



**169 Colony Street
Meriden, CT 06451**
Phone # (203) 235.9297 (ext. 133) | FAX # (203) 237.7571
Website: www.womenfamilies.org

RISE Enrollment Application
High School Afterschool Program
2019-2020

Student's Name _____

Parent/Guardian's Name _____

Parents email address _____

Parents Phone number () _____

Program (check one): Platt _____ Maloney _____

How did you hear about our program? (check one):

- _____ Returning family
- _____ School Referral (specify) _____
- _____ Flyer
- _____ WFC Website
- _____ Other (specify) _____

For office use only

Date application received _____ Staff initials _____ Complete _____ Incomplete _____

Date application was completed _____ Staff initials _____

Parent contact:

Date:	Date:	Date:

For office use only

For office use only

For office use only

_____ Complete Enrollment Information

_____ Current Emergency Information (3)

_____ Signed Transportation/Pick up Policy

_____ Current Physical and Immunization Record

_____ Allergy/Asthma Care Plan & Administration of Medication Forms (If applicable)

Enrollment date: _____

Approved Start Date: _____

Reviewed by: _____

Name

Date

Revise

Enrollment Information

Enrollment Date _____

Student's Name

Last Name

First Name

D.O.B _____

Age _____

Male _____

Female _____

Race _____

Address

St #

Apt #

City

State

Zip-Code

Insurance Company _____

Public _____

Private _____

Hospital _____

Primary Doctor's Name

Telephone #

Dentist's name

Telephone #

(if applicable)

Guardian 1

Relationship to child _____

Guardian 2

Relationship to child _____

Last name

First name

Last name

First name

Address : _____

(Street and Apt#)

Address: _____

(Street and Apt#)

City

State

Zip-Code

City

State

Zip-Code

Home Tel. #

Cellular #

Home Tel. #

Cellular #

Work Place & Tel. _____

Tel. #

Work Place & Tel. _____

Tel. #

Work Address: _____

Street #

City

State

zip-code

Work Address: _____

Street #

City

State

zip-code

Emergency Contacts

**** Contacts must be different than the above guardians.**

The following people are authorized to pick-up my child (ren) or be contacted in case of emergency. **(Must be 18 or older)**

1 - **Name:** _____

Relationship to child: _____

Address _____

License / I .D. #

Tel:#

Alternate Tel #

2 - **Name:** _____

Relationship to child: _____

Address _____

License / I .D. #

Tel:#

Alternate Tel #

I give permission for First Aid to be administered by an appropriate staff member, to my child (ren):

_____ in the event of an emergency. I understand I will be called if my child is ill and needs to be picked up (or an alternate emergency contact, if I cannot be reached). I grant permission for my child to be transported to a hospital by emergency vehicle and to receive emergency medical treatment, at any medical facility, if I am not able to be present.

Signature of Parent/Guardian _____

Date _____

ENROLLMENT INFORMATION FOR OTHER CHILDREN FOR SAME FAMILY & SAME PROGRAM

Student's Name _____ **D.O.B** _____
Last Name First Name

Age _____ Boy _____ Girl _____ Race _____ Social Sec. # _____

Address _____
St # Apt # City State Zip-Code

Insurance Company _____ **Public** _____ **Private** _____ **Hospital** _____

Primary Doctor's Name _____ Telephone # _____ Dentist's name _____ Telephone # _____

Student's Name _____ **D.O.B** _____
Last Name First Name

Age _____ Boy _____ Girl _____ Race _____ Social Sec. # _____

Address _____
St # Apt # City State Zip-Code

Insurance Company _____ **Public** _____ **Private** _____ **Hospital** _____

Primary Doctor's Name _____ Telephone # _____ Dentist's name _____ Telephone # _____

Student's Name _____ **DOB** _____
Last name First Name First Name

Age _____
Boy _____ Girl _____ Race _____ Social Sec. # _____

Address _____
St # Apt # City State Zip-Code

Insurance Company _____ **Public** _____ **Private** _____ **Hospital** _____

Primary Doctor's Name _____ Telephone # _____ Dentist's name _____ Telephone # _____



Student Pick up Policy

Parents must maintain an up to date Alternate Pickup List. Parents are required to inform the program when there will be someone other than a parent or person on the Alternate Pickup List picking up the child. This person must be at least 18 years of age and present picture identification.

