

ConnectiKids

814 Asylum Avenue Hartford, CT 06105
Office: (860) 522-8710 Fax: (860) 249-5901

ConnectiKids Program Registration Form

Michael D. Fox after school program registration is open. The program fills up quickly so avoid disappointment by registering early! Fill out completely in ink and send it back with your child to put into the ConnectiKids mail box or you can drop the complete registration to our office.

I would like information about volunteering with ConnectiKids

Save the postage: I would use the ConnectiKids webpage to obtain my child's health forms and Informational Handbook

I would like to be mailed the health forms and Informational Handbook

Confidentiality: Any information requested is for our records and for funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

MICHAEL D. FOX ELEMENTARY SCHOOL APPLICATION

TODAY'S DATE: _____ **APPLICATION (STAFF USE ONLY) #** _____

STUDENT INFORMATION

Name (last) _____ (first) _____ M/F _____

Address _____

City _____ Zip Code _____ Phone Number _____

Age _____ Date of Birth (oo/oo/oooo) _____

Grade (Current School Year) _____ Teacher's Name _____

PARENT INFORMATION

Name of Parent or Guardian #1 _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Parent Email Address _____

Parent Social Security Number _____ (in case of emergency)

Name of Parent or Guardian #2 _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Parent Email Address _____

Parent Social Security Number _____ (in case of emergency)

IMPORTANT - EMERGENCY INFORMATION AND CONTACTS (OTHER THAN PARENTS)

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Can your child be released from our program to the emergency contact in case of emergency or illness?

Yes no

If the child is living with only one parent, who is the legal guardian of the child who can consent to his or her attendance in our afterschool program? (Please print full name) _____

Can your child be released to a non-custodial parent if other parent makes that request? Yes No

If yes, name of Parent _____

I give permission for my child to participate in all program and enrichment activities.

I will read the parent handbook, the programming schedule, and behavior agreement and agree to cooperate with all the regulations.

I am willing to have my child treated by a Nurse or First Aider for minor ailments and by a doctor, when necessary, and agree to transportation to a medical facility or for further medical attention, if necessary.

My child has permission to take scheduled trips (if trips are included in program) outside of sites during the programming session.

I have read and accept the policies and procedures of ConnectiKids Inc.

Guardian's Signature _____

Date Signed _____

Health History and Ethnicity

Health History (check if "yes")	Allergies (check if "yes")	Chronic Illness (check if "yes")
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Other Date of last tetanus booster _____ Date of last physical exam _____ _____	<input type="checkbox"/> Hay fever <input type="checkbox"/> Insect Sting <input type="checkbox"/> Asthma <input type="checkbox"/> Ivy, Oak, etc. Drugs (specify) _____ Foods (specify) _____ Other (specify) _____	<input type="checkbox"/> Earaches <input type="checkbox"/> Throat Problems <input type="checkbox"/> Heart <input type="checkbox"/> Infections <input type="checkbox"/> Epilepsy <input type="checkbox"/> Stomach <input type="checkbox"/> Sinus <input type="checkbox"/> Diabetes

Medications: Is your child presently taking medication? yes no

Please specify _____

Physician: _____ **Phone Number:** _____

Hospital: _____ **Phone Number:** _____

PLEASE FILL OUT THE FOLLOWING GENERAL BACKGROUND INFORMATION OF YOUR CHILD COMPLETELY. CONNECTIKIDS USES THIS INFORMATION FOR GENERAL REPORTING PURPOSES

Ethnicity: Check all that apply **Race:** Check all that apply

African	
Albanian	
Bosnian	
Chicano	
Cuban	
Hispanic	
Jamaican	
Korean	
Latino	
Mexican	
Polish	

Puerto Rican		American Indian or Alaska Native	
Russian		Black or African American	
Samoan		Native Hawaiian or Other Pacific Islander	
Vietnamese		White	
None Specified		Asian	
Other		Did Not Volunteer	
		Some Other Race	

Parent Signature: _____ Date Signed _____

Policies/Procedures

**** Please read the following information carefully and sign the bottom of the form. Your signature below indicates that you agree to follow the stated policies and procedures. ****

