2012-2013 DCPS AFTERSCHOOL PROGRAM ENROLLMENT PACKET CHECKLIST

(for OSTP completion only)

NO STUDENT WILL BE ALLOWED TO REMAIN AFTER SCHOOL WITHOUT FULLY ENROLLING IN THE AFTERSCHOOL PROGRAM AND PROVIDING ALL NECESSARY DOCUMENTS.

The OSTP afterschool representative must fill in this page in order for a student's enrollment packet to be complete. However, this does not need to be filled in while the parent/guardian is present.

Parent/Guardian's Name: _____ Child: _____

☐ This parent/guardian *will not* be applying for a reduction or exemption from making payments for afterschool programming. This parent/guardian will pay the $10.00 daily fee for his/her child to attend afterschool programming. **Please complete Part A, C and D of the Student Enrollment Form. DO NOT COMPLETE PART B.**

Proof of Relationship *(check one)*
One of the following methods may be used to demonstrate documentation of relationship to the student:

	STATEMENT: The parent/guardian has provided…
	Documentation of active TANF status which includes children's names (must be within 30 days of application)
	Active Automated Client Eligibility Determination System (ACEDS) printout (with the child's name listed, must be within 30 days of application)
	Department of Human Services Certificate of Birth (large format – must include parents' names)
	Department of Health Certificate of Live Birth (large format – must include parents' names)
	Verification of Guardianship: Adoption papers/Court documents

Proof of Income *(check one)*
One of the following methods may be used to demonstrate income eligibility:

	STATEMENT: The parent/guardian has provided…
	Documentation of active TANF status which includes children's names (must be within 30 days of application)
	Active Automated Client Eligibility Determination System (ACEDS) printout (with the child's name listed, must be within 30 days of application)
	A letter from employer (Note: This is acceptable only if a new job, or employed as a domestic employee and does not receive pay statements. The letter must specify hours of work, salary, date and address at which work is performed.)
	Original copies of (3) consecutive pay stubs for all parents/guardians in the household (must be within 30 days of application. Electronic paystub printouts are only acceptable when accompanied by a verification of employment letter.)
	If self-employed only, must supply the same documents maintained for income and tax purposes. (One current bank statement, 30 day manifest, a copy of your most recent D-40 tax return and all schedules must be submitted.)
	Verification of Child Support

	Copies of (3) Unemployment Benefits Statements
	Social Security Income Statement (must be within 30 days of application)
	Supplemental Security Income Statement (must be within 30 days of application)

Proof of D.C. Residency: *(check one)*
One of the following methods may be used to verify residency:

	STATEMENT: The parent/guardian has provided…
	A current, official rent receipt (on company letterhead)
	A current mortgage statement in parent/guardian's name
	A new, recently signed lease or, mortgage or housing document that shows applicant's name and address no older than (30) days of signing the enrollment application
	A current utility or residential telephone bill (cellular phone bills are not acceptable and E-bills must be accompanied by (2) pieces of mail in the applicant's name)
	Documentation of active TANF, Medicaid or Food Stamp status
	If living with a relative, parent/guardian must provide a notarized letter from the person with whom the parent/guardian lives and (2) pieces of current mail in the parent/guardian's name no older than (30) days, the letter must include applicant's name as well as the names of the applicant's children that reside in the home.

The OSTP afterschool representative shall confirm that all documentation validating proof of relationship, proof of income, proof of D.C. residency is in the parent/guardian's name; viewed original documents and that it is dated no more than 30 days prior to the date of the enrollment application.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Application for the DCPS Afterschool Program
Student Enrollment Form – Part A1

School:_____ **Coordinator:**_____

☐ I *will not* be applying for a reduction or exemption from making payments for afterschool programming. I will pay the $10.00 daily fee for my child to attend afterschool programming. **Please complete Part A, C and D of the Student Enrollment Form. DO NOT COMPLETE PART B.**

Student Information

Student Name:_____

Date of Birth:_____ Student ID #:_____ Grade:_____

Address:_____ Apt. #:_____

City:_____ State:_____ Zip Code:_____

Home Telephone #: _____ Student Cell #:_____

Pick-Up Information Please check all options that apply:

✓	My child may be picked up by any of the following people:		
	Name	Relationship	Phone Number(s)
	Name	Relationship	Phone Number(s)
	Name	Relationship	Phone Number(s)
	My child may walk home alone at _____ (time) unless otherwise specified.		

