



MANY OPTIONS

2007 - 2008

Registration
Forms

Monadnock Family Services

SOME STATISTICS TO CONSIDER

According to a national study, students who spend one to four hours a week in extracurricular activities are 49% less likely to use drugs 37% less likely to become teen parents than students who do not participate in extracurricular activities.

In addition, children who attend an after school program missed fewer days of school, had better homework completion, better school behavior and higher test scores.

According to PlusTime NH, 75% of school age youth do not participate in after-school programs. These 35,000 “latchkey kids” (children who are isolated and inactive during after-school hours) are at significantly higher risk of truancy from school, stress, risk-taking behavior, substance abuse, obesity and poor academic performance.

Surveys of participants, parents and teachers indicate that attending MANY Options After-School program helps youth to make friends, become more physically active and do better in school!

Registration Requirements:

All forms in this booklet must be filled out and returned to MANY Options before your child may attend. If you have any questions about the forms please contact Many Options at 603-355-3040, x108 or manyoptions@mfs.org.

MANY Options is supported by:



**Monadnock Family Services MANY Options After School Program
Disclosure & Participant Release of Liability
Phone: 603-355-5333 Address: 24 Vernon Street Keene, NH 03431**

Part I: General Participant Information

Participant Name: _____

School: _____ **Grade** (2007-2008 school year): _____

Sex: _____ **Age:** _____

Date Of Birth: _____

Please provide all relevant information:

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Mother's Mailing Address: _____ Father's Mailing Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Other number(s) they can be reached at: _____ Other number(s) they can be reached at: _____

Part II: Emergency Information

Please provide a person to contact in the event the above can not be reached during an emergency:

Emergency Contact Name: _____

Relationship to participant: _____

Home Phone: _____ Work Phone: _____

Cell phone (or other number this person can be reached at): _____

I give the following individual(s) permission to pick up my child:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

I understand that only myself and the people listed on this form will be allowed to pick up my child from MANY Options. I have informed the parties listed above that they may be required to show ID upon picking my child up and they are aware of the pick up time frame.

Signature: _____ Date: _____
(parent/legal guardian)

Walkers

By checking this box I am giving the child listed on this form permission to walk home. I understand that at 5:30pm my child will be allowed to leave MANY Options and he/she is no longer the responsibility of the MANY Options staff.

Signature: _____ Date: _____
(parent/legal guardian)

Part III: Disclosure

Participants, in all MANY Options After School Program activities, must provide proof of health/accident insurance. The Participant recognizes and acknowledges that the MANY Options After School Program is voluntary and the failure to provide such proof may result in denial of participation in the program. In addition, certain health/medical information must be made known on a case by case basis to the instructor conducting the program, so that they may respond appropriately as circumstances warrant. This information may be turned over to emergency medical personnel in order to ensure appropriate care. Participants in the MANY Options After School Program are always free to choose the level of their involvement. Yet, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and/or disability and possible death.

Part IV: Health/Accident Insurance Information

Insurer's Name & Policy Number:

Part V: Medical Information

Date (month/year) of most recent physical examination: _____

Has Participant Had A Tetanus Shot or Booster? Yes ___ No ___

Date of Tetanus Shot (month/year): _____

Is the participant currently taking any prescription or non-prescription medication? Yes ___

No ___

If yes, please list:

Does the participant have any physical challenges, limiting physical disabilities (temporary or permanent) or medical limitations (temporary or permanent) that may affect their ability to participant in the program?

Yes ___ No ___ If yes, please explain:

Does the participant have any mental health challenges that may affect their ability to participate in the program? Yes ___ No ___

If yes, is there a counselor or therapist who you would feel comfortable letting us talk to so that your child will be successful at MANY Options? If so, please list their name and contact information.

Does the participant have any allergies (including medication and food allergies or reactions)?

