



GO After School Program

2018-2019

GO is an after school program open to any interested 6th, 7th or 8th grade student at Gardiner Middle School. Each day students will be provided a snack followed by homework help . The last hour of each afternoon will be spent in a specific activity .There will be a variety of activities, which may include arts and crafts, dodgeball, soccer, basketball and painting.

Starts: October 18, 2018.

Gardiner Opportunity (GO) After School Program

Thursdays- 3:25pm to 5:00pm

For more information, please contact Jazmin Kling at (503) 358-7884 or
Jkling@nwfs.org

SCHOOLS DEPARTMENT INTAKE

Student's Name: _____ Grade: _____ School: _____

Address: _____ County : _____

Parent's/ Guardian's Name: _____ Work Phone: _____

Home Phone _____ Alternative Phone: _____

Parent E-mail: _____

Student Emergency Contact: _____

Name

Relationship

Phone Number

• My Student Will Need Bus Transportation Home [] YES [] NO • My Student Has Permission To Walk Home [] YES [] NO

HEALTH STATEMENT

Please list any medical or health concerns* Northwest Family Services should be aware of:

*A special note regarding personal information about your child: Some parents hesitate to provide programs with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. Having prior knowledge about a learning difficulty, ADHD, or child's life makes a tremendous difference in helping us be sensitive to your child's needs. Children need staff to be partners with their parents in planning for a safe and successful program experience. Our commitment is to use such information only to help your child adjust to the program. It will never be used unnecessarily, and only with the greatest discretion. Please write any other information that would be helpful to your child's youth leader; i.e. family situations or possible challenges. Feel free to use additional sheets of paper.

CONSENT AND RELEASE FOR ACTIVITIES AND CODE OF CONDUCT

Code of Conduct:

- After school programs and activities have expectations similar to school days. We expect students to be respectful of the rights and well-being of group leaders and other students involved in programs.
- Refrain from using abusive, obscene, threatening, harassing, insulting, or suggestive language.
- Do not engage in (or threaten) physical violence against group leaders or students.
- Students will not consume tobacco, alcohol, or drugs (except prescribed medicine) and will not use firearms. Criminal law violations will not be tolerated.
- Avoid roughness and damage to room furnishings, equipment, etc. Participants are financially responsible for any damage or misconduct.
- Please Note: Violators may expect to have the opportunity to explain actions to staff in charge. When behavior becomes disruptive to the group or event, parents/guardians may be contacted by phone or by letter. Violators may also be dismissed from the event for a period of time or indefinitely.

To: Northwest Family Services

In order for my child to take part in the youth programs sponsored by Northwest Family Services of Portland, Oregon, permission is hereby granted for my child to participate in any and all of the trips included in the planned program of the organization. Transportation may be provided at the discretion of the program of the organization including the Program Coordinator and Executive Director.

The undersigned parent or legal guardian and child does hereby release Northwest Family Services, it's employees, chaperones, and Board of Directors of all liability and claims of whatever kind of nature (including but not limited to, injuries, and death) arising out of or resulting from their child's participation in activities hosted by Northwest Family Services.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Further, I will be solely responsible for the payment of those services.

My Child, _____, has my permission to take part in the program of Northwest Family Services during the academic year, as I am informed of activities. I understand that my child may be asked to answer questions about program quality and effectiveness. I also understand that NWFS employees are not authorized to transport students in personal vehicles without seeking prior permission. In the event, that I cannot pick up my student up from school or event site, I consent that my child will be sent home walking or will be given a bus pass for public transportation.

➔ Parent/Guardian Signature _____ Date _____

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

As the Parent and/or Legal Guardian of the afore mentioned student participant in Northwest Family Services provided in school or after school activities, I understand that my permission is needed to enable agencies and schools that are working on his/her behalf to share student information and records with each other, so that opportunities to meet his/her needs are maximized

I specifically authorize the release and exchange of the following confidential information: Student Name, District Student ID#; Grade Level; Achievement Test scores; Course Grades and Grade Point Averages; Attendance Data and Information; and Behavior/Discipline Data and Information, among and between employees and volunteers of Northwest Family Services; the appropriate School District, and partners designated below.

This information may also be shared with evaluation contractors for program evaluation. I understand that for the purposes of coordinating support for my child, Northwest Family Services employees and school district employees may also verbally share information regarding my child's education and development. Children may participate in After School Programs whether or not their Parent/Guardian agrees to the release or exchange of information between the school and other agencies. **

Designated partners for Northwest Family Services are Administrators and Teachers from

- Clackamas County Children, Youth & Families Division
- North Clackamas School District
- Parkrose School District
- Reynolds School District
- Oregon City School District
- Gresham-Barlow School District
- Portland Public Schools
- Trillium Family Services
- Gladstone School District
- _____

This permission is effective immediately unless cancelled in writing. My signature indicates that my consent is freely given.

****Those receiving information under this release understand that this information is protected under State and Federal law. They are not authorized to release it to any agency or person not listed in this release without specific written consent to the parent/legal guardian.**

Signature of Parent/Legal Guardian

Date

THE EXTENT AND LIMITS OF CONFIDENTIALITY

Any information you give to your presenter will be kept private, unless you have given permission for it to be shared. You and your presenter may come to an agreement about how information may or may not be shared. Your presenter will respect this agreement. Some exceptions to confidentiality do exist. For example, your presenter may discuss your situation with an agency supervisor to make sure he or she is providing the best service possible. By law, the following must be reported: Information that harm has been done to a child or elderly person, information that someone may be seriously harmed in the future (including the intent to commit suicide or acts of violence), or information required by a court subpoena.

YOUR RIGHTS

1. To be treated with respect and dignity.
2. To receive competent service.
3. To refuse service. All program participation is strictly voluntary.
4. To not be involved in any additional research without your knowledge or consent.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES AND GRIEVANCE POLICY

I have been offered a copy of the NWFS's Notice of Privacy Practices and Grievance policy.

PERMISSION TO PHOTOGRAPH, VIDEOTAPE OR AUDIOTAPE

• I, the undersigned, hereby consent to the use of my image by Northwest Family Services (NWFS). NWFS has the absolute right and permission to copyright and use, re-use, publish, and republish this image for educational programs, publicity, and non-commercial, nonprofit public service announcement purposes. The photographic portraits, pictures, videos, or audio-tapes of me may be included, in whole or in part of composite or distorted in character or form, may be used without restriction as to changes or alterations, from time to time, in conjunction with my own or a fictitious name, or reproductions thereof; in color or otherwise made through any media for the promotion and educational purposes of NWFS. The photos, videos, or audio-tapes will not be used in a manner which is degrading, libelous, unlawful, profane, obscene, pornographic, or tend to ridicule.

• I hereby waive any right I may have to inspect or approve the finished product or products or advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

• I hereby release, discharge, and agree to hold harmless Northwest Family Services from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of pictures, videotape, or audiotape, or in any subsequent processing thereof, as well as any publication.

I have read the above authorization, release and agreement, and I am fully familiar with the contents thereof.

Student Signature

Date

Parent/Guardian or Adult Participant Signature

Date

Request for After School Activity Transportation 17 /18 School Year

Student Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Student ID:	<input type="text"/>	Middle Name:	<input type="text"/>
Home Phone:	<input type="text"/>	Last name Suffix:	<input type="text"/>
Gender:	<input type="text"/>	Legal Name:	<input type="text"/>

Program

Activity:

School: Term: Fall Winter Spring

Grade:

Activity Days: Mon Tue Wed Thr Fri

Additional Information

Special Instructions:

Medical Instructions:

Other Notes:

Contact Information

	Name	Home Phone	Cell Phone	Work Phone	Relationship
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Addresses

	Number	Street	Apt.	City	State	Zip
Home:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Daycare:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent Signature:

SIGNATURE	DATE
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