



21st Century Enrichment

Ryland Elementary

K 5th Grade After School Program

Registration Form 2020-2021

DATE: _____

STUDENT INFORMATION

Scheduled Day:
A B

Last Name First M. Initial

Birthdate Sex Age Homeroom/Grade

PARENT/GUARDIAN INFORMATION

Parent or Guardian

Home Address

City State Zip

Phone Email

ALTERNATE PICKUP INFORMATION

Code Words: Only give to authorized pickups.
1. _____
2. _____

#1 Alternate Pickup Name _____
Relationship _____
Phone _____
#2 Alternate Pickup Name _____
Relationship _____
Phone _____

Schedule: Please check days, times, and transportation.
Days: M T W Th Pickup Times: 4:40 5:40
Transportation Type: Car Rider Bus (Availability TBD)

STUDENT HEALTH HISTORY

Operations or serious injuries: _____

Chronic/recurring illness, medical condition, or
special needs: _____

Allergies and Dietary restrictions: _____

Current medications (send with instructions):

Name of physician and telephone number:

COVID-19 PROGRAM UPDATES:

We will follow and implement the

KCSD Decision Tree for COVID-19

Please read carefully so you are familiar with these updated program policies that will apply to the 21st CCLC program.

You will be notified by telephone of your child's enrollment. In case of program closure, please have an emergency plan for your child and tell him/her what it is.

21st CCLC programs are not designed as traditional child care programs. For students to fully benefit from the program and to meet program requirements your child can only be picked up at 4:40pm after tutoring or after 5:40pm once enrichment sessions are finished.

There are NO fees at this time for our program. However, you and your child must be committed to attendance and notify the Site Coordinator when students will be absent if you know in advance. Chronic absences will be reason for removal from this program.

When Kenton County Schools cancel, ALL Afterschool Activities are cancelled including the 21st CCLC.

Any questions or concerns, please contact the Site Coordinator at your school:

Madeline Finn, MFinn@MyY.org

YMCA PROGRAM PARTICIPATION WAIVER:

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness including but not limited to Pandemic Influenza and Infectious Diseases which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sport programs, the use of equipment, exercise, virtual services or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss or damage, which I may suffer as a result of my participation in these activities.

I give my consent to the School District and the 21st Century Community Learning Centers (CCLC) to share the participant’s student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21st Century Community Learning Center will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while using YMCA facilities or while on YMCA premises.

I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio or video tape recordings, which may include my image or voice for purposes of promoting and interpreting YMCA programs and services to the general public.

I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct, and may restrict my access to the YMCA upon breach of the code.

ACCEPTANCE: I acknowledge the Waiver set forth above and, being in sympathy with the mission statement of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Decision Tree for COVID-19 response for Students/Staff

This document was created by the Kenton County School District and reviewed by the Northern Kentucky Health Dept.