Yes ___ No ___

If yes, please list allergies and explain severity of reactions as well as medication that is use by the participant in the event of a reaction:

Has the participant undergone surgery in the past two years, or had any procedure that has had lasting effects? Yes ___ No ___

If yes, please explain and give dates:

Currently under follow up care? Yes ___ No ___

If yes, please explain:

Has the participant had:

Any fractures or broken bones in the past year? Yes ___ No ___

Any knee, back or neck injuries? Yes ___ No ___

If yes, please explain, including any limitations still relevant:

Does the participant or the participants family have a history of heart disease or heart related issues, stroke, high blood pressure or chest pain or pressure? Yes ___ No ___

If yes, please explain:

Does the participant have a history of cardiac related symptoms brought on by exertion?

Yes ___ No ___

If yes, please explain:

Does the participant have or has had any of the following? If yes, please explain in space provided below the checklist (Please circle Yes or No).

Yes ___ No ___ Diabetes (Indicate if participant is insulin dependent or not)

Yes ___ No ___ Epilepsy or Seizures (Explain severity, frequency and if currently on medication)

Yes ___ No ___ Asthma (Explain typical treatment needed if participant is having an attack)

Yes ___ No ___ Dizziness, Fainting, Vertigo, Balance and/or Coordination Problems

Yes ___ No ___ Nerve Damage

Yes ___ No ___ Hot/Cold Weather Injuries (Frostbite, Hypo/Hyperthermia, Heat Exhaustion, etc.)

Yes ___ No ___ Severe Burn Injury

Please explain circled items here:

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Part VI. Release of Liability

I understand that parts of the MANY Options After School Program may be physically and/or emotionally demanding. I affirm that I am in good health and that I do not have an undisclosed condition that bears upon my fitness or ability to participate in the MANY Options After School Program. I affirm the medical information, which has been provided, is accurate and complete. I understand that the failure to disclose this information could affect my own safety, and the safety of those around me, and I agree to hold Monadnock Family Services harmless if full disclosure of a pre-existing medical condition has not been shared. I recognize the inherent risk of injury, disability and possibly death for my participation in certain MANY Options After School Program activity choices. I release Monadnock Family Services, the Keene YMCA, the city of Keene, and their respective board of directors, and employees and staff members from all liability for any injury to myself arising out of participation in MANY Options After School Program activities.

Participants Name (please print clearly): _____

Signature: _____ Date: _____
(Participant's Signature)

Parent/Legal Guardian

I hereby attest that I am the legal guardian of the participant and that I have the authority to sign this legal document in the interest of this participant. I understand that my child will be faced with inherent risk due to the nature of participation in certain MANY Options After School Program activities, and I agree to the above disclosure and release of liability as the parent/legal guardian to the participant.

Legal Guardian's Name (please print clearly): _____

Signature: _____ Date: _____
(Parent/Legal Guardian of Participant)

Part VII. Van Transportation Permission Slip

Participant Name: _____

By signing this form I give my permission, as legal parent/guardian, to the participant listed above to travel in the YIO (Youth Initiatives Office, run through MFS) 15 passenger van with MANY Options After School Program staff members. I understand that all drivers have valid drivers licenses and have passed background and driver history checks.

Legal Guardian's Name (please print clearly): _____

Signature: _____ Date: _____
(Parent/Legal Guardian of Participant)

Part VIII. Photo/Media Release

I, _____, grant Monadnock Family Services and persons acting for, or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself/child, for use in materials they may create.

Signature: _____ Date: _____
(Parent/Legal Guardian of Participant)

Part IX. Informed Consent

MANY Options is supported in part by grants and the staff is required to maintain records indicating progress such as positive impact on student performance and behavior. It is necessary, therefore, to have access to student records, including scholastic, court and police documents, as well as to obtain evaluations of our MANY Options program from your child. Please sign below indicating your permission for MANY Options to obtain those records for our assessment and reporting responsibility. All information gathered will be kept confidential and reported anonymously.