Policies/Procedures

- I give my child permission to ride the bus to all ConnectiKids off-site programming locations.
- My child will be picked up from his/her school between 2:50 and 3:00 p.m. and provided mentoring/tutoring services for approximately 75 minutes at an assigned site in the Greater Hartford area. MDFOX students will be returned to the school beginning at 5:00 p.m. There will be no ConnectiKids staff at the school before 2:30 p.m. or at the ConnectiKids Inc. office after 6:30 p.m. If my child is not allowed to walk to and from the school a parent or someone designated by their parent will be at the school at the designated time.
- **My child will risk being dismissed from the program if the transportation expectations are not met.**
- **My child is receiving a Scholarship worth \$667 to attend the ConnectiKids Program.**
- **Should my child have 2 unexcused absences without proper communication from the program, they may be removed and another child from the waiting list will assume their spot.**
- If my child should have any behavior problems at the program site, I will be contacted and asked to meet with ConnectiKids staff. After meeting with staff, my child may be dismissed from the program if his/her behavior problems continue.
- I understand that my child will participate in enriching physical activities (such as karate, dance, etc.) and give my child permission to do so. I agree to hold harmless ConnectiKids, Inc. in case of accident or injury.



I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likenesses of any kind made of the child are and shall remain the property of ConnectiKids, Inc. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by ConnectiKids, Inc. with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

If in the event that I cannot be reached in an emergency, I hereby give permission to the physician, Hartford Hospital, and/or St. Francis Hospital selected by ConnectiKids staff to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named herein.

In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by ConnectiKids staff, I give permission for the health care professional to administer such aid or treatment for my child.

I/We understand that in signing this registration, I/We agree to hold ConnectiKids, Inc. harmless in case of illness, accident or injury, and that our family's medical plan will cover any expenses. In signing this, I agree to the above rules and regulations of ConnectiKids, Inc.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Educating, Enhancing and Empowering
Youth Since 1978**

ConnectiKids Inc. Transportation Policy



---IMPORTANT INFORMATION---

MDFOX Parents

If your child **does not** have permission to walk home from MDFOX School, then the designated person must meet her or him at the appropriate time. If your child is not met by the designated person, your child will be brought back to the ConnectiKids office at the Asylum Hill Congregational Church (814 Asylum Ave, Hartford CT).

If your child is not picked up at the appropriate time more than twice, your child's space in the program will be jeopardized.

I agree to the transportation policy as outlined above _____ (initial)

My child has permission to walk home **Yes** or **No** from **MD Fox Elementary school** - In the parking lot of the school—Bus Lane. *If NO*, my child will be picked up at the selected bus stop by:

Name _____

Relation _____

Phone _____

Busses will arrive at MDFOX at approximately 5:30 pm. Please allow time for traffic.

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE CONNECTIKIDS OFFICE AT
860-522-8710 or 860-977- 1003**

STUDENT COMMITMENT FORM

Attendance Policy

Students agree to participate in ConnectiKids programming on all assigned days, unless they have an excused absence from school. **Students with three unexcused absences from the tutoring program will be dismissed from the program. An excused absence will require notification from a parent to ConnectiKids office no later than noon on the scheduled tutoring day.** Unexcused absences from the arts and enrichment program will result in a phone call/meeting with the Program Coordinator to discuss your child's continuation with the program.

Behavior Policy/Principles

ConnectiKids, Inc. is committed to providing quality learning experiences for all participants in our school year and summer programs. We strive to create a positive learning environment, to foster intellectual development, and promote positive interaction among our participants, staff, and volunteers. We believe that all persons involved in our program have the right to a safe, respectful, and productive learning environment. We believe the maintenance of a quality educational climate requires expectations, positive behavioral guidelines, and consequences. In an effort to accomplish these goals, we teach and practice the following Behavior Principles/Policies. Included are consequences for students who do not meet our behavioral expectations and disciplinary procedures for such behavior.

