Three Rivers Area Mentoring
25 Railroad Dr
Three Rivers MI 49093
PH: 269-278-8726
Email: tram@frontier.com

AFTER SCHOOL PROGRAM ENROLLMENT

Date: _____

□ **After-School Program Application**
□ **Mentor Request**
□ **Both**

Child's Name: _____

Date of Birth: _____ Grade: _____ Age: _____

School Attending: _____ Teacher: _____

Sex: □ **Male** □ **Female**

Race (Optional): □ **African American** □ **Asian** □ **Caucasian** □ **Hispanic** □ **Other**

For grant writing purposes, please fill out the following (optional):
Family Structure:
□ Single-parent Family □ Two-Parent Family □ Foster Care □ Guardian
□ Kinship Care (Aunt, Uncle, etc.) □ Other: _____
Family Household Income:
□ Less than $10,000 □ $10,000 - $24,999 □ $25,000 - $49,999 □ $50,000 - $74,999
□ $75,000 - $99,999 □ $100,000 - $149,9999 □ $150,000 +

I give permission for **Three Rivers Area Mentoring** to release information contained in the student Profile for use associated with grant administration.

_____ _____
Parent Signature Date

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Parent Information

Parent/Guardian's Name #1: _____
Relationship to Child: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail Address: _____
Place of Employment: _____ Work #: _____
Contact Number(s): HM: _____ Cell: _____
Preferred Method of Contact: □ Work Ph. □ Home Ph. □ Cell □ E-Mail

Parent/Guardian's Name #2: _____
Relationship to Child: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail Address: _____
Place of Employment: _____ Work #: _____
Contact Number(s): HM: _____ Cell: _____
Preferred Method of Contact: □ Work Ph. □ Home Ph. □ Cell □ E-Mail

Sibling Name(s):	Age	School

School Information Release

A big part of our program is supporting your child in their educational journey. In order to do this, we need access to their grades and the ability to talk openly with their teachers and other school staff. Any information received will be kept confidential and will only be used to help your child.

I,_____, the parent or guardian of _____, grant Three Rivers Area Mentoring permission to receive information (including but not limited to grades, progress, and behavior reports) from Three Rivers Community Schools and their employees.

_____ _____
Signature Date

THREE RIVERS AREA MENTORING
YOUTH PROFILE AND HEALTH HISTORY

Please type or write clearly and legibly.

Name of Minor: (Last, First, Middle Initial)	**Date of Birth:** (XX/XX/XXXX)		
Address:	**City:**	**St:**	**Zip:**
Parent or Guardian:	**Phone:**	**Alternate Phone:**	
Parent or Guardian:	**Phone:**	**Alternate Phone:**	

Emergency Contact Information (parent/guardian):

Emergency Contact:	**Relationship:**
Phone:	**Alternate Phone:**

Siblings

Name	**Age**	**School**

Check all that apply and explain in detail checked answers:

☐	Diabetes	☐	Sleep disturbances
☐	Heart Defects/Disease	☐	Fainting
☐	Asthma	☐	Bed wetting
☐	Ear Infections	☐	Constipation
☐	Musculoskeletal Disorders	☐	Chicken Pox
☐	Convulsions/Epilepsy/Seizures	☐	Measles
☐	Sinusitis (Sinus Infections)	☐	German Measles
☐	Physical Restrictions	☐	Mumps
☐	Kidney/bladder illness	☐	Rheumatic Fever
☐	Mental/psychological disorder	☐	Tuberculosis
☐	Hypertension	☐	Kidney Disease
☐	Arthritis	☐	Eating Disorders (Anorexia, Bulimia, etc.)
☐	Nosebleeds	☐	Headaches/Migraines
☐	Has begun menstruation	☐	Had surgery or hospitalized in the last 5 years
☐	Menstrual cramps	☐	Currently under doctor's care
☐	Bleeding disorder	☐	Emotional – Separation Anxiety
☐	Other:		

Please explain in detail all checked answers marked above:

Allergies: Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of last Reaction
1.			
2.			
3.			

Does your child suffer from Anaphylaxis? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Does your child carry an Epipen? Yes No Do we have your permission to use the child's Epipen or

Does your child carry an inhaler? Yes No Inhaler on your child if needed? _____

Medical Conditions (including any precautions or restrictions on activities)

Name of Condition	Effects/Restrictions
1.	
2.	
3.	

Medications: List any medications your child is currently taking including dosage schedule and specific instructions for use. Also, please indicate (Yes/No) if minor is allowed to take the medication on their own or if they should be monitored by an advisor. This would include any type of birth control.

Medication	Purpose	Dosage Schedule	Specific Instructions	Self-Medicate? (Yes/No)
1.				
2.				
3.				

Over-the-Counter Medications: My child has permission to take over-the-counter medications in case of accident or injury. Please check all that she has permission to take:

- ☐ Tylenol/Acetaminophen
- ☐ Aspirin (fever reducer)
- ☐ Ibuprofen (pain/swelling)
- ☐ Benadryl/Antihistamine
- ☐ Robitussin/expectorant
- ☐ Sudafed/decongestant
- ☐ Pepto Bismol
- ☐ Tums/antacid
- ☐ Imodium (anti-diarrhea)
- ☐ Dramamine (motion sickness prevention)
- ☐ Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.)
- ☐ Other: _____
- ☐ Other: _____

Special considerations or notes regarding over-the-counter medications:

Does your child have a Special Medical or Dietary Regiment to be followed? Yes No

If so, please explain: _____

Has your child ever had any adverse reactions to general anesthetics? Yes No

If so, please explain: _____

Any other information not covered in this form that is important that the directors of this program should know: _____

_____

This Youth Profile and Health History form is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me.

Signature of Parent/Guardian: _____ **Date:** _____

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After-School Program Attendance Policy

Attendance Policy:

According to our funding source we must have students attending the after-school program a minimum of 75% of the time. This means students: Must attend an average of 4 out of 5 days.

If your child's attendance is not falling within these parameters, your child/children may be unable to continue participating in the program.

Early Pick Up Policy:

We are not able to count your child as present if they do not participate in the daily activity that is paid for by our grants. This means that students:

- Must stay at the program until at least 5:00 to count as being present. (Our last bus arrives at 4:15 PM so this is the earliest we can do the daily activity.) Picking your child up before or during this time means they do not take part in the programming that is required by the grants.

Late Pick Up Policy:

The following late pick-up policy is in effect for every student:

- Students must be picked up no later than 6:05 p.m. If a child is left at the program after 6:05 p.m., we will consider this a late pickup.
- After the first late pick-up you will receive a warning.
- Each subsequent late pick-up will result in a $5 fine for every additional 5 minutes after 6:05pm. The fine is due upon pick-up. If your child/children remain at the program for over one hour after the close of the program, we are required to call Social Services.
- More than two late pick-ups may result in your child/children no longer being able to participate in the program.
- Please note that the St. Joseph County Transit Authority busses will be providing transportation home for students if needed Transportation for students: The SJCTA buses will provide rides home for students if needed.
    1. Required paperwork: Paperwork must be submitted to TRAM if the student uses this service.
    2. Parental responsibility: After enrollment, the parent/guardian is responsible for contacting the SJCTA if the ride needs to be canceled.
    3. Cancellation fee: If the ride is canceled and the SJCTA isn't notified, a $4.00 fee will be charged to the parent/guardian.

I understand and agree to the attendance policies set forth by TRAM. I understand that if my child does not meet these requirements, they may be unable to continue with the ASP.

_____	_____	_____
Parent/Guardian's Signature	Date	Student's Name

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Authorization to Pick Up a Child From TRAM

Name of Child: _____

I understand that this after-school program runs on Monday through Friday, from after school dismissal to 6:00 p.m. I am authorizing the people listed below to pick up the above-named child at any time. Therefore, TRAM is instructed to release my child into the care of the following people.

Authorized Pick Up Person:

Name:	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that this authorization will remain in force until edited in writing by the signers of this authorization.

☐ I give permission for my child to walk home on their own. I understand that they will not be released before 6PM without a note written by me.

☐ I understand that TRAM employees are not able to give my child a ride home.

Walking Permission

I further give my permission for my child, _____ to walk short distances, such as Scidmore Park, the library, or Carnegie Art Center, under supervision.

Parent Signature: _____

Date: _____

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CONSENT FOR MEDICAL TREATMENT OF A MINOR

DATE: _____

I, _____, being the parent or legal guardian of _____, born _____ ("my minor") give my consent for emergency medical and surgical treatment of my minor in the event that such treatment becomes necessary. I give my permission for treatment in a licensed hospital by a licensed physician and the physician's assistants and designees including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. My minor may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, write NONE): _____

_____

My consent is effective for the following period: From: _____ To: _____

This consent pertains to my minor's participation in the Three Rivers Area Mentoring - After School Program

SIGNATURE: _____DATE: _____
(Parent or Guardian)

Parent / Legal Guardian
Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Home Phone: _____
Cell Phone: _____

Father's / Legal Guardian's Workplace
Name: _____
Name of Workplace: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____

Mother's / Legal Guardian's Workplace
Name: _____
Name of Workplace: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____

Medical Insurance Carrier
Company Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone Number: _____
Identification Number: _____
Name of Insured: _____

Family Doctor
Name: _____
Phone Number: _____

Other Contact Person
Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____

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RELEASE AND WAIVER OF LIABILITY FOR MINORS

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver (the "Release") is signed, by _____, a minor child (the "Minor"), whose date of birth is _____ and by _____, the parent having legal custody and/or the legal guardian of the Minor, (the "Guardian") in favor of the Three Rivers Area Mentoring located at 25 Railroad Drive, Three Rivers, Michigan 49093 (TRAM) and United Methodist Church (UMC) of Three Rivers, that owns the building at 215 North Main Street, Three Rivers, Michigan 49093. The Minor and the Guardian desire that the Minor participate in the following described activity (the "After-School Program) sponsored by TRAM: mentoring, academic assistance, and safe hang-out.

The After-School Program will operate from September 20___ through May 20__ and the Minor and Guardian understand that the After-School Program may include certain risks reasonably associated with and related to the Activity.

The Minor and Guardian do hereby each freely, voluntarily and without any duress whatsoever execute this Release under the following terms:

1. **Release and Waiver**. The Minor and Guardian do hereby release and forever discharge and hold harmless TRAM and UMC of Three Rivers and their officers, directors, elected officials, employees, agents, and volunteers from any and all liability, claims, demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise, from the Minor's participation in the After School Program. The Minor and Guardian understand that this Release discharges TRAM and UMC of Three Rivers from any liability or claim that the Minor or Guardian may have against TRAM or UMC of Three Rivers with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Minor's participation in the After School Program sponsored by TRAM. The Minor and Guardian also understand that neither TRAM nor UMC of Three Rivers assume any responsibility for or obligation to provide financial assistance or other assistance including, but not limited to, medical, health, or disability insurance in the event of any injury to or illness contracted by the Minor while participating in or otherwise related to the After School Program.

2. **Medical Treatment**. The Minor and Guardian do hereby release and forever discharge TRAM and UMC of Three Rivers from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service provided to the Minor while participating in the After School Program or with the decision by any representative or agent of TRAM to exercise the

power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Child.

3. **Assumption of Risk**. The Minor and Guardian understand that the activities may include certain risks associated with the After School Program, including field trips and transportation to and from the After School Program. The Minor and Guardian hereby expressly and specifically assume the risk of injury, illness, death, or property damage resulting from the After School Program.

4. **Insurance**. The Minor and the Guardian represent to TRAM and UMC of Three Rivers that the Guardian has in full force and effect medical and health insurance coverage which coverage includes the Minor.

5. **Other provisions**. Minor and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan, and this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan, Minor and Guardian agree that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. MINOR AND GUARDIAN ACKNOWLEDGE RECEIVING A COPY OF THIS RELEASE.

IN WITNESS WHEREOF, Minor and Guardian have executed this Release this _____ day of _____, 20__.

_____ _____
MINOR – PRINT NAME MINOR – SIGNATURE

_____ _____
PARENT/GUARDIAN – PRINT NAME PARENT/GUARDIAN – SIGNATURE

_____
Address

_____
City, State, Zip

_____
Home Phone Number

_____
Cell Phone Number

_____
Work Phone Number

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PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

NAME OF PARTICIPANT: _____
(Last) (First) (Middle)

NAME OF PARENT/GUARDIAN: _____

Address:
_____

City: _____ State: _____ Zip code: _____

Phone: (_____) _____ Email: _____

I, Parent/Guardian of _____, hereby consent that the photographs and/or videos for which s/he posed, and/or audio recordings made of her/his voice may be used by Three Rivers Area in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs and videos are the property of Three Rivers Area Mentoring, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs and videos as they may desire free and clear of any claim whatsoever on my part.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

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AFTER-SCHOOL PROGRAM BEHAVIOR CONTRACT

Behavior Expectations- When you come to the program you agree to:

- Maintain a positive attitude
- Respect yourself, other children, staff, and special guests
- Be safe always
- Follow directions and cooperate with staff
- Stay in program areas
- Use appropriate language. No profanity.
- Keep electronics stored in your bag – it's an electronic free area.
- No drugs, alcohol, or smoking allowed.
- Quiet time is mandatory – you will work on homework or something educational during this time

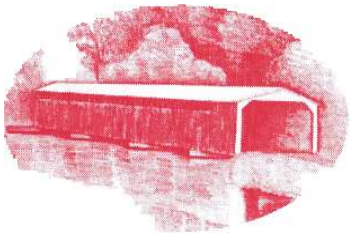
Discipline Policy

- If a child is unable to comply with the behavior expectations, a conference between the Program Director and the child will be held. An incident report will be completed and sent home to inform the parents/guardians. Refocusing or redirection will also be used.
- If after the above meeting, the child is still unable to comply with the behavior expectations, a conference will be held with the parents.
- Continuation of disregarding TRAM's rules will result in suspension from the program.
- Failure of the parent/guardian to attend conference and cooperate will subject child to suspension or dismissal.
- Certain offenses could result in immediate suspension or dismissal (refer to handbook).

_____ _____
Child Signature Date

I have read this with my child and understand the expectations and the disciplinary system.

_____ _____
Parent/Guardian Signature Date



"Your Bridge To A Destination"

ST. JOSEPH COUNTY TRANSPORTATION AUTHORITY

810 Webber Avenue,
Three Rivers, Michigan 49093
Phone: 269-273-7808
Email: sbrannum@sjcta.info

Transportation Billing Authorization

Today's Date: _____ Rider's Name: _____

Facility Name and Phone Number: _____

Facility is responsible for this ride unless another party's name and address is provided below.

If Facility is not Responsible for Payment: _____

Employee Requesting Trip: _____

Date Of Trip: _____ Appointment Time: _____ Return Time: _____

Pickup Address: _____

Dropoff Address: _____

Special Needs of Passenger: Wheelchair, Walker, Powerchair, Oversize Wheelchair (circle one)

***Companion is Required unless to Dialysis:**

Email Completed Form to sbrannum@sjcta.info or dispatchemployees@gmail.com