

# EXPLORERS CLUB

2021-2022

## AFTER SCHOOL PROGRAM

SPACE IS LIMITED TO **40** STUDENTS PER SCHOOL  
KELSO HIGH SCHOOL



FREE

September 13<sup>th</sup> – June 3<sup>rd</sup>

Monday to Friday

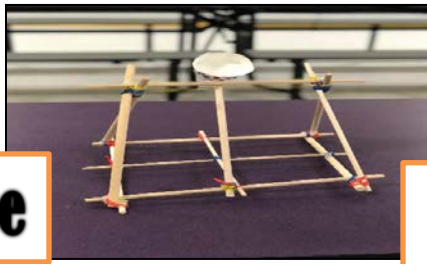
2:30 to 4:30

Program will run every day  
school is in session

(Except in the event of staff trainings, inclement weather,



**Science**



**Art**



The Explorers Club Program is open to any student who desires to get homework help as well as participate in academic enrichment activities afterschool. It is a grant funded program which requires a specified amount of days attended by students. The ‘cost’ of the program is that students come to program ready to participate and learn, and, that they attend the majority of days program is offered.

<b>SSID #:</b> _____	<b>Received Date:</b> _____	<b>Time:</b> _____
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**2021-2022 Explorers Club Application** (Complete all portions of this form, using black ink)

Student has previously attended 21<sup>st</sup> Century Explorer Club: Yes No

Child's Name: \_\_\_\_\_ School \_\_\_\_\_

Grade: \_\_\_\_\_ Gender \_\_\_\_\_ DOB: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Teacher \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ relationship to student \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

My Student receives free or reduced lunch during the school year Yes \_\_\_\_\_ No \_\_\_\_\_

My student is in the ESL program Yes \_\_\_\_\_ No \_\_\_\_\_

My Student's Primary Language \_\_\_\_\_ My Student is on an IEP Yes \_\_\_ No \_\_\_

**Emergency Contact Information:** (Who to contact if parent/guardian cannot be reached)

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ permission to pick up child Y N

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ permission to pick up child Y N

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Transportation:**

\_\_\_\_\_ I will be picking up my child from program, or someone from the approved list below:

- Please list all people (not on above list) who may pick up your child from program
- **(IDENTIFICATION REQUIRED):** Please carry your ID every day in case of a sub staff.
- Person picking up the child must be **18** years old or older.

Name: \_\_\_\_\_ Phones: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phones: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phones: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

***\*Please note that if no one has come to pick up your child immediately after program ends we will call the names listed above to pick up your child, unless prior arrangements have been made. If no one is available within 1 hour of program ending, we will need to call authorities.***

## **Medical Information**

**(Please complete this information. In the event of missing information, you will be contact.)**

- *Be advised, there **cannot** be any medication at program (not in backpacks) including inhalers,*
- *Staff **cannot** administer any medication to students*
- *Staff **cannot provide** any personal assistants with toiletry care.*

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Child's Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

My child has allergies or a medical condition:  Yes  No If yes, please list:

\_\_\_\_\_

Current Medications \_\_\_\_\_

My child carries an Epipen: Yes No

Any protocol for current medical conditions:

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

### **Photo and Video Release:**

Our program wants to share photos and videos of your child participating in activities at program.

We ask your permission to use photos and videos taken of your child for Youth and Family Link Promotional and educational purposes. *Examples of how these photos and videos could be used Are for published reports and presentations to other out of school time care providers, as well as Educators, donors, public officials, Facebook, school districts, and newspapers.*

**Yes, Youth and family link may use pictures and video footage of my child for its Promotional educational purposes. I understand that these pictures and videos footage Will become the property of Youth and Family Link.**

\_\_\_\_\_ would you like to be notified before a photo is used?  
*Parent/guardian Signature* (circle one) YES or NO

**What do you hope your child will get out of Explorers Club?** \_\_\_\_\_

**Parent Agreement:** (please initial each statement)

- 1) Daily attendance is essential to fulfill grant requirements. I will keep the staff updated should my child need to miss a day. Init \_\_\_\_\_
- 2) I understand that my child will need picked up from the program at 5:30 sharp, no earlier than 5:15 unless discussed with staff prior to pick up Init \_\_\_\_\_
- 3) I understand that the Explorer program is voluntary. Youth and Family Link staff will supervise students. Students are expected to abide by school and program rules. If a student is unable to follow rules, he/she may be asked to leave. Youth and Family Link will strive to communicate with the school and home for the best interest of the child. Init \_\_\_\_\_
- 4) I give consent for Youth & Family Link to exchange attendance, grades, disciplinary information, and student ID numbers, free and reduced lunch information, with Longview / Kelso School district for the purpose of outcome measures, future funding and program planning. Init \_\_\_\_\_
- 5) Youth & Family Link staff is not responsible for my child until he/she arrives to the program "check in" area. Init \_\_\_\_\_
- 6) I give consent for Youth & Family Link or Longview/ Kelso School District staff to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. A staff member may apply First Aid treatment until doctor or medical service can be contacted. Init \_\_\_\_\_
- 7) Youth & Family Link does not provide medical or accident insurance and is not responsible for personal items lost or stolen. Init \_\_\_\_\_
- 8) I will notify Youth and Family Link staff if any information stated on this form has changed. Init \_\_\_\_\_
- 9) **I understand that it is the parent/guardian's responsibility to arrange transportation.** Init \_\_\_\_\_
- 10) I understand that due to Grant requirements and staff training days, there are some days in which program will not be held. Staff will give notice as to what those days will be. (see front page) Init \_\_\_\_\_

**PARTICIPATION RELEASE**

1. I assume all risks of participation in all activities of the afterschool program, including any risk associated with any special medical needs or conditions of my child.
2. I authorize Youth and Family Link staff members who will participate in this program to obtain on behalf of my child, at my expense, any first aid or emergency medical services which may be considered necessary or advisable at any time during the activity/field trip. I understand that efforts will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the Link staff to consent to whatever medical or surgical treatment may be considered necessary or advisable by a physician or nurse treating such injuries
3. My child and I further hereby release and hold harmless Youth and Family Link and any individual, officer, employee, trustee, agent or representative against any and all claims, actions, demands, liabilities, and damages with respect to any injury to my child or any other person, regardless of severity, and/or loss of or damage to property of any type relating to or arising out of any activities or occurrences, except to the extent that such injury to person and/or loss of or damage to property results from a grossly negligent, intentional, or malicious action, failure to act or omission by Youth and Family Link, or any individual officer, employee, trustee, agent or representative.
4. My child and I further hereby agree to indemnify Youth and Family Link, and its officers, employees, trustees, agents, and representatives against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injury to person, regardless of severity, and/or loss of or damage to property of any type relating to or arising out of any activities or occurrences on any Link activity or trip and caused, either directly or indirectly by my child or myself.

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*Parent/guardian printed name*

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*Signature*

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*Date*

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Office Use Only:

Date Received \_\_\_\_\_ Copy for site coordinator YES

Registration complete: Yes or No: \_\_\_\_\_ first date of Attendance \_\_\_\_\_

Entered into EZ reports: Yes Date: \_\_\_\_\_ EZ reports ID Number \_\_\_\_\_

SSID # obtained \_\_\_\_\_ LV Skyward \_\_\_\_\_ Kelso Skyward \_\_\_\_\_

Parents registered: Yes \_\_\_\_\_

Parent Meeting Scheduled for \_\_\_\_\_