



**PARCA REACH
After School Program Application**

Please check the appropriate information below:

Hours

_____ 8:00 AM to 5:00 PM (Full day: Distance learning)

_____ 7:00 AM to 8:30 AM (school days only) _____ 12 PM to 6:00 PM

_____ Arrival before 2:30 PM to 6:00 PM _____ Arrival after 2:30 PM to 6:00 PM

Enrollment Days

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Fee Information

_____ Full Fee _____ Department of Education Subsidy _____ Other

Child's Name: _____

Sex: M or F or Other Birth Date: ___/___/___ Ratio at School: ___/___
(teacher to child)

Parents/ Guardians: _____

Address: _____

City/ State/ Zip: _____

Home Phone: _____ Work Phone: _____

School: _____ Room Number: _____ Teacher: _____

School Phone #: _____

Please see back page

Revised 7/09/20



ACKNOWLEDGEMENT

I, the undersigned, verify that the information on this application is, to the best of my knowledge, accurate and complete. I understand that any inaccuracies will result in my child being enrolled for inaccurate sessions and times. I understand that admission to the PARCA Project REACH program is contingent upon the fact that my child, named on this application, is not physically aggressive or abusive, nor requires any type of skilled nursing care, and can safely function in the staff to child ratio of the program. I understand failure to provide true and accurate information regarding my child will result in my child being immediately terminated from the PARCA Project REACH program.

Parent(s)/ Guardian(s): _____ Date: _____

Please fill out this application and any other enclosed paperwork. If your child has not attended the program in the past, you must then contact Cecilia O. Hinkston at (650) 871-8402 and make an appointment for an Intake Interview. Enrollment is completed on a first-come, first-serve basis.

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**Admission Agreement
REACH Program**

PARCA REACH provides recreational opportunities in after-school, vacation, and summer care for children with and without disabilities. Although located on school grounds, PARCA REACH is a separate organization from the school. REACH is a program of PARCA, a private, not-for-profit agency serving people with developmental disabilities and their families.

Fees are charged to assist in the costs of operating the program, while other grants and donations are obtained to subsidize the remaining operation cost. Special donations and grants are secured for the purchase of special equipment and recreational and educational activities. To maintain “enrollment status,” parents are required to abide by all program policies and procedures, including those on the Billing Agreement.

Prior to admission into the PARCA REACH Program, parents/guardians must complete the following:

- Complete the Intake Process
- Be accepted into the program
- Complete and submit all enrollment paperwork
- Submit payment to PARCA’s accounting department
- Arrange transportation to and from the program

I/We understand that if I/we wish for my/our child to attend the PARCA REACH Program on day(s) other than day(s) he/she has been enrolled, then I/we must call one day in advance to verify if space is available. I/we understand that Drop-in space is not guaranteed; therefore, my/our child cannot attend the program without authorization from the Program Director or Program Manager. I/we also understand that my/our child cannot attend the program before his/her designated time without prior approval from the Program Director or Program Manager.

This acknowledges that I/we have read the above agreement and agree to abide by the conditions. Also, I/we verify that I have received a copy of the PARCA REACH Program Parent Handbook and Billing Agreement and have signed the receipt agreeing to abide by all the policies and procedures. I recognize the right of Community Care Licensing to review my child’s records and interview my child at any time.

Parent/Guardian Signature

Date

PARCA REACH Representative

Date

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**Medical and Emergency Information Form
REACH Program**

Child's Name: _____ Age: _____ Birthdate: _____
 Address: _____ City: _____ Zip: _____
 School Attending: _____ City: _____ Teacher: _____
 Identifying Information: Sex _____ Weight _____ Height _____
 Hair Color _____ Eye Color _____

Adults Living With Client:

Name:	Relationship:	Work Phone:
Name:	Relationship:	Work Phone:

Home Phone Number: _____

Emergency Contacts and Persons Authorized to Pick up Client: In the case of an emergency, we will always try to contact the parent first. In the event a parent cannot be reached, we need to contact at least two other friends/relatives. No adults other than those listed below will be able to pick up your child from our program unless we receive advance written notice from you.

Name:	Relationship:	Work Phone: Home Phone:
Name:	Relationship:	Work Phone: Home Phone:
Name:	Relationship:	Work Phone: Home Phone:



Physician or Dentist to be called in an Emergency:

Physician Name: _____ Address: _____

Phone Number: _____ Medical Plan & Number: _____

Dentist Name: _____ Address: _____

Phone Number: _____ Dental Plan & Number: _____

Medical History

	Date mm/dd/yy		Date mm/dd/yy
___ Appendicitis	_____	___ Diabetes	_____
___ Tonsillectomy	_____	___ Epilepsy	_____
___ Mumps	_____	___ Rheumatic Fever	_____
___ Measles	_____	___ Asthma	_____
___ Other Operation(s)	_____	___ Chicken Pox	_____
(Please explain) _____			

Allergies (Please check all that apply and explain when needed)

___ Penicillin	___ Animals: _____
___ Bee Stings	___ Food: _____
___ Hayfever	___ Other: _____

Medications

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Please note: If you need your child’s medication administered at Project REACH, please fill out a Medication Release Form.

Photo Release

I hereby _____ give permission _____ do not give permission to Project REACH to photograph my child, _____, for media use (including but not limited to television, magazine, newspaper, lectures, etc.); without limitation to use any pictures, film, and/or stories in connection with any of the work of said Project REACH; without compensation of any kind. I hereby hold harmless Project REACH from any claims whatsoever, which may arise.

Parent/Guardian Signature Date



Consent for Medical Treatment

As the parent, agency representative, or legal guardian, I hereby give consent to PARCA/Project REACH to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for _____ . (Child's Name)

This care may be given under whatever conditions are necessary to preserve the life, limb, ore well being of my dependent.

Child has the Following Medication Allergies:

Parent/Guardian Signature

Date

Note: please provide a current picture of your child

Photograph



Release of Information | Statistical Form

To keep the fees for Children’s Services at affordable levels, PARCA receives support from many private foundations and various city and state grants. To receive these funds, PARCA is required to provide information regularly to these entities. The following information will be used for statistical purposes only, and your name/name of participating family member will be kept confidential. Thank you for your compliance.

Name: _____ **City of Residence:** _____

Head of Household Information (please check all that apply):

_____ Male _____ Female _____ Elderly (62+) _____ Disabled

Ethnicity Information:

If you are not Hispanic/Latino, please check one of the following:

- _____ American Indian/Alaska Native
- _____ American Indian/Alaska Native and Black/African American
- _____ American Indian/Alaska Native and White
- _____ Asian
- _____ Asian and White
- _____ Black/African American
- _____ Black/African and White
- _____ Native Hawaiian/Other Pacific Islander
- _____ White
- _____ Other

If you ARE Hispanic/Latino, please check one of the following:

- _____ Hispanic/Latino American Indian/Alaska Native
- _____ Hispanic/Latino American Indian/Alaska Native and Black/African American
- _____ Hispanic/Latino American Indian/Alaska Native and White
- _____ Hispanic/Latino Asian
- _____ Hispanic/Latino Asian and White
- _____ Hispanic/Latino Black/African American
- _____ Hispanic/Latino Black/African American and White
- _____ Hispanic/Latino Native Hawaiian/Other Pacific Islander
- _____ Hispanic/Latino White
- _____ Hispanic/Latino Other

Income Data:

Number of people in your household: _____ Annual combined household income: \$ _____



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