**Pro Action Youth Development Program**

*Parent Information and Program Guidelines*

**Program Information:**

* **WHO:** Serves youth ages 8-18.
* **WHEN:** (Monday-Friday) *September-June* 10a-6p, *July & August*; 7:45a-4p Closed in observance of School Holidays, special hours posted for scheduled school break weeks.
* **WHERE:** Located at Bethel Assembly of God at 310 W. Washington St. in Bath, NY.
* **HOW:** This is a drop-in program, but students are asked to enroll so that we can manage group sizes for Covid-19 safety guidelines. There is Pro Action intake form that we will work with you to complete.
* **HOW MUCH:** Provided at **NO COST** to participating children / families.

**Families’ Responsibility:**

* Complete a one-time Pro Action Waiver for In-person Services before the first day your child(ren) participates.
* Screen their child or children for Covid-19 symptoms before bringing them to the program each day. Fill out the [Covid-19 Self-certification form](https://forms.office.com/Pages/ResponsePage.aspx?id=9F6P6r_nlkacxKAlVIHs2_vctkzlHZpLpbj6yJJrSJ1UOVdMTjYwTEtaVDJIU0lJUlAzOVU3WFZSTS4u)  each day when bringing them to the program, or on paper upon arrival.
* Provide their child’s own transportation to and from the program.
* Send their child with school issued computer and learning materials needed for the day.
* Send their child with the meal they were given at school, or another lunch.
* Pick up child by 6:00 PM (4:00 pm in summer/break days.)

**Program’s Responsibility:**

* Provide supervision and support for remote learning activities in a group setting.
* Provide socially distanced, sanitized workspaces for participating youth.
* Provide Internet access
* Provide snacks and drinks throughout the day
* Offer additional activities for youth that are fun, educational and enriching
* Promote positive youth development

*Turn over for parent agreements and consents*

*Parent Consents*

|  |  |
| --- | --- |
| **Communication with School**: The program may provide the child’s school district with a list of program participants for the purposes of collecting attendance and academic data on the whole group of participants, without their names attached to it.  | rYes rNo |
| **Waiver for In-Person Services During the Covid-19 Pandemic**I attest that I have read and understand **Pro Action’s Waiver for In-Person Services**. In addition to the guidelines in the waiver, I understand the following conditions of my child returning to the program if they are sent home with symptoms of Covid-19:* + Negative Covid-19 Result: Participant can return after confirmation of negative result by Steuben County Public Health, and must have symptoms resolved and be fever-free without medication for 72 hours; **or**
	+ Alternative Diagnosis: Participant can return after documentation of alternative diagnosis is reviewed and approved by the district and Steuben County Public Health, and must have symptoms resolved and be fever-free without medication for 72 hours; **or**
	+ No Negative Test or Alternative Diagnosis: Student/Staff cannot return to school for a minimum of 14 days, and must have symptoms resolved and be fever-free without medication for 72 hours
 | rYes rNo |
| **Other Consents:** |  |
| I consent to emergency medical treatment for my child. I understand this means we will call emergency personnel first when needed. | rYes rNo |
| I consent for my child to take part in neighborhood trips (park, etc) with proper supervision. | rYes rNo |
| I understand the program cannot give medication to my child. | rYes rNo |
| I understand that other youth-serving organizations will sometimes provide programming with us. | rYes rNo |
| I understand that, if my child leaves the program without permission, or if I or my designees do not pick up my child by fifteen (15) minutes past the posted closing time without notification, the program will call emergency contacts. If emergency contacts cannot be reached forty-five (45) minutes past the posted closing time the program may need assistance from law enforcement to assure everyone’s safety and welfare. | rYes rNo |

Parent/Guardian Name (Please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Special Needs & Medical Information*

Check any special needs your child has: r None r Special Education r Occupational Therapy r Speech r Physical Therapy
r Allergies (list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Important Information*

**School District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pick-up**

* My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is at least 13 years old and may sign themselves out at the end of the program day and walk home.
* My child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, must wait for me or my designee to pick them up at the end of the program day.

**Others Who Can Pick Up Your Child:** Use this space to list up to two people who are not emergency contacts but who your child may leave with. Staff will ask for a photo i.d.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RELATIONSHIP** | **NAME** | **PHONE 1** | **PHONE 2** | **Authorized to Pick Up** |
|  |  |  |  | rYes rNo |
|  |  |  |  | rYes rNo |

**Emergency Contact Information:** Please provide at least 3 emergency contacts, including yourself. Staff will ask for a photo i.d.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RELATIONSHIP** | **NAME** | **PHONE 1** | **PHONE 2** | **Authorized to Pick Up** |
|  |  |  |  | rYes rNo |
|  |  |  |  | rYes rNo |
|  |  |  |  | rYes rNo |

**School Contact Information:** Please provide the school and grade for each child attending the program

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD FIRST AND LAST NAME** | **CHILD’S SCHOOL** | **GRADE IN SCHOOL** | **TEACHER NAME** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Photo**

**Participant I.D. Photo Release**

r I give permission for the program to take my child’s photo and place it here so that all staff and volunteers working in the program can always correctly identify my child.