



Project CONNECT 2017-2018 Registration Form



(Please fill out one form per child)

Child's Demographic Information		
Child's Name:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity (check all that apply):		Grade in Fall 2017:
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____		School: <input type="checkbox"/> Bailey Ave. Elementary <input type="checkbox"/> Oak St. Elementary <input type="checkbox"/> Momot Elementary <input type="checkbox"/> Stafford Middle School
Address:		Income Status: <i>Please complete Income Eligibility Forms at your school office</i> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither
Primary Parent/Guardian Contact Information <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Primary Parent/Guardian Name:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License #:
Address (if different from child's):		Are you currently a student or an alumnus of SUNY Plattsburgh? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone:	May Project CONNECT release to a non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone:		
Email: *required for monthly billing	Preferred Method of Contact: <input type="checkbox"/> Phone (circle #) <input type="checkbox"/> Email	



Secondary Parent/Guardian Contact Information <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Secondary Parent/Guardian Name:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License #:
Address (if different from child's):		Are you currently a student or an alumnus of SUNY Plattsburgh? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone:		
Work Phone:		
Email:	Preferred Method of Contact: <input type="checkbox"/> Phone (circle #) <input type="checkbox"/> Email	
Emergency Contact Information		
*Two are required, in the order in which you would like us to call.		
Emergency Contact 1:		Relationship:
Primary Phone #:	Alternate Phone #:	
Emergency Contact 2:		Relationship:
Primary Phone #:	Alternate Phone #:	
Additional Authorized Pick Up (other than parents/guardians)		
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:



Child's Health/Medical Information

Allergies and Special Conditions:

(Please check all that apply to your child)

- | | |
|--|--|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Defect/Disease |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bleeding/Clotting | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Insect Allergy | <input type="checkbox"/> Poison Ivy Allergy |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Food Allergy (list below) |
| <input type="checkbox"/> Skin Rashes | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Other: _____ | |

In the space below, please list any special considerations relevant to your child not listed above such as: previous illness, injuries in the past 12 months, activity restrictions, specific allergies, chronic health concerns, etc.

Medications:

Please list all medications your child is currently taking:

*Project CONNECT staff is not trained or permitted to dispense medications during program hours, except those designated as rescue medications such as: epinephrine auto injectors, asthma inhalers/nebulizers, and diphenhydramine. Please note that if your child requires onsite storage and/or access to rescue medications additional forms are required.

Physician's Contact Information:

Physician's Name _____

Address _____

Phone Number: _____

Child's Educational/Behavioral Information

In the space below please let us know about any educational/behavior accommodations and/or needs that your child currently has that will be relevant to their time at Project CONNECT.

Areas of Strength/Interest (check all that apply):

- Reading/Literacy Math Science Social Studies Art Music Athletics Other _____

Areas of Extra Attention/Assistance (check all that apply):

- Reading/Literacy Math Science Social Studies Art Music Athletics Other _____

Project CONNECT's Homework Expectations and Policy

Expectations for Students:

Students will work quietly during designated homework time.
Students will be honest about the homework that is to be completed.
Students will be prepared (with needed supplies and materials) to work daily on their homework during the designated homework time.
Students will ask for help when needed, and be respectful to whoever is working with them.
Students are fully responsible for the quality, quantity, and neatness of work they complete during designated homework time.
Students should always try their very best!

Project CONNECT Homework Policy:

Designated homework time will take place each day (Monday - Thursday). Staff members will be available to work with students, but may not be able to provide one on one attention each day.
Staff members will work to try and ensure that students are correctly completing work; however homework should still be checked nightly by parents/guardians for neatness and correctness.
Homework is not guaranteed to be fully completed at Project CONNECT. Staff members will not "force" a child to complete his/her homework, but parents/guardians will be notified if their child refuses to work during the designated homework time.

I have read and agree to "Project CONNECT's Homework Expectations & Policy" _____ (initial)



Payment Information/Agreement

Project CONNECT will create an account for payment for services through SUNY Plattsburgh. This account can only be in one parent/guardian's name; however charges may be split among accounts for parents/guardians that have dual responsibilities. Please indicate below who the account should be created for, and if anyone else is authorized to speak about the account. *If charges are to be divided, please attach appropriate paperwork with specific instructions for billing.*

Name:

Phone #:

Address:

Email:

Additional Authorization(s):

INITIAL

I understand that payments are due on or before the first operating day of each month.

INITIAL

I understand that payments are to be made in person, by mail, or by phone to SUNY Plattsburgh Student Accounts on the first operating day of each month.

INITIAL

I understand that if my payments are one month behind, that services will be suspended until the account is brought current.

INITIAL

I understand that partial months of service will not be refunded for any reason, but that any prepaid unused months will be fully refunded.

INITIAL

I understand that if I withdraw my child(ren) from the program or if they are dismissed, any unpaid balances are still my responsibility to pay.

Admission Agreement

INITIAL

Transportation/Field Trips: I give permission for my child to participate in field trips (either walking or by bus) with Project CONNECT. Parents/Guardians will be notified in advance of all planned field trips.

INITIAL

Data/Video Recording: I understand that information and data will be gathered about how participating students grow academically, socially, and how they are engaged in the program. No individually identifiable information or data will be used. I also understand that my child may be video recorded while participating by a Teacher Candidate for reflective practice required by the course for which they are enrolled. All recordings will be kept confidential and not distributed in anyway without written consent from the Parents/Guardians.

INITIAL

Custody: Project CONNECT staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.

INITIAL

Medical Release: In case of accident or injury, I authorize any and all medical, dental, and/or surgical care and hospitalization advised by physicians, surgeons or hospital necessary for proper health and well-being of my child. I also understand that an immunization record must be submitted with the registration form.

INITIAL

Photo Release: Project CONNECT is hereby granted permission to use any individual or group photograph and/or videotape showing my child in Project CONNECT activities for use in public relations, promotional, or advertising purposes. *(Optional)*

INITIAL

Project CONNECT Closures: I understand that Project CONNECT will follow the Plattsburgh City School District calendar and will not operate on any day in which the schools are closed.

INITIAL

Early Release Days: I understand that any programming held on early release days will require an extra fee, and due to limited availability my child may not be able to participate in each early release day.

Primary Parent/Guardian Signature _____

Date _____

