



Adirondack Community Action Program, Inc.
7572 Court Street, Suite 2
P.O. Box 848
Elizabethtown, NY 12932
(518) 873 -3207

For Office Use Only:		
Date Received Appl.		<input type="checkbox"/> Moriah
Start Date:		<input type="checkbox"/> BVCS
End Date:		<input type="checkbox"/>

AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021

Child to be enrolled in program:

First Name	M.I.	Last Name	Date of Birth	Age
		Gender: (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		
Teacher	Grade (2019 - 2020)			

First Parent / Guardian Information:

Name of First Parent/Guardian		Relationship to child	
Mailing Address	City	State	Zip Code
Primary Home Phone Number	Cell Phone	Email Address	
Employment	Work Phone Number		

Second Parent / Guardian Information:

Name of Second Parent/Guardian		Relationship to child	
Mailing Address	City	State	Zip Code
Primary Home Phone Number	Cell Phone	Email Address	
Employment	Work Phone Number		

EMERGENCY CONTACTS: (Other than Parent/Guardians)

In case the Parent/Guardian cannot be reached the following people have permission to pick up my child in an event of an illness or emergency.

First Emergency Contact Information:

Name of Emergency Contact Person		
Primary Phone	Secondary Phone	Cell Phone

AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021

Second Emergency Contact Information:

Name of Emergency Contact Person

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Primary Phone

Secondary Phone

Cell Phone

Emergency/Snow Closings: In the event that school is closed early or there are no after school activities, you will be notified by the school.

Additional Authorized people who can pick up my child:

Name of Authorized Person	Contact Number
1.)	
2.)	
3.)	
4.)	
5.)	

Medical Information:

1.) Does your child have any food allergies?

☐

Yes

☐

No

If Yes, Please list: _____

2.) Does your child have any other allergies?

☐

Yes

☐

No

If Yes, Please List: _____

3.) Is your child presently taking medications?

☐

Yes

☐

No

If Yes, Please List: _____

4.) Are there any physical conditions that the Afterschool staff should be aware of concerning your child?

If Yes, Please describe: _____

I agree that in case of accident or injury, emergency medical care may be given in the event that I, or the person(s) designated cannot be reached.

☐

Yes

☐

No

GENERAL INFORMATION:

Does your child receive Special Education Services in school?

☐

Yes

☐

No

If Yes, please explain: _____



AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021

Does your child have an I.E.P.?

☐

Yes

☐

No

Does your family participate in the Free/Reduced lunch program?

☐

Yes

☐

No

I give my permission for ACAP to obtain a copy of my income eligibility form for Free/Reduced lunch from the school district.

☐

Yes

☐

No

Does your family receive TANF funding?

☐

Yes

☐

No

Are you eligible for Subsidy?

☐

Yes

☐

No

Why would you like your child to participate in the ACAP Afterschool program? _____

What are your current child care arrangements? _____

Please provide us with special information to assist the staff in caring for your child (diet, habits, behavior, personality, likes and dislikes, nicknames, etc). _____

AGREEMENTS:

Please initial each line as marked in acknowledgement.

_____ I have been advised of the policies and procedures regarding transportation and the services provided by A.C.A.P. (Adirondack Community Action Programs, Inc.) and the regulations under which it operates.

_____ My Child (ren) will attend the program at least 3 days a week, 2 hours a day.

_____ Local media (press, TV stations, and newsletter publications) run news stories about ACAP and its programs. I give my permission for my child to be photographed or filmed in conjunction with news coverage of the program.

_____ I give permission to the after school program staff to speak to my child's teacher in order to help him/her to be successful in school.

_____ I agree to pay \$150.00 for the first child/per month fee for service, \$75.00 for the second child, and \$37.50 for third child, or I will apply for DSS Subsidy: (873-3431) and notify ACAP at 873-3207 ext. 249. If subsidy is applied for, parent is responsible for the payment until subsidy begins. **We now offer a credit card payment option. Payment is due 30 days after billing, which is billed at the beginning of each month.**



****First payment is due with application upon registering your child (ren) in the Afterschool program.**

AFTERSCHOOL PROGRAM REGISTRATION 2020 - 2021

Signature Page:

How did you learn about Adirondack Community Action Program, Inc.?:	
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Parent / Guardian Signature

Date

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Authorized After School Staff

Date

AFTERSCHOOL PROGRAM REGISTRATION 2019-2020

Number in Household _____

Number in each age group living in the household					
Age groups	_____ 0-5	_____ 6-11	_____ 12-17	_____ 18-23	<input type="checkbox"/>
	_____ 24-44	_____ 45-54	_____ 55-69	_____ 70+	<input type="checkbox"/>

Family Type: ☐ Single Parent/Female ☐ Single Parent/Male ☐ Two Parent Household ☐ Other

Gross Annual Income: _____ Yr Other Support: ☐ Food Stamps ☐ Medicaid ☐ Health Insurance

Source of Income	Amount	Weekly/Monthly		Housing	Education
<input type="checkbox"/> Employment				<input type="checkbox"/> Rent	<input type="checkbox"/> 0-8
<input type="checkbox"/> Unemployment				<input type="checkbox"/> Own	<input type="checkbox"/> 9-12
<input type="checkbox"/> Tanf				<input type="checkbox"/> Homeless	<input type="checkbox"/> High School Grad
<input type="checkbox"/> Social Security				<input type="checkbox"/> Other	<input type="checkbox"/> GED
<input type="checkbox"/> SSI					<input type="checkbox"/> 12+ Post Grad. Education
<input type="checkbox"/> General Assistance					<input type="checkbox"/> College Graduate
<input type="checkbox"/> Child Support					
<input type="checkbox"/> Pension					
<input type="checkbox"/> No Income					
<input type="checkbox"/> Other					

ADDITIONAL SERVICES OFFERED: (Check the ones that you would like more information on)

<input type="checkbox"/> Emergency Services: Emergency assistance including: Food, Utilities, Security, Other.
<input type="checkbox"/> Employment and Training: Services to help in attaining employment
<input type="checkbox"/> Weatherization & Energy Services: Improves heating efficiency to produce fuel savings in the home.
<input type="checkbox"/> Day Care Programs: Assistance in becoming Certified Day Care Provider <input type="checkbox"/> Information for parents seeking childcare
<input type="checkbox"/> Head Start: Comprehensive program for children and families
<input type="checkbox"/> Nutrition for the Elderly: Meals for seniors at senior centers, and through home delivered meals
<input type="checkbox"/> After School Program
<input type="checkbox"/> Early Head Start
<input type="checkbox"/> Other Agency (specify):

HOUSEHOLD INFORMATION:

Information Key:

Race Use: B=Black, W=White, H=Hispanic, NA=Native American, A=Asian, O=Other

Characteristics Use: F=Farmer, MF=Migrant Farm worker, SF=Seasonal Farm worker, V=Veteran, SHH=Single Head of Household

FIRST	LAST	DATE OF BIRTH	AGE	DISABILITY	GENDER	RACE	CHARACTERISTICS (If Apply)
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				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> F <input type="checkbox"/> MF <input type="checkbox"/> SF <input type="checkbox"/> V <input type="checkbox"/> SHH <input type="checkbox"/> D