



KID POWER 2017-2018 AFTER SCHOOL APPLICATION FORM

Please complete all pages – please print clearly

Student Last Name: _____ Student First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Ward: _____

Current Grade: _____ Date of Birth: _____ Eligible for Free/Reduced Lunch? Yes ___ No ___

Student Gender: _____ Language spoken at home: _____ Race/Ethnicity: _____

Current School Attending: _____ DCPS Student ID#: _____

Parent's Last Name: _____ Parent's First Name: _____

Parent's Address (if different) _____

Has your child been in Kid Power Before? Yes ___ No ___

Parent's Cell Phone (required): _____ **Email (required):** _____

Backup Emergency Contact Person (different than parent listed above): _____

Backup Emergency Contact Phone: _____ Relation to student: _____

Adult(s) authorized to pick your child up from the program: _____

Adult(s) **NOT** authorized to pick your child up from the program: _____

List any of your child's medical, physical _____
or mental health needs that require special attention: _____

List any medications your child takes regularly: _____

List any food allergies: _____

Do you consent for your child to receive medical attention in the event of an emergency? Yes ___ No ___

PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local (school) site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. **I understand that if my child is not picked up from the local site by 7:00pm, he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW (202) 671-SAFE.**

Signature: _____ Relationship to Student: _____
Parent/Guardian

Date: _____

**** FORM CONTINUED ON REVERSE ****

PARENT/GUARDIAN STATEMENT

By signing this form, I agree to the following:

1. My child has the right to participate in all activities conducted by the program, including educational activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. My child will make a full commitment to Kid Power programs and will attend all program activities unless a valid excuse is provided. Three unexcused absences may be grounds for termination from all programs.
2. Kid Power or any Kid Power personnel (staff or volunteers) will not be held responsible for child injury, death, or loss and/or property damage or loss during Kid Power events or arising from actions associated with the events, including transportation and the provision of meals, except in cases of criminal negligence and/or gross misconduct.
3. My child's picture, likeness, words, voice, and created work can be used for Kid Power or DCPS informational, media, program, or fundraising purposes.
4. Kid Power staff may have access to my child's academic records, including report cards, attendance information, teacher notes, IEP's, and standardized test scores.
5. My child may participate in any assessments, interviews, and/or evaluations administered by Kid Power or Kid Power-approved evaluators.
6. I will be responsible for all transportation to and from programs.
7. I authorize any necessary emergency medical treatment and assume liability for all medical expenses involved. Should a medical emergency arise, I consent to:
 - a. the administration of medical treatment, including surgical procedures deemed necessary by a medical doctor or facility selected by Kid Power personnel, and
 - b. the immediate administration of medication, including aspirin, and other measures deemed necessary by medical or Kid Power personnel under emergency circumstances. All effort will be made by Kid Power to contact child guardian.
8. Kid Power has the right to expel my child from its programs at any time and for any reason.

Signature: _____
Parent/Guardian

Relationship to Student: _____

Date: _____



DCPS Authorization for Release of Education Records

I am the parent of _____ and I hereby give
(Student's Name and date of birth)

consent to the DCPS Office of the Chief of Staff to release my child's education records to:

Kid Power, Inc.
(Name of representative, agency, physician, or attorney)

755 8th St NW, Washington DC 20001, 202-383-4543
(Address and phone number of representative, agency, physician, or attorney)

The purpose of the disclosure is:

To evaluate student academic progress as it relates to
Kid Power programming.
(Describe the specific purpose for the records disclosure)

By signing below, I authorize the release of the following records:

Standardized test scores, report card data
2016-17, 2017-18
(Describe specifically which records are to be released including any applicable date range)

By signing below, 1) I acknowledge and understand that I have the opportunity to review the records to be disclosed and the right to challenge the contents of such records; 2) I am 18 years of age; and 3) I am signing this document on behalf of my child because he/she is not 18 years of age.

NOTE: This release is valid only for the purpose stated. DCPS must obtain my written authorization before releasing any further information to any other agency. This authorization will expire one year from the date of signature.

(Date)

(Parent/Guardian Signature)

(Parent/Guardian Current address)

(Parent/Guardian contact number)



Discipline Policy

Kid Power has a strict disciplinary policy in place to ensure the safety of all Kid Power students. If Kid Power students participate in misconduct, they will be entered into the protocol outlined below.

Actions of misconduct include, but are not limited to: bullying, fighting (play fighting or not), stealing, repeated failure to follow instruction, unauthorized use of cell phone, or purposely putting oneself in an unsupervised situation.

Kid Power staff will follow the following procedures when dealing with disciplinary issues:

First Offense:

Step 1: Removal from activity for five (5) minutes to talk with staff member about the incident.

Step 2: If an infraction occurs a second time, there will be a loss of free time or privilege.

Step 3: if a third infraction occurs, a parent/guardian is called.

Second Offense:

Step 1: Removal from activity for five (5) minutes to talk with staff member about the incident.

Step 2: If a second infraction occurs, parent/guardian meeting is scheduled, followed by a one-day suspension. Steps to prevent removal from program are agreed upon.

The student may complete the day that the offense took place unless the student presents a danger to themselves or others OR the offense was grounds for immediate suspension. The suspension will be served the following day.

Third Offense:

Step 1: Removal from activity for five (5) minutes to talk with staff member about the incident.

Step 2: Parent/guardian is contacted, and student is removed from Kid Power for a determined amount of time. Program staff must consult with senior staff on length of suspension.

Grounds for immediate suspension (removal from program for a determined amount of time):

- Large scale physical fight
- Physical aggression with a staff member
- Bullying or harassment of other students and staff members
- Leaving program without staff permission
- Stealing

The Kid Power Program is a fun privilege for students who can safely and respectfully participate in camp activities. Students can be permanently removed from the Kid Power Program at any time for behavior that staff deem unsafe for a camp environment such as refusal, leaving the group, fighting, bullying/harassment, etc. Participation in future programs will be at the discretion of Kid Power staff.

I am a parent of a Kid Power student. I have read and understand the document above.

Student's Printed Name

Parent's Signature

Date



GREATER WASHINGTON

Kid Power, Inc.
755 8th Street NW
Washington, DC 20001
www.kidpowerdc.org
facebook.com/kidpowerdc
@kidpowerdc (twitter)
info@kidpowerdc.org
202.383.4543 (p)
202.347.6360 (f)
United Way 7215
CFC 76384