



ConnectiKids

Educating, Enriching, and Empowering Hartford's Youth Since 1978

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

ConnectiKids Virtual Program Registration Form

ConnectiKids after-school program registration is open. We will begin our program virtually in October and will continue to do so until it is safe to resume meeting in-person. We will communicate updates with you as soon as we have more information on a set return date for in-person program. 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 mailbox or you can drop the complete registration to our office.

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.

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

SCHOOL NAME: _____

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

STUDENT INFORMATION

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

Address _____

City _____ Zip Code _____ Phone Number _____

Age _____ Date of Birth (00/00/0000) _____

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 _____

Is there someone your students should NOT be released to? 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	

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

- Students must join Zoom virtual meeting at 4:00 p.m. and no later than 4:30 p.m.
- I give my child permission to attend online classes with ConnectiKids via Zoom.
- When program resumes in-person, I give my child permission to ride the bus to all ConnectiKids off-site programming locations.
- When program resumes in-person, my child will be picked up from his/her school between 3:30 and 3:45 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 5:30 p.m. There will be no ConnectiKids staff at the school before 3:00 p.m. or at the ConnectiKids Inc. office after 6:00 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.
- **When program resumes in-person, 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 3 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 virtually or in-person during program time, 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 when program resumes in-person, 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 _____



PARENTAL AGREEMENT FOR VIRTUAL MENTORING

I, _____ (*Name of Parent or Guardian*) understand that during the current events of COVID-19, ConnectiKids Tutoring and Mentoring Program is choosing to run virtually.

ConnectiKids is requesting to connect my child _____ (*Name of Mentee*) with their mentor through virtual mentoring. The start and end dates of such virtual sessions, and day of the week and time of day will be determined by the program's Program Coordinator.

In order that my child begins weekly sessions online with their mentor, my written permission must be obtained. Together with the Mentoring Coordinator, we will discuss and agree on available technology at my home for use by the mentor and mentee. This might include e-mail, Facetime, video, or Google Hangout as examples. No social interaction will be allowed via social media outlets such as Facebook, Twitter, Instagram, Snapchat, or similar platforms.

I understand that the virtual mentoring sessions will take place under the guidance, parameters and direction of the ConnectiKids Tutoring and Mentoring Program. Should any issues, challenges and concerns arise during virtual mentoring, I and/or my child will refer such to the Program Coordinator for resolution immediately.

The role of the mentor is to focus on activities each week to keep their mentee engaged until they can see each other in person when the program resumes face-to-face. The Program Coordinator will be suggesting examples of ways for the mentor and my child to engage in fun and meaningful online activities. Should I have any questions, I will contact the Program Coordinator for advice and counsel. I will help to ensure that my child is on time for each mentoring session.

I have read this agreement and my signature indicates acceptance of the rules of the mentoring and tutoring program.

Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

Date: _____

Parent/Guardian Zoom Consent Form

Virtual Programming for ConnectiKids Inc.

Dear Parent/Guardian,

In order to serve students during this school year, ConnectiKids is providing a **distance-based, virtual program**. Our staff members will facilitate program activities through online platforms. ConnectiKids will use software, tools and applications provided by third parties that students, parents/guardians and/or staff will access via the Internet and use for purposes of communication and programming. We will use Zoom to interact and stay connected.

This letter seeks consent for your child to utilize **Zoom** for distance-based, virtual program purposes. Please review Zoom's privacy terms and conditions carefully before registering your student: <http://zoom.us/terms> and <http://zoom.us/privacy>. If you do choose to register for Zoom, you will be asked to provide basic information, not limited to name and email address.

What is Zoom?

Zoom is a platform to provide safe video and chat-based educational and fun experiences on computers, tablets and smartphones.

How does Zoom work?

ConnectiKids staff host "meetings" through their Zoom accounts, and can then invite students, only through their parent/guardian, to join the meeting.

Neither students nor parent/guardians need Zoom accounts, but you will need access to the internet and a computer, phone, or tablet. You will also need a quiet space for students to participate in Zoom meetings.

How will we use Zoom?

We will virtually gather students and mentors for mentoring sessions. We will use break-out rooms so mentee/mentor pairs can have one-on-one sessions. Our staff will oversee all sessions. Our Zoom meetings will allow students to connect and engage with each other and mentors online.

Our commitment to keeping the young people we serve safe is always our number one priority. ConnectiKids will actively monitor student and staff activity on Zoom, and will make every effort to protect student information by, among other things, maintaining control of, and access to, the data collected; prohibiting re-disclosure of student information; limiting the purposes for which the online platforms may use student information; ensuring there is no advertising and that no student information is collected for commercial purposes.

Further, all activities online must comply with ConnectiKids safety policies.

If you consent to your student using Zoom, please sign below:

Parent/Guardian Signature _____ Date _____

If you have any questions, please feel free to contact us at 860-522-8710 or by email at ksteele@ct-kids.org

Thank you,
ConnectiKids Inc.

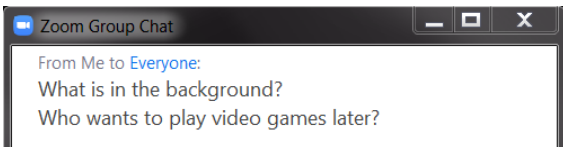
ConnectiKids Inc. Virtual Program Code of Conduct

I hereby accept and abide by the provisions of the following statement:

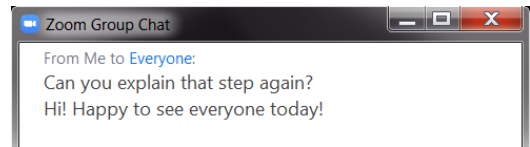
ConnectiKids Inc. Virtual Program has rules that we have to follow during Zoom meetings. This Code of Conduct, combined with our own goals and expectations, is our guide for behavior that is expected at CTKIDS. During my Zoom sessions, I am expected to:

- Set up before my meeting time in a place without distractions (siblings, television, cellphone, etc.)
- My attention will be on the mentor or instructor
- Mute my microphone to allow others to hear
- Use the raise hand feature to ask a question
- Unmute myself when the instructor calls on me
- When I share, I will be respectful and on topic
- Show responsibility and use Zoom for educational purposes only
- Use the chat feature appropriately

NOT what Zoom chat is for



Appropriate for Zoom chat



I understand that if I am disruptive, and my instructor must talk to me three times during the Zoom meeting, my parent will be contacted. If the disruption continues, I will be **removed** from Zoom room by the instructor.

Student Name:

I hereby accept and abide by the provisions of the following statement:

I have discussed the above with the participant and feel that they understand what is to be expected of them while participating on Zoom with the ConnectiKids Inc. Virtual Program. I also understand that my student could be removed from Zoom if they do not adhere to the rules and regulations of ConnectiKids Inc.

Guardian Name:

Relation:

ConnectiKids Inc. Transportation Policy



---IMPORTANT INFORMATION---

MDFOX/MLK Parents

When in-person program resumes, if your child **does not** have permission to walk home from 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**

If NO, my child will be picked up at the selected bus stop by:

Name _____

Relation _____

Phone _____

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

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

STUDENT COMMITMENT FORM

Attendance Policy

When program resumes in-person, 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.

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 a 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