- If someone not on the Alternate Pickup List arrives to pick up a child and the parent can not be reached, the child WILL NOT be released to that person.
- If anyone, including a parent, comes to pick up a child and they are not familiar to the staff, the staff is required to ask for identification.
- If any information on the ALTERNATE PICK UP LIST changes, the parent must inform the program in order to update information in the child's file.
- Parents (or other authorized adult) **must** sign the child out **each** day.
- Person picking up must be at least 18 years of age, and have a valid ID.
- There is a late fee of \$15.00 for every fifteen minutes, or part thereof, that a parent is late picking up his/her child. This fee must be paid before the child returns to the program. After three late pick-ups, a meeting will be held to develop an action plan. If the student continues to be picked up late, it may result in termination from the program.

Closing time at Platt and Maloney is 5:30 pm Monday-Thursday.

I have read and agree to WFC's Pick up Policy.

Signature

Date



After School Bus Transportation Policy

WFC has contracted with New Britain Transportation to provide transportation from the after school program to a designated bus stop nearest to your child's home address.

- After school participants will be picked up from their designated high school site (Platt & Maloney) at program dismissal (5:30 pm).
- Transportation is **only** provided to students enrolled in the RISE Afterschool program.
- Parents who choose to opt out of bus transportation, will be **required** to follow the student pick up policy.

I give my child, _____, permission to ride the school bus

from _____ to a designated bus stop nearest to my home address.

High School Site

I understand that my child is expected to behave appropriately while on the bus and obey all safety rules. Bus transportation can and will be suspended if my child is behaving unsafely or inappropriately while on the bus.

By signing this form, I acknowledge and agree to WFC's bus transportation policy.

Signature

Date



Photograph Permission Form

I do give permission for my child (print name), _____, to be photographed by the staff of the WFC. I understand my child's photo may be used for displays, brochures, advertising, or other forms of marketing, and educational purposes.

OR

I do **not** give permission for my child (print name), _____, to be photographed by the staff of the WFC. I understand my child's photo will not be used for displays, brochures, advertising, or other forms of marketing, and educational purposes.

Parent/Guardian Signature _____

Date _____

**MERIDEN PUBLIC SCHOOL
STORM CLOSINGS AND DELAYS
2019-2020**

**PLEASE FOLLOW THE MERIDEN PUBLIC SCHOOL
ANNOUNCEMENTS MADE ON:**

RADIO STATIONS:

WTIC-1080 AM and 96.5 FM
WELI 960 AM
WMMW 1470 AM (Spanish)
WKCI 101.3 FM
WKSS 95.7 FM
WWYZ 92.5 FM
WDRC 102.9 FM and 1360 AM

TELEVISION CHANNELS:

3 – WFSB-TV
4-WVIT-TV
8 – WTNH-TV

WEBSITES:

www.wtnh.com
www.wfsb.com
www.wtic.com
www.nbc30.com

RISE Program Closings 2019-2020

Labor Day- Sept. 2nd

Professional Development Day- Oct. 11th

Columbus Day- Oct. 14th

Election Day- Nov. 5th

Veterans Day Observed- Nov. 11th

Thanksgiving Holiday- Nov. 28th-29th

Holiday Recess- Dec. 23rd - Jan. 1st

Martin Luther King, Jr. Day- Jan. 20th

Presidents' Day – Feb. 17th

Winter Vacation- Feb. 17th -18th

Good Friday – Apr. 10th

Spring Vacation- Apr. 13th -17th

Memorial Day- May 25th