



C.R.E.A.T.E. APPLICATION



STUDENT & PARENT INFORMATION



EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above. Do not list yourself:

NAME

RELATIONSHIP

CONTACT NUMBER

NAME

RELATIONSHIP

CONTACT NUMBER

CHILD 1 NAME

AGE D.O.B GRADE GENDER

CHILD 2 NAME

AGE D.O.B GRADE GENDER

CHILD 3 NAME

AGE D.O.B GRADE GENDER

SCHOOL NAME

CHILD(S) TEACHER 1

CHILD(S) TEACHER 2

CHILD(S) TEACHER 3

CHILD(S) DCPS # (REQUIRED) 1 2 3

MOTHER/GUARDIAN FOR CHILDREN

FATHER/GUARDIAN FOR CHILDREN

MAILING ADDRESS

HOME PHONE WORK PHONE

MOBILE PHONE E-MAIL(S)



CHECK-OUT

AUTHORIZATION FORM

These additional individuals are authorized to check-out the above named student(s) from all UPO Staff activities.

NAME 1

RELATIONSHIP

NAME 2

RELATIONSHIP

Note: Add additional names if needed.

For Elementary Students: Does your child(s) walk from school? If yes, please sign and date below:

I, hereby allow my child(s)

to walk home from UPO Staff program every day at 5:30 PM or otherwise specified with written notice.

PARENT/GUARDIAN SIGNATURE

DATE

MEDICAL RELEASE INFORMATION

1. Has a doctor or health professional ever informed you that your child has any of the following medical conditions or disabilities?

- Asthma Hearing problems Vision problems

- Attention Deficit Disorder (ADD)

- Attention Deficit Hyperactivity Disorder (ADHD)

- Depression or anxiety problems

- Behavior or conduct problems

- Bone, joint, or muscle problems

- Diabetes Autism Obesity

- Allergies (please list below)

[Text box for listing allergies]

- Other medical restrictions/disability

- Any developmental delay, learning disabilities or physical impairment. If yes, please list below:

[Text box for listing developmental delays]

2. Does your child currently need or use medication prescribed by a doctor?

- Yes No

If yes, please list medication(s):

[Text box for listing medication]

3. If there is anything else that you would like to share about your child, please indicate here.

[Text box for sharing additional information]

PARENT CONSENT FORM



This agreement is designed to protect all participants of UPO program, including but not limited to UPO staff, agencies and individuals cooperating with UPO in the operation of this program. The parent or legal guardian must sign this agreement to indicate compliance with the terms and conditions herein.

1. SCHOOL DATA & AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

I am the parent and/or legal guardian of

CHILD'S NAME

I give consent to the staff of UPO and grantors, as requested by funding requirements, to receive my child's education records directly from their school and/or (if applicable) the DCPS office of data and strategy. This includes but not limited to all standardized test scores, report cards, Individualized Education Plans (IEP), and academic progress reports. I understand that UPO staff will maintain files containing academic, behavioral, and health-related information about my child. I also understand that UPO staff may establish both written and verbal correspondence with my child's teachers, principal, and/or guidance counselors in regard to my child's progress and well-being. This correspondence may involve the sharing of behavioral reports, academic report cards, standardized test scores, individualized education plans (IEP), and all relevant academic work. I grant the staff members of UPO permission to share with each other any information collected in my child's file. Upon withdrawing my child from the UPO program or upon my child's completion of the program, I retain any right I may have to gain possession of copies of my child's file, including any and all copies of the documents in that file which are in the possession of UPO staff.

2. PROGRAM PARTICIPATION & FIELD TRIP RELEASE

I grant permission for my family to be included in the documentation of UPO program, including name, photographs (images, pictures, video, voice recording) reproductions of academic work, written quotations, descriptions of academic activities, or any other likeness and to make reproductions in any media, including the World Wide Web. I am aware that this documentation material may be published and/or marketed/advertised, and/or assigned to other organizations or individuals at UPO and its representatives' sole and absolute discretion as necessary and without any financial compensation or royalties. I also understand that the resulting material may be exhibited before the community, school, funding community, or other groups or individuals. By signing this form:

- I authorize UPO to edit, alter, copy, exhibit, publish, or distribute these materials and I waive the right to inspect or approve the finished product.
- I understand and agree that these materials will become the property of UPO and will not be returned to me.
- I understand that this authorization and release is continuous and may only be stopped by my specific written withdrawal.

- I hereby hold harmless, release, and forever discharge the United Planning Organization for liability for all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf may have in connection with or by reason of this authorization.

I grant permission for my child to attend all field trips organized by UPO staff in accordance with program objectives. As indicated previously, Should it be necessary for my child to have medical treatment while participating on any trip, I hereby give UPO staff permission to use their judgment in obtaining medical services, and I give permission to the physician selected by UPO staff to render medical treatment deemed necessary and appropriate by the physician. I understand that UPO has no insurance covering such medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility. All persons making field trips are deemed to have waived all claims against UPO and its employees for their negligent injury, accident, illness or death occurring during or by reason of the field trip.

I hereby give permission for my child to participate in all activities conducted by UPO program, including educational activities at the local site, performing and visual arts at the local site, field trips to arts and educational activities away from the local site, and sports activities conducted at the local site or other designated facilities

3. EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize UPO Staff to act on my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as a result of medical treatment. This includes treatment in the classroom, on field trips, and any other time students are in supervision of any UPO staff.

PARENT/GUARDIAN SIGNATURE

DATE



PROGRAM EXPECTATIONS

CHILD 1 SIGNATURE _____

DATE _____

1. Maintain program attendance rate of at least 80% or better
2. Maintain school attendance rate of at least 90% or better
3. Work to achieve grades of proficient or better in all subject areas
4. Turn in homework regularly
5. Strive to maintain a positive attitude

CHILD 2 SIGNATURE _____

DATE _____

CODE OF CONDUCT

Positive attitudes keep UPO Program fun. Below are some guidelines participants are expected to follow:

CHILD 3 SIGNATURE _____

DATE _____

- › Respect yourself and UPO staff
- › Play fairly and be honest
- › Applaud the efforts of others
- › Avoid inappropriate language
- › Eat and drink in designated areas
- › Say only good things about others
- › Follow the instructions of UPO staff
- › Resolve disagreements in a positive way
- › Running allowed in gym or outside field areas and not indoors/classroom settings
- › Listen during appropriate times and assemblies
- › Be respectful of other members and their property
- › Tobacco, drugs, alcohol, and weapons are prohibited
- › Take care of UPO/School facility, grounds, and equipment
- › If you make a mess, you clean it up
- › Absolutely no bullying, fighting, or inappropriate touching of other members and/or UPO staff

PARENT/GUARDIAN SIGNATURE _____

DATE _____



I have read and went over the discipline policy with my child. I fully understand the rules and expectations of the program that is outlined here. By signing, I am stating that I agree to the terms and aware of the consequences as stated here:

PARENT'S/GUARDIAN'S SIGNATURE

DATE

Participation in the UPO program is a privilege. Students are expected to follow all program rules and the instructions of staff and program partners. Actions of misconduct include, but are not limited to:

- 】 Bullying,
- 】 Fighting (play fighting or not)
- 】 Stealing,
- 】 Inappropriate touching or harassment
- 】 Repeated use of foul or distasteful language
- 】 Repeated failure to follow instructions,
- 】 Unauthorized use of cell phone
- 】 Purposely putting oneself in an unsupervised situation.

UPO staff will follow these procedures when dealing with disciplinary issues:

First Offense - Warning: Removal from activity for five (5) minutes to talk with staff members about the incident. The student will be officially warned; an email, phone call, and/or text may be placed to the parent. Loss of free time or privilege.

Second Offense - Suspension: Removal from activity for five (5) minutes to talk with staff members about the incident. Parents/ guardian meeting is scheduled, followed by a 2-3 day suspension. A meeting with the student's parent/guardian must take place before the student is allowed to return to the program.

Steps to prevent removal from program agreed upon.

Third Offense - Expulsion: A student can lose his/her privilege to participate in the UPO program if they develop a pattern of disobeying the rules or if the behavior is serious enough to warrant expulsion from the program. Parent/ guardian is contacted, and the student is removed from UPO for a determined amount of time/ indefinitely. Program staff must consult with the senior staff on length of suspension/ removal.

The student may complete the day that the offense took place unless the students presents a danger to themselves or others OR the offense was grounds for immediate suspension. A student can be suspended without a first warning for extreme misbehavior. This is up to the discretion of UPO staff members. The suspension will be served the following day.

Grounds for suspension or expulsion includes but not limited to:

- 】 Fighting and/or assault causing bodily harm or injury to another person
- 】 Physical aggression with a staff member
- 】 Excessive or Extreme Bullying to the extent of physical and/or mental/ emotional trauma to other students and staff members
- 】 Leaving school property or designated program area without permission
- 】 Stealing
- 】 Destruction of Property
- 】 Sexual or physical harassment
- 】 Possession of drugs or weapons

If a student is suspended from the academic school day, that suspension extends to after school and UPO programming.

UPO programs are a fun privilege for students who can safely and respectfully participate in activities. Students can be permanently removed from UPO programming at any time for behavior that staff deem unsafe for an after school environment, participation in future program will be at the discretion of UPO staff.

CONSENT FORM FOR PARTICIPATION

IN EVALUATION OF UPO CREATE AFTERSCHOOL PROGRAM



Please provide consent for your child's information (without his/her name) to be used in this evaluation project by checking the yes line and signing below:

- YES, I agree that my child's information:

CHILD'S FIRST AND LAST NAME

can be used in the evaluation. I understand that his/her name will not be included with any data and his/her name will not be identified in reports.

PARENT'S/GUARDIAN'S SIGNATURE

DATE

- NO, I do not want my child's information:

CHILD'S FIRST AND LAST NAME

to be used in the evaluation.

PARENT'S/GUARDIAN'S SIGNATURE

DATE

Dear Parent or Guardian:

UPO has received grant funds from the DC Office of the State Superintendent of Education (OSSE) to run the afterschool program your child will participate in. As part of this grant, we are required to have an external expert evaluate our program and help UPO understand how the program operates and ways in which the program could be improved. UPO has contracted with illuminatedED llc to conduct the evaluation.

We ask your permission to:

- ▶ Receive from DCPS your child's report card information, demographic information, and standardized test scores
- ▶ Review his/her afterschool program attendance and achievement data
- ▶ Have your child's school-day teacher complete a survey about your child's academic and behavioral progress

Any information we collect will be used only to evaluate the afterschool program, not your child as an individual, and will not be made public. Participating in the evaluation will not affect your child in school, in the afterschool program, or in any other way. Your child will never be identified by name in any reports.

We will not use your name or your child's name in any report. At the conclusion of the evaluation, we will destroy all records that include personal information. Participation in the evaluation is completely voluntary, and participants may withdraw at any time with no consequences.

Your child will not miss any CREATE or school time by participating in the evaluation.

Thank you for your support!