Parent/Guardian: _____ Date: _____
(Print Name)
_____ Date: _____
(Signature)

Part X. Survey Permission

In order to make MANY Options the best program it can be we are asking you and your child for assistance. We are asking for your family’s participation in parent and student surveys and possible student focus groups. These surveys will help us determine in what ways we are hitting the mark and in what areas we need to make improvements. Soliciting feedback from participants is one of our best resources. Your participation and your child’s participation are completely voluntary. Your decision to participate or not, will not affect your child’s ability to use any part of the after-school program. You and your child can end participation at any point. The information collected will be presented as grouped data in any reports, presentations, or publications to protect confidentiality.

I, as the parent/guardian of _____ grant my consent for my child to take a student survey and participate in a focus group. In addition, I am interested in participating in the parent survey component of the program.

Signature: _____ Date: _____
(Parent/Legal Guardian of Participant)

**Part XI. Homework Expectations
MANY Options Schedule**

Monday – Thursday Schedule:

2:30-2:45 Snack/Free Time/Check Planner
2:45-3:45 Activity Time
3:45-4:00 Circle Time
4:00-5:00 Options
5:00-5:30 Free Time

Friday Schedule:

2:30-3:45 Snack/Free Time
(homework optional)
3:45-4:00 Circle Time
4:00-5:00 Options
5:00-5:30 Free Time

On Mondays – Thursdays, **during Activity Time (2:45- 3:45), participants must show a staff member their Homework Planner and those who have homework must work on their assignments.** Staff are available to help students who would like homework help. If a participant’s homework is done or NHT (no homework tonight) is written in planner, they may do one of the following: academic activity or game with staff , quiet board games and puzzles, reading/writing, educational computer games, attend a MANY Options weekly group (girls’ group, outdoors club, etc.)

Students, please read:

I have read the MANY Options Schedule (above) and agree to follow it as listed above. I will show my planner to staff members when I arrive each day. When I have homework, I will work on it. If I need help, I will ask for it. I understand that if I refuse to show my planner to a staff member and will not work on my homework, I may not be able to attend Options that day. I know that playing board games or computer games is only an option once my homework is completed (or if I have NHT written in my planner).

Student Signature Date

Parents, please read:

Participants in MANY Options will have the opportunity to work on homework with the assistance of staff and provided materials in our “homework central”. MANY Options will encourage all youth, time permitting, to complete their homework at the program. We have found that homework club is most successful when parents/guardians discuss homework expectations with their child. Please sign below to indicate that you have had a conversation with your child about expectations

I understand that my child is expected to follow the schedule, which includes checking planners and participating in homework time, at MANY Options.

Parent/Guradian Signature Date

Tell Us About Your Child!

Please use this form to tell us a little about your child. Please feel free to include things like their likes and dislikes, hobbies or sports they do, any special needs they may have as well as anything else you feel we need to know in order for your child to have an enjoyable time at MANY Options.

My child's name: _____

My child likes to:

My child doesn't like to:

My child is scared of:

My child spends most of their time:

My child thrives in an environment that is:

My child has a difficult time in situations when:

My child has a history of (circle any that apply):
Running away Violent Behavior Problems in School Other _____

Please include any other information about your child you feel is important in creating a comfortable environment for your child as well as the other youth in the program.

Computer Use Policy & Computer Access Permission Slip

1. I understand that the use of the computers is a privilege, not a right, and inappropriate use will result on the cancellation of those rights.
2. I will use the computers for educational purposes only, unless otherwise granted by lab staff.
3. I agree not to go on to any unauthorized websites without permission (Myspace, You Tube, or any chatting network).
4. I will only use the Internet for appropriate learning activities. I understand that I need to ask for permission to use the internet, knowing that I can only use the internet for:
 - Research for homework or projects.
 - Websites for games, Approved ahead of time.
5. When using MANY Options computers, I will:
 - o Be polite.
 - o Use appropriate language.
 - o Not look at or use anyone else's work without permission.
 - o Not use the network in such a way that I would disrupt the use of the network by others.
6. I will treat all technology equipment (mice, keyboards, monitors hardware and software) with care. Vandalism will result in the termination of my privileges and other disciplinary actions.
7. I will not install or download files/programs (Music, games, videos etc.)
8. I will always clean my workstation after finishing my work.
9. I understand the computers aren't used for checking my personal email account, and I will not do that.
10. I will not open, delete, move or modify files that are on the computers.
11. I understand that there is no Food, Gum, Candy, or Drinks in the computer lab.

