

The Valley Community Association's
2023-2024
Striving for Excellence
REGISTRATION

For Office Use Only
Date Received

By _____

Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Home Address: _____ City & ZIP Code: _____

Primary Phone Number (s): _____ Secondary Phone Number (s): _____

Parent Email Address: _____

BPS 900 # (used to log into infinite campus) *this is required for grant purposes* _____

Free/Reduced Lunch: Yes No

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: White Black or African American Asian American Indian or Native Alaskan Other

Student Gender: Female Male Other

FAMILY CONTACT INFORMATION

Primary Guardian Name: _____ Phone Number: _____

Address: _____ City/Zip: _____

Place of Employment: _____ Work Phone: _____

Relation to student: _____

Secondary Guardian Name: _____ Phone Number: _____

Address: _____ City/Zip: _____

Place of Employment: _____ Work Phone: _____

Relation to student: _____

Additional Emergency Contact: _____ Relationship: _____

Phone Number: _____

STUDENT CONTRACT AGREEMENT

I, _____, agree to be a member of the "Striving for Excellence" After School Program. I understand that in order to participate in field trips, sports, special events, etc. I must also partake in after school homework/tutoring, computer instruction, art class, STEM programming, and other academic activities.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

AUTHORIZATION TO RELEASE

The Authorization to Release gives your child permission to walk home from the Valley Center at the designated dismissal time frame of 5:30pm-5:45pm without notification from you. Please check one of the following:

_____ I give my child permission to leave the Valley Center and walk home unattended at the end of the program.

_____ I DO NOT give my child permission to leave and walk home unattended. My child will be picked up by an authorized person.

MEDICAL INFORMATION

Doctor's Name: _____ Phone Number: _____

Does your family have health insurance? Yes ____ No ____ Medicaid: Yes ____ No ____

Does your child have any health issues (medical, emotional, behavioral) we should be aware of that have been officially diagnosed by a medical professional? If yes, please specify. _____

Is your child on any medications that would need to be taken during after school program hours? Yes ____ No ____

If yes, please list: _____

****The VCA program is only allowed to administer emergency medications (i.e. Epi-Pen, emergency inhaler, Benadryl)***

Does your child have any food allergies? Yes ____ No ____ If yes, please list: _____

ACADEMIC INFORMATION

This information will be used to better serve your child by allowing the VCA to coordinate academic approaches with the school day.

Does your child have an IEP or a 504 Plan at school? Yes ____ No ____

If yes, please indicate whether your child has an IEP or 504 Plan: IEP ____ 504 Plan ____

HOUSEHOLD INFORMATION

This information will be used only for grant funding required reporting. It will be kept confidential.

Child lives with (check all that apply): Mom ____ Stepmom ____ Dad ____ Stepdad ____ Grandparent ____
Other: ____ (please specify) _____

Number of people residing in the household: _____ Head of Household: Female ____ Male ____

Annual Income Level: Below \$9,999 ____ \$30,000 - \$39,999 ____

Please check one \$10,000 - \$19,999 ____ \$40,000 - \$49,999 ____

\$20,000 - \$29,999 ____ \$50,000 and up ____

DISCLAIMER

The Valley Community Association is not responsible or liable in any way in the event of harm or injury occurring to the registered child. The Valley Community Association is not responsible for lost or stolen items.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

How did you hear about the Valley After School Program?

The Valley Community Association's

2023-2024

Striving for Excellence

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF CHILD _____

DATE OF BIRTH _____

ADDRESS _____

PARENTS NAMES _____

I hereby authorize (*print school name*) _____ to release copies of report cards and any other information pertaining to academic progress and/or behavior for the above-named child to the:

Valley Community Association Inc., 93 Leddy Street, Buffalo, New York, 14210 &
Via Evaluation, 325 Delaware Avenue – Suite 100, Buffalo, New York 14202

Signature of Parent/Guardian: _____

Relationship to above named child: _____

Date: _____

This authorization is effective for eighteen months.

