



MANY OPTIONS

2009 - 2010

Registration
Forms

Program Fees & Scholarships

A \$270 membership fee per child covers the school year, regardless of how many days of the week or weeks of the year participants choose to attend. Payment plans are available upon request. A sliding fee scale (shown below) is available to qualifying families and may reduce the fee to as little as \$108 per year (\$12 month). In addition, a limited number of full scholarships are available. Payments can be made in full, in four equal payments made or two equal payments. All families, even those receiving a full scholarship, are responsible for the \$30 nonrefundable registration fee—regardless of the time of the year a youth joins the program.

Invoices will be sent out will reflect 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.

_____ I agree to pay the membership fee in full.

_____ I agree to pay the membership fee in two equal payments made in October and February.

_____ I agree to pay the membership fee in four equal payments made in October, December, February and April.

_____ I have included the required \$30 nonrefundable registration deposit.

Participant Name: _____

Sliding Fee Scale: Please circle where your family falls on the sliding fee scale, even if you will be qualifying for the full rate of \$270 per year. This information will remain confidential, but it is important for us to know the demographics of the youth served in this program for purposes of grant writing and reporting.

Yearly Family Income at or below...

Household Size	\$108/yr	\$162/yr	\$216/yr	\$270/yr
2	\$24,500	\$28,000	\$31,500	\$31,500+
3	\$30,800	\$35,200	\$39,600	\$39,600+
4	\$37,100	\$42,400	\$47,700	\$47,700+
5	\$43,400	\$49,600	\$55,800	\$55,800+
6	\$49,700	\$56,800	\$63,900	\$63,900+
7	\$56,000	\$64,000	\$72,000	\$72,000+
8	\$62,300	\$71,200	\$80,100	\$80,100+

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.

Monadnock Family Services MANY Options After School Program

Phone: 603-355-3040, x108 Address: 24 Vernon Street Keene, NH 03431

Part I: General Participant Information

Participant Name: _____

School: _____ **Grade** (2009-2010 school year): _____

Sex: _____ **Age:** _____ **Date Of Birth:** _____

Height: _____ **Weight:** _____

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: Participant Health & Medical Information

Participant's Medical Insurer's Name & Policy Number:

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

Yes No ADD/ADHD, PTSD, Bipolar, Depression, ODD or other mental health issues

Yes No Allergies (Including medication and food allergies or reactions)

Yes No Undergone surgery in the past two years, or had any procedures that has lasting effects

Yes No Any fracture or broken bones in the past year

Yes No Any knee, back or neck injuries

Yes No Family history of heart disease or heart related issues, stroke, high blood pressure

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:

If your child has a mental health issue, 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:

Part IV: Disclosure & Release of Liability

Please initial each numbered release and sign and date below.

1. _____ **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.
2. _____ **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.
3. _____ **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.
4. _____ **Van Transportation:** I give my permission, as legal parent/guardian, to the participant listed below 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.
5. _____ **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.
6. _____ **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. I give my permission for MANY Options to obtain those records for assessment and reporting responsibilities. All information gathered will be kept confidential and reported anonymously.
7. _____ **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 during the program year. These surveys will help us determine in what ways we are hitting the mark and in what areas we need to make improvements. The information will be collected anonymously and presented as grouped data in reports, presentations or publications. I grant my consent for my child to take a student surveys and participate in a focus groups.

Name of Participant: _____

Name of Parent/Legal Guardian (printed): _____

Signature: _____ Date: _____

(Parent/Legal Guardian of Participant)

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 likes to:

My child doesn't like to:

My child is scared of:

My child spends most of their leisure 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 that will help staff create a comfortable environment for your child as well and other youth in the program.

If your child attends Keene Middle School, please complete this page in order for MANY Options to meet anonymous reporting requirements. For your convenience, we have filled in the form based on our reporting requirements. If you have any questions about our anonymous reporting please call the program coordinator.

Keene Middle School

Phone: (603) 357-9020 Fax: (603) 357-9045

AUTHORIZATION TO DISCLOSE OR OBTAIN CONFIDENTIAL INFORMATION

Student Name _____ DOB _____

I, _____ authorize Keene Middle School (KMS) to

Disclose information to Obtain information from Exchange information with

VERBAL WRITTEN

_____MANY Options After School Program_____

_____24 Vernon Street Keene, NH 03431_____

Information pertaining to (check all that apply):

- Academic Records
- Conduct Report
- Attendance
- Health Records
- Special Education Records/Assessment
- Treatment/Service Plan
- History/Assessment
- Ongoing treatment/continuing care
- Coordination of care

I choose to disclose this information willingly and voluntarily for the purposes specified above. I also understand I may revoke this consent at any time by notifying MANY Options in writing.

(Parent/Guardian/Legal Representative Signature)

Date