MANY Options After School Program- Permission Slip for Computer Access

*Students must submit a signed permission slip in order to use the computers at MANY Options.
This permission must be turned in before allowed use.*

Students Name: _____ School Grade: _____

I HAVE READ THE COMPUTER USE POLICY, AND AGREE TO ABIDE BY THEIR PROVISIONS.
I UNDERSTAND THAT VIOLATION OF THE USE PROVISIONS STATED IN THE POLICY MAY
CONSTITUTE SUSPENSION OR REVOCATION OF COMPUTER PRIVILEGES.

SPONSORING PARENT OR GUARDIAN (REQUIRED)

I HAVE READ THE ACCEPTABLE USE POLICY AND STUDENT GUIDELINES FOR MANY OPTIONS. I
HEREBY GIVE MY PERMISSION TO ALLOW MY CHILD ACCESS TO THE INTERNET IN A
SUPERVISED AFTER SCHOOL SETTING. I CERTIFY THAT THE INFORMATION CONTAINED ON THIS
FORM IS CORRECT. MOREOVER, I UNDERSTAND THAT ALTHOUGH THE STAFF OF MANY
OPTIONS HAVE TAKEN REASONABLE PRECAUTIONS TO ENSURE THAT CONTROVERSIAL
MATERIAL IS ELIMINATED ON THE INTERNET, I FULLY UNDERSTAND THAT ACCIDENTAL
ACCESS TO INAPPROPRIATE MATERIAL MAY OCCUR. THEREFORE, I ABSOLVE THE INSTITUTE
FROM ANY RESPONSIBILITY INVOLVING SUCH AN INCIDENT.

Students Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Program Fees & Scholarships

Invoices will be sent out monthly reflecting the amount due and the total balance. Fees can be paid via cash, personal check, or money order. Payments can be dropped off or mailed to our office: MANY Options, 24 Vernon Street, Keene, NH 03431.

Participant Name: _____

A \$270 membership fee (\$30/month) per child covers the school year, regardless of how many days of the week or weeks of the year participants choose to attend. This fee can be paid in full or in monthly installments for your convenience. A sliding fee scale is available to qualifying families and may reduce the fee to as little as \$108 per year (\$12 month).

_____ I agree to pay \$270 (\$30/month) for the 2007-2008 MANY Options Program year.

_____ I would like more information about the sliding fee scale.

Child Care Reimbursement from the state of New Hampshire: MANY Options is able to accept child care reimbursement from the state. To qualify, children must be 12 years of age or younger. Interested families must apply directly for this benefit with the local DHHS Office at 809 Court Street, Keene, NH 03431. The DHHS phone number is 357-3510, and they are open Monday – Friday, 8am – 4:30pm.

_____ I would like more information about how to apply for child care reimbursement from the state of New Hampshire.

_____ My family/child has already been approved for DHHS child care reimbursement.

JC Penney Scholarships:

Due to MANY Options' partnership with 4-H and the Cheshire County Cooperative Extension, a limited number of scholarships are available to qualifying participants. **To be eligible, participants must commit to attending MANY Options at least 3 days per week (with some flexibility) throughout the duration of the school year. If a participant fails to meet the attendance requirement for JC Penney scholarships, their aid will be reallocated to another participant.** Recipients will be notified by the end of September, 2007.

If you would like to be considered for a JC Penney scholarship, please provide the following information:

Household Size: _____ Gross Family Income: _____

My child, _____, will attend the MANY Options After-School Program for an average of 3 days per week throughout the 2007-2008 program year.

Signature of Parent/Legal Guardian: _____ Date: _____