Student Expectations

- o Follow directions
- o Stay in assigned areas unless permitted by an adult staff or volunteer
 - o Keep hands, feet and objects to yourself
 - o Listen attentively when an adult is speaking
 - o Use appropriate language (no swearing/name calling)
 - o Actively engage in assigned activities and program activities
 - o Remain quiet while standing in line or walking to classrooms
 - o Use a quiet voice on the bus
- o Maintain a positive attitude towards program participation and activities
 - o Maintain appropriate verbal and body language
 - o Show attention to the task at hand
 - o Bring all notices and permission slips home
 - o Respect the rights and property of others
 - o Be cooperative, courteous, and respectful with staff and peers
- o Behave in a way that promotes a positive teaching/learning environment

Discipline Procedures:

The above expectations are in effect for all non-classroom activities such as indoor and outdoor recess, tutoring or arts/enrichment sites, passage through hallways, and during transport to and fro program sites. Individual classroom teachers will use their own classroom discipline plans during instructional time in accordance with "ConnectiKids Behavior Principles/Policies". The procedure for discipline follows a **"THREE STRIKES" POLICY**. The **"first strike"** earns a student a verbal warning and phone call to a parent to discuss the child's behavior. The **"second strike"** will result in a written warning sent to a parent/meeting with parent. The **"third strike"** results in a formal meeting with ConnectiKids staff/dismissal from the program. The above stated discipline procedures allow all participants of programs- parents, students, staff and volunteers- to have a clear understanding of the Program's standards and expectations.

Parents and students please read and sign below.

I, _____, a student and participant of ConnectiKids Inc., agree to honor the attendance policy and behavior policy as outlined above. I have read/understand the policies and consequences if I do not meet the expectations outlined above.

PARENT INVOLVEMENT FORM

*Parent involvement is the key to the success of our program
and the glue for holding together a community...
Take an active role in your child's experience in the
afterschool program at ConnectiKids*

ConnectiKids ask that parents give back to the program through volunteerism. History has shown that parental involvement during after school hours help to strengthen the program and increases their child(ren)'s success. Parents signing their child up for the program must make the commitment to participate in our Parent Committee during the program year. The committee will meet around the times of agency sponsored events such as the Holiday Party and Final Performance. The committee will work with ConnectiKids staff in planning and implementing these events. Parents will be contacted in advance regarding the details of the committee by ConnectiKids staff.

There will be additional opportunities to volunteer and become more involved during afterschool program hours. Please indicate below which activities interest you.

PARENT INFORMATION

Name: _____

Child's Name: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

The best time for me to attend a meeting is _____ a.m. /p.m.

Please Circle Which Areas Interest You:

FIELD TRIPS

PTO MEETINGS

HOMEWORK HELP

PARENT WORKSHOPS

EVENT COMMITTEES

BOARD MEETINGS

ConnectiKids staff and programs are overseen by an agency Board of Directors. There are several committees within the board that ConnectiKids is actively trying to recruit interested parents to serve on. This is an opportunity for parents to have a "voice" in program/agency related issues that impact their children. **If you would like ConnectiKids staff to contact you regarding participation on the Board or Committee(s) please initial here.** _____

Mentee Mentor

Hello Students,
Please complete this brief questionnaire so we can properly match you to your mentor.

STUDENT/ TUTOR MATCHES

Name _____ M/F _____

Grade _____ School _____

List all Languages you speak fluently

What are some of your hobbies/activities?

What is your learning style? (Circle the one that best describes you)

- Auditory – Learns best through listening
- Visual – Learns best through seeing
- Tactile/Kinesthetic– Learns best through touching, moving and doing

What subjects are you struggling with in school? _____

Special Considerations _____

Thank you,

ConnectiKids



Holiday Gift List



Each year ConnectiKids has our Annual Holiday Gift Giveaway Event. These gifts are made possible through our generous donors. The gifts are selected and purchased through the donors. Please list your first, second, and third choice of gift that is on your holiday list. These gifts vary in price from \$15- \$20. ConnectiKids will try our best to accommodate you gift request with the options given.

Parents please note that only students who are register for the Holiday Event (December 16, 2016 from 5:30 pm—7:30 pm) will be able to receive a gift. More details about the Holiday Event will be given out at a later date. We are excited to be able to help and be a part of your holiday celebrations.



Student Name: _____

Grade: _____

School: _____

Please select your choice:

K-4th Grade Gift Options:

- Toys -
- Electronics (Ex: headphones) _____
- Barbie Dolls (Ex: Dora) _____
- Action Figures (Ex: Superman) _____
- Board Games & Puzzles _____
- Arts & Crafts Set (Ex: Playdoh) _____
- Name of Specific Toy _____
- Other: _____

5-8th Grade Gift Options:

- Gift Cards –
- Toys R Us
- Target
- Game Stop
- Best Buy
- Barnes & Noble
- Itunes
- Movie Tickets



*This gift choice MUST be under \$25