*No other party is to have access to these records without
written consent of the parent or guardian*

*Via Evaluation is the Valley Community Association's evaluator and the sharing of information with
them is mandatory as per grant requirements.*

All information shared with Via Evaluation will be kept confidential.

The Valley Community Association's

2023-2024

Striving for Excellence

RELEASE FORM

NAME OF CHILD _____

DATE OF BIRTH _____

ADDRESS _____

PARENTS NAMES _____

Please initial after each sentence to indicate your authorization.

1. In the event of an accident or injury, I give permission for my child to be treated in a hospital if I cannot be reached.

Parent Initials _____

2. I authorize the use of my child's photographs for VCA advertising and/or publicity purposes.

Parent Initials _____

3. I authorize my child's participation in anonymous surveys given by the VCA for evaluation purposes.

Parent Initials _____

4. I authorize my child's participation in VCA field trips.

Parent Initials _____

Signature of Parent/Guardian: _____

Relationship to above named child: _____

Date: _____

The Valley Community Association's
2023-2024 Striving for Excellence
PARENT CONTRACT

1. Parents are welcome to observe their child's program at any time.
2. Children who become ill may not remain at the Valley Center. Parents will be called and it is their responsibility to find someone to pick their child up in a timely manner. Children sent home with a contagious disease will not be re-admitted without a doctor's note stating that they are no longer contagious. Children sent home with a fever may not return until they are symptom free for 4 days. Students will be screened for symptoms and have their temperature taken each day. Please refer to the COVID guidelines for more information.
3. The Valley Center has a "No Nits" Policy whereas children with nits and/or live head lice will not be allowed to remain in the program until they are nit free. Children are subject to random "head checks" by VCA staff and will be rechecked upon re-admittance. **Those found with nits and/or live head lice must be picked up immediately once parents are notified of the situation.**
4. No child will be allowed to leave the Center with anyone that is not on the child's release form. That person must also present picture identification. **Parents must notify the Valley Center if someone other than themselves or someone on the pickup list will be picking the child up.**
5. Should you decide to withdraw your child from the Valley Center program, a written two-week notice is required.
6. Any change in family situation (i.e. divorce, custody, order of protection, separation) must be notified to the Program Director and documentation must be on file at the Valley Center.
7. Children are expected to be in attendance on the days set up between the Valley Center and the parents. If your child will not attend on any given day you must call the Valley Center at 716-823-4707 ext. 4 or 117 and notify the staff.
8. On school vacation days, holidays, snow days, or any other day that school is not in session, the program will not be in session. The Valley Center will make available full-day, day care for a cost of \$41 per child per day. DSS payments are accepted. There is limited availability for the day care slots and children MUST BE pre-registered to participate. To enroll for the day care service, you must contact Hanna at 716-823-4707 ext. 117.
9. **Children enrolled in the program must stay until 5:30pm each day that they attend. In addition, a minimum attendance of 3 days per week is required. If your child does not consistently abide by these requirements, they may be removed from the program without prior warning or notification.**
10. Youth are not allowed to have any electronic devices while the program is in session (cell phones, tablets, ipods, etc.). If youth are found with electronic devices, the devices will be taken by Valley Center staff and returned only to parents. If parents need to contact their child, please call the Valley Center at 716-823-4707 ext. 117.
11. **We are not able to accommodate specific child programming requests (i.e. if a child is in trouble in school to have them sit out of certain Valley activities).** Our activities are grant funded and designed to meet certain requirements and we are unable to separate one child out from the rest of their group and activity. Requests to do so will not be honored.
12. **The Valley Community Association reserves the right to expel a child from the program at any given point for any infraction or behavior issue(s) deemed serious enough by VCA staff without prior warning to the child, parent, or guardian. Disrespectful, rude, and/or violent behavior of any kind will not be tolerated.**
13. **The Valley Community Association reserves the right to inspect bags, purses, or other items brought into the facility or on a field trip as well as the right to ask youth to empty pockets on their clothing if a safety or security risk is suspected by VCA staff without prior warning or notification to parents or guardians.**

I have read the above contract with the Valley Community Center "Striving for Excellence" After School Program and I agree to all of the terms listed. I also agree to the following schedule for my child.

