Parca REACH
After School Program Application

Please check the appropriate information below.
Hours

_____7:00 AