the fee is not paid in full by the 3rd day, your child will not be allowed to attend the program until the late fee is paid.
4. In the event that you are late, neglecting to call is absolutely **unacceptable**. Not only does waiting without word produce anxiety and embarrassment for a child, but it also represents a gross infringement on the personal time of dedicated professionals and cannot be tolerated. If you are late and we have not heard from you, the following protocol will be followed:

5:30 pm	We will call: <ul style="list-style-type: none"> • <i>Home</i> • <i>Work</i> • <i>Cell</i>
5:45 pm	We will call: <ul style="list-style-type: none"> • <i>Emergency Contact</i> • <i>Authorized Pick up List</i>
6:00 pm	We will call: <ul style="list-style-type: none"> • <i>Police</i>

After the third occurrence, you will be asked to remove your child(ren) from the program for the duration of the school year.

Thank you in advance for adhering to the late pick up policy.

Name of Student (*please print clearly*)

Name of Parent/Guardian (*please print clearly*)

Parent/Guardian Signature

Date

Please fill out this form only if your child has never attended a Minneapolis Public School.

MINNEAPOLIS PUBLIC & NON-PUBLIC SCHOOLS STUDENT REGISTRATION FORM (13) Part 1 - SA STUDENT DATA Please Print information on in the unshaded areas only					
Student's legal last name First name Middle name				Has the student ever attended a school/schools in Minneapolis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's address Apt number BLKKEY/RES DIST.				School(s) attended Date left	
City State Zip code County				School most recently attended by student if other than a Minneapolis Public School District name or number	
Has the student ever registered under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No Name				School Name City State	
Student's Birthdate Month Date Year		Student's birth place City State Country		Date last attended: Month Date Year Type of school last attended <input type="checkbox"/> Minnesota Public <input type="checkbox"/> Out of state public <input type="checkbox"/> Non public <input type="checkbox"/> Charter <input type="checkbox"/> Other	
Home telephone Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Student's Racial/Ethnic code - One			
Student lives with - circle one 1. both parents 2. Mother 3. Father 4. Guardian 5. Mother & stepfather 6. Father & stepmother 7. Other relative 8. Alone 9. Other A. Spouse O. Foster parents W. Ward of sate					
Parent's last name First <input type="checkbox"/> Mother <input type="checkbox"/> Father Address if different from student's City State Zip Day phone Ext					
Parent's last name First <input type="checkbox"/> Mother <input type="checkbox"/> Father..... Address if different from student's City State Zip Day phone Ext					
Name of the adult person(s) the student lives with if other than a parent Last name First Day phone Ext					
Name of a person to call in an emergency other than a person the student lives with Name Relationship to student Day phone Ext					
Other children who live in same household Last name First name Birthdate Sex School					
Signature of person registering student X Relationship to student					
Student Social Security number (optional)				Student number /Temporary number	
State student ID number				OFFICE USE ONLY Registration date Month Day Year	
Stamp school name here					
School ID		Program code		Home room	
Grade level <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> full		Counselor			
Birthdate and legal name verified by <input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal record <input type="checkbox"/> Other (specify)					
Has immunization information been given to the health office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete Initials					
Who identified the student's ethnicity? <input type="checkbox"/> Parent/guardian/student or other family member <input type="checkbox"/> School staff <input type="checkbox"/> Other					
State aid/tuition status (circle) 00 Resident - no tuition 01 Open enrollment (M.S. 120.082) 03 High school grad incentives (M.S. 126.22) 04 11th & 12th grade rule (M.S. 120.0752, Subd 3) 11 Intradistrict transfer (M.S. 120.0752, Subd 1-2) 15 Tuition paid by another state (M.S. 123.39, Subd 5) 16 Shared time: public/non public (M.S. 124A.034) 19 Tuition paid by resident district (M.S. 123.39, Subd 4-5) 20 Tuition paid by parent/student (M.S. 123.39, Subd 5) 21 No tuition - non resident (M.S.123.39, Subd 5) 22 Student 21 or over - tuition paid by resident district (M.S. 120.06, Subd 3) 23 Student 21 or over - pays own tuition (M.S. 123.35) 25 Student 21 or over - no tuition (M.S. 120.06, Subd 3) 26 Contracted nonpublic alternatives (M.S. 126.23) 27 Non-resident for care and treatment (M.S. 120.181)					
Check entry type <input type="checkbox"/> Admit <input type="checkbox"/> Reenroll <input type="checkbox"/> Summer Change <input type="checkbox"/> Readmit <input type="checkbox"/> Receive in <input type="checkbox"/> Assigned list					
E-R code				E-R Date Month Day Year	