2026-2027 AFTER SCHOOL PROGRAM REGISTRATION FORM

23 Chapman Avenue, Auburn, NY 13021 / Phone: 315-253-3207 / Fax: 315-253-7271

Participant Name:

_____

Last First Middle

Birth Date: _____/_____/_____ Age: _____ Gender: M ☐ F ☐ NB ☐

School Attending: _____ Grade (2026-2027): _____

Office Use Only:
Date Received: _____
Time Received: _____

Please check the After School Program you are registering your child for:

☐ **Auburn High School** *After School Program* - 2:20pm-5:30pm
Extended Program - 5:30pm-7:30pm (Mondays and Tuesdays)

☐ **Auburn Junior High School** *After School Program* - 2:20pm-5:30pm
Extended Program - 5:30pm-7:30pm (Wednesdays and Thursdays)

Parent/Guardian Details (youth residence)

Parent/Guardian Name_____

Home Address: (Street) _____ (Apt.) _____

(City)_____ (State) _____ (Zip) _____Email: _____

Home Phone _____ Parent Cell Phone_____ Work Phone_____

2nd Parent /Guardian Details

Parent/Guardian Name_____

Home Address: (Street) _____ (Apt.) _____

(City)_____ (State) _____ (Zip) _____ Email: _____

Home Phone _____ Parent Cell Phone _____ Work Phone _____

Emergency Contact Details

In the event of an emergency, **and parent or guardian cannot be reached**, my child may be released to the following contacts:

1. _____ (**must be over 18 years of age**)

Relationship to youth: _____ Home Phone: _____ Cell Phone: _____

2. _____ (**must be over 18 years of age**)

Relationship to youth: _____ Home Phone: _____ Cell Phone: _____

Booker T. Washington Community Center
After School Program 2026-2027
Youth Dismissal Policy and Permissions

Dear Parent/Guardian:

There may be times when you wish to send someone to pick up your child from the program. To ensure your child's safety, we will release him/her only to parents and emergency contacts listed on page one, and anyone else you list below. Please include all adults who have permission to take your child from the program. We will ask the adult for identification before releasing your child.

We will **NOT** release your child to any adult other than parents and emergency contacts, and anyone you list below.

Child's name_____ Date of birth_____

_____My child will ride the bus home after program.

_____My child is a walker. He/She may leave the program on his/her own.

_____In addition to parents and emergency contacts listed on page 1, my child can be released only to the following adults:

Contact Name	Relationship to Youth	Phone Number

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Phone Number: _____ Date: _____

Booker T. Washington Community Center
After School Program 2026-2027
Medical Information

If a child exhibits any of the following illnesses, he/she cannot attend the program. If such illnesses occur during program hours, the child will be removed from the group and must be picked up within the hour. Children cannot return to program until they are symptom free for 24 hours. A child who contracts any of the following illnesses may not return to the program without a physician's note stating that the child presents no risk to himself/herself or others:

Respiratory Illness	**Gastrointestinal Illnesses**	**Contact Illnesses**
Chicken Pox	Hepatitis A	Impetigo
Measles	Salmonella	Scabies
Mumps		Pink Eye
Strep Throat		
Whooping Cough		

Additional Health Information:

Check boxes below to indicate if your child has any special needs/services:

- ☐ None
- ☐ Asthma
- ☐ Early Intervention/Special Education
- ☐ Occupational Therapy
- ☐ Speech/Language
- ☐ Physical Therapy
- ☐ Allergies (Please list) _____

- ☐ Other _____

Child's Primary Care Physician's Name/Group:

_____ Phone Number: _____

Child's Dental Care:

_____ Phone Number: _____

Please Note: If your child has any special health care needs, an Individual Health Care Plan (OCFS Form 7006) will need to be filled out and signed by the parent/guardian. If your child has any known diagnosed allergy, an Anaphylaxis Emergency Plan (OCFS Form 6029) must be filled out and signed by the parent/guardian and the child's physician. If your child requires emergency medication such as an inhaler or EpiPen, a Medication Consent Form (OCFS Form 7002) must be filled out and signed by the parent/guardian and the child's physician. ***Your child may not attend the program until all required health care forms are completed, submitted, and reviewed by BTW staff.***