Contact Information

Parent/Guardian Name (1)	Cell Phone: Work Phone:	Email
Parent/Guardian Name (2)	Cell Phone: Work Phone:	Email

Emergency Contact Name	Home Phone	Work Phone
	Cell Phone	Email

Names of All Children in the Family Who Participate in the DCPS Afterschool Program

1.	2.
3.	4.
5.	6.

Parent/Guardian Information DCPS must collect this information for federal reporting purposes.

Statements
My child lives with one parent/guardian: _____ (name) _____ (relationship)
My child lives with two parents/guardians: _____ _____ (name) _____ (name)

Release Information I agree to the terms written in the following statements:

Initials	Statements
	I hereby give permission for my child to participate in afterschool activities sponsored by DCPS.
	I agree to pay the required co-payment for afterschool programming if I do not qualify for free programming.
	I allow participating community based organizations and neighborhood based organizations to access my child's education records in order to help provide the most effective and comprehensive academic support.
	I allow my child to complete a survey and/or participate in a focus group about the Afterschool Program. The survey/focus group will ask your child to answer questions about his/her experiences in the afterschool program. The survey/focus group will be conducted during the afterschool program hours and should take approximately 10-15 minutes to complete. Participating will not affect your child in school, in the afterschool program, or in any other way, and is not required for afterschool enrollment. We will not use your name or your child's name in any report. Your child's responses will be combined with the responses of other afterschool participants at the school and will be reported only in aggregate. Participation is completely voluntary and participants may withdraw at any time with no consequences. A copy of the survey is available upon request from the Office of Out of School Time Programs at 202-442-5002.

Please initial the following:

____ I understand that my child's school is a DCPS afterschool program that is funded by a grant from the Office of the State Superintendent of Education (OSSE). The OSSE grant requires that the adjusted gross income of each family must fall within the established range on the Sliding Fee Scale for the family size to be eligible to enroll their students in the program. All applicants must be income eligible in order to qualify for subsidy.

Parent/Guardian Name: _____ Date: _____

Office of Out-of-School Time
1200 First Street, NE 8th Floor
Washington, DC 20002
202-442-5002
Afterschool.dcps@dc.gov

FERPA LETTER – Must be signed in order for your child to be enrolled in the DCPS Afterschool Program for the 2012-2013 school year.

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, DCPS works with organizations that specialize in providing afterschool programs (Afterschool Providers). In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS's sharing of this information about your child with the Afterschool Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.

_____
Signature of Parent/Guardian

_____
Date

_____
Printed Parent/Guardian's Name

_____
Printed Child's Name

_____
Your Child's School

CONSENT AND RELEASE FOR STUDENTS TO BE FILMED/ PHOTOGRAPHED/ INTERVIEWED AND FOR USE OF IMAGE/VOICE

I, _____, hereby irrevocably grant to District of Columbia Public Schools (DCPS) and
Parent/Guardian's Name

the District of Columbia, their successors, and their assignees the right to record the image and/or voice and use the artwork and /or written work of my child, _____, on videotape, on film, in photographs, in digital
Child's Name

media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant District of Columbia Public Schools (DCPS) and the District of Columbia , their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use.

I hereby release District of Columbia Public Schools (DCPS) and the District of Columbia, their successors, and their assignees and anyone using my child's image and/or voice, artwork and/or written work pursuant to this release from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding.

_____

Parent/Guardian (if student is under 18) [Print Name]

_____

Signature Date

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