



Adirondack Community Action Program, Inc.  
 7572 Court Street, Suite 2  
 P.O. Box 848  
 Elizabethtown. NY 12932  
 (518)585-3207 ext.235

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



# AFTERSCHOOL PROGRAM REGISTRATION 2022 - 2023

**Child to be enrolled in program:**

First Name	M.I.	Last Name	Date of Birth	Age	
Teacher		Grade (2022 - 2023)		Gender: (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	

**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

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Primary Phone

Secondary Phone

Cell Phone

**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 2022 - 2023

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.

\_\_\_\_\_ 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. ACAP has permission to share my application with the Bouquet Valley School District.

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



**If your child will be attending ACAP Afterschool Monday-Friday 3:00pm–6:00pm  
½ Days and attending Oasis**

\_\_\_\_\_ I agree to pay \$150 for the first child/month, \$75 for the second child, and \$37.50 for the third child, or I will apply for DSS Subsidy.

You can contact DSS for subsidy information (518)873-3431 Family who are seeking DSS should contact ACAP at (518)873-3207 ext.235. **Parents are responsible for payment until approval of subsidy.** You can pay by check or are able to make credit card payments by calling office at 518-872-3207 ext243. We will be introducing a new payment program that will you will have your own account and will be able to pay and have the best payment option that suits your needs. Until then you will still use the current billing and payment method. **You are still also be required to make first month's payment due when you sign up your child/children.** More information to come.

**Oasis Afterschool Clubs 2022-2023  
Please Select from The Following**

\_\_\_\_\_ **My Child will be picked from the Oasis Club they are attending (Monday-Thursday) at the designated spot.**

\_\_\_\_\_ **My Child will be going to ACAP Afterschool when their club ends (Monday-Thursday) and will be picked up by 5:15**

\_\_\_\_\_ **My Child/Children will to ride the Shuttle Bus (Monday-Thursday) at 5:15**

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\_\_\_\_\_ **If you want your child to attend half days the cost will be 100.00 for the school year and needs to be paid at the time that you sign your up child.**



**Childs ethnicity**

- American India
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Pacific Islander
- White

**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
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Number in Household \_\_\_\_\_

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	GENDE R	RACE	CHARACTERISTICS (If Apply)
				<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