Childs Name: _____

Days Attending: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Parent/Guardian Name (Print): _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

The Valley Community Association's
2023-2024 Striving for Excellence
PICK UP LIST

CHILDS NAME: _____

List of Approved People to Pick Up My Child

Name (First & Last)	Address	Telephone #	Age	Date of Birth (M/D/Y)	Sex (M/F)

People NOT allowed to pick up my child: _____

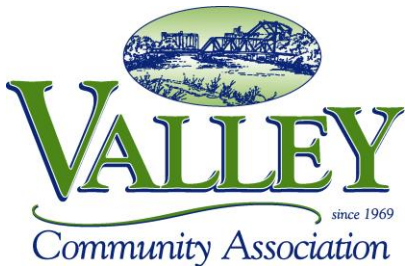
Emergency Contacts

Name (First & Last)	Address	Telephone #	Age	Date of Birth (M/D/Y)	Sex (M/F)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME: Valley Community Association		ADDRESS: 93 Leddy St. Buffalo NY 14210		PHONE NUMBER: (716) 823 – 4707 x 117
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:			DATE OF BIRTH: / /	GENDER:
	CHILD'S HOME ADDRESS:				
	NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:					
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services:		
<input type="checkbox"/> Early Intervention/Special Education	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Allergies (Please list) _____	<input type="checkbox"/> None	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Other _____ Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
● I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
● I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
● I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
● I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
● I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
● I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /



MEMBERSHIP/INFORMATION FORM

93 Leddy Street, Buffalo, New York 14210

Phone: 716-823-4707

- VCA Memberships are good for one calendar year
- All forms must have signature at bottom

MEMBERSHIP APPLYING FOR:	<input type="checkbox"/> Youth	\$10.00	16 years and under
	<input type="checkbox"/> Individual	\$10.00	Ages 17-54
	<input type="checkbox"/> Senior	\$ 5.00	Ages 55 and up
	<input type="checkbox"/> Family	\$25.00	Parents & Children same household

MEMBER INFORMATION – INDIVIDUAL, SENIOR OR YOUTH

First Name _____	Last Name _____
Street Address _____	City _____
State _____	Zip _____
Phone _____	Date of Birth _____
Occupation _____	Email Address _____

FOR YOUTH MEMBERSHIPS – ALSO COMPLETE THIS SECTION

Parent Name: Mother _____	Work Phone _____
Father _____	Work Phone _____
Emergency Contact _____	Relationship _____
Phone: _____	School: _____

MEMBERSHIP INFORMATION -- FAMILY

First Name _____	Last Name _____
Street Address _____	
City _____	State _____
Zip _____	
Home Phone _____	Date of Birth _____
Occupation _____	
Spouse Phone _____	Date of Birth _____
Occupation _____	
Children:	
	(Circle One)
Name _____	Date of Birth _____
	Male or Female
Name _____	Date of Birth _____
	Male or Female
Name _____	Date of Birth _____
	Male or Female
Name _____	Date of Birth _____
	Male or Female

In consideration of my/my children(s) participation in programs at the Valley Center, the undersigned hereby agrees not to sue, and hereby releases the Valley Center, their employees and volunteers from all liability for any damage or injury to me/my child(ren) or to property, sustained by me/my child(ren) caused by or resulting from any causes whatsoever. I also acknowledge that I assume all risk of injury from such participation in activities at the facility or other program site. By signing this release, I swear that I am/my child(ren) is/are in good physical condition and that I am not aware of any limiting physical condition or disability that would preclude me/their participation in the intended use of the facility or program by me/my child(ren).

Parent/Guardian Signature

Date: _____