Suicide Ideation/Threat Policy:

If a child reports that they have an intention to harm themselves or others, staff will:

1. Remove the child from program and take them to a safe place.
2. Staff will call the Liberty Resources Mobile Crisis Unit. They will arrive on site to assess the child for safety and determine the next course of action. *If there is imminent danger, law enforcement may be called.
3. Parent will be called and informed that the Liberty Resources Mobile Crisis Unit has been called.
4. Inform parent that their immediate presence is necessary.
5. Inform the appropriate school staff (principal, school psychologist, school counselor, school social worker, assistant superintendent for student services, program coordinator etc.). The school staff will check on the child at school the next day and assess the child if necessary.

_____ _____

Signature of Parent/Guardian Date

Booker T. Washington Community Center
After School Program 2026-2027
Medical Information (Continued)

Topical Ointment/Sunscreen Consent

I give my permission to the staff at Booker T. Washington Community Center to administer the following to my child while in their care:

- ☐ Topical ointments such as Neosporin and other disinfectant creams.
- ☐ Sunscreen. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

_____ _____

Signature of Parent/Guardian Date

Emergency Authorization

- ☐ I understand that I will be contacted as soon as possible in the event that my child is brought to a medical center or other health care provider. In the event I cannot be reached in an emergency, I hereby give permission to transport my child to the physician selected by the agency to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child. This form may be photocopied for use outside of the agency (field trips, excursions, etc.) I hereby authorize any physician, dentist, health care provider or hospital to release any information regarding the history, treatment, x-rays, or benefits payable concerning this claim to the agency director or their authorized agent for the purpose of validating and determining further treatment or benefits payable in connection with the claim.

_____ _____

Signature of Parent/Guardian Date

Emergency Medication

My child uses:

- ☐ **My child DOES NOT use an inhaler, nebulizer, EpiPen, or other emergency medication**
- ☐ **My child DOES use an inhaler**
- ☐ **My child DOES use a nebulizer**
- ☐ **My child DOES use an EpiPen**
- ☐ **Other emergency medication**: _____

I will furnish the properly labeled medication in its original container from the pharmacy to be secured by program staff for the child's emergency use. I will complete a **Medication Consent Form** signed by my child's health care provider as well as an **Individual Health Care Plan** which details any special health care needs for my child. **I understand that my child cannot attend the program until these forms are submitted and complete.**

_____ _____

Signature of Parent/Guardian Date

Booker T. Washington Community Center
After School Program 2026-2027
Family Information

Your information is used **exclusively** for reporting purposes. Your name is **NOT** attached to this information in any report.

Use the column that matches the number of persons in your household and circle the amount closest to, but not more than, the total amount of income for your family.

Circle one below.

Family size	2	3	4	5	6	7	8
A	$0-$14,400	$0-$16,200	$0-$17,950	$0-$19,400	$0-$20,850	$0-$22,300	$0-23,700
B	$14,401-$24,000	$16,201-$27,000	$17,951-$29,950	$19,401-$32,350	$20,851-$34,750	$22,301-$37,150	$23,701-$38,550
C	$24,001-$38,350	$27,001-$43,150	$29,951-$47,900	$32,501-$51,750	$34,751-$55,600	$37,151-$59,400	$38,551-$63,250
D	>$38,351	>$43,151	>$47,901	>$51,751	>$55,601	>$59,401	>$63,251

What is this participant's race? Please check **all** that apply:

Asian or Indian origin ____

Black, African American ____

Hispanic, Latino or Spanish origin ____

Native American or Alaskan Native ____

White ____

Other ____ Please describe: _____

Child resides with: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER: _____

Do the parents and/or child currently receive benefits under one or more of these programs?
If so, please check all programs that you are currently enrolled in:

Family Assistance Safety Net_____ Medicaid_____ SNAP_____ SSI_____

Booker T. Washington Community Center
After School Program 2026-2027
Program Participation/Permissions

Program Participation

My child, _____
(Child's Name)

is permitted to attend all field trips during their participation in BTW's Before/After School Program, provided I am informed about them in advance. This includes swimming field trips. I give permission for my child to fully participate in all activities related to BTW's Summer Day Camp.

_____ _____
Signature of Parent/Guardian Date

Photograph/Video Permission

My child, _____ and I
(Child's Name)

may be included in a video or picture that may identify me/them as participants in the youth program, sponsored by Booker T. Washington Community Center. I understand that any videos or pictures taken are the sole property of the Booker T. Washington Community Center and I grant permission for such pictures to be used for appropriate agency promotional videos, brochures, etc. In compliance with COPPA (Child Online Privacy Protection Act) I understand and agree that my child's picture (without name) may be used on publicly accessible areas of the BTW website.

☐ Agree ☐Opt Out

_____ _____
Signature of Parent/Guardian Date

Transportation Permission

My child, _____
(Child's Name)

may be transported by the Booker T. Washington Community Center Staff to and from special events and programming that may occur during the regular course of program operation. This includes walking field trips and other local travel on buses provided by First Student, Inc.

_____ _____
Signature of Parent/Guardian

Authorization for Release of Information

Regarding my child, _____**,**
(Child's Name)

Booker T. Washington Community Center has my authorization to release and/or receive information from the **Auburn Enlarged City School District.** Information may include academic, social, emotional, and behavioral data. Academic information will involve access into my child's electronic grade book to monitor academic progress and assist in work completion. I understand that this permission may be revoked at any time in the future by a written request on my part.

☐ Agree ☐Opt Out

_____ _____
Signature of Parent/Guardian Date

Booker T. Washington Community Center
After School Program 2026-2027
Code of Conduct

Enrollment of participation in youth programs at Booker T. Washington Community Center is a privilege. Participants should, at all times, demonstrate core values of Caring, Honesty, Respect, and Responsibility. BTW is committed to providing a safe and welcoming environment. To promote safety and comfort for everyone, all individuals are asked to behave in a courteous and polite manner at all times when participating in our program. Our objectives are to promote youth development, healthy lifestyles, and social responsibility through teaching and learning acceptable behaviors and promoting a positive self-image.

Youth are expected to:

- Use appropriate language at all times
- Cooperate and follow directions given by staff
- Respect other children and staff, as well as the facilities
- Maintain a positive attitude
- Attend program as scheduled

Behavior that will not be tolerated:

- Leaving the program premises without permission
- Rudeness, defiance of authority, or failure to follow instructions
- Refusing to remain with the assigned group or running away from staff without permission
- Inappropriate conversation; profanity; foul, abusive, vulgar, or irreverent language
- Defacing or stealing from the property, other participants, staff, or field trip facilities
- Bringing or using illegal substances
- Fighting; physical or verbal aggression, including provoking and quarreling
- Intentionally injuring another child, including deliberately causing anger or emotional distress

Should a child refuse to follow these rules, the following will occur:

1. The first time your child needs to be spoken to for not following the above established behavior guidelines, the staff will issue a verbal warning to the child.
2. The second time, your child will be asked to step away from group activity long enough to gain self-control and relax.
3. The third infraction will result in the staff calling the parent about the day's behavior. At that time a behavioral management plan will be established.

Should a child refuse to follow the rules on a daily and continual basis, the following three strike policy will occur:

Strike 1: Verbal Warning to child that the strike three policy has begun
Parent phone call
Written incident report completed

Strike 2: Verbal indication to the child that they have one more chance to follow the code of conduct or suspension will occur
Parent phone call indicating that one more strike will lead to suspension
Written incident report completed

Strike 3: Verbal indication to the child that they will be suspended
Parent phone call indicating that suspension for 1-3 days will be necessary for first time offense
Parent phone call indicating that suspension for 1 week will be necessary for second offense
Parent phone call indicating that permanent suspension is necessary for third offense
Written incident report completed

Please note that major offenses, such as physical or emotional endangerment or bullying will result in immediate suspension and possible permanent removal from the rest of the Before/After School Program. If such behavior occurs, a phone call will be made, and the child must be picked up immediately.

- ☐ **I HAVE READ, UNDERSTOOD, AND AGREE TO COMPLY WITH THESE POLICIES.**
- ☐ **I HAVE REVIEWED THESE POLICIES WITH MY CHILD.**

_____ _____

Signature of Parent/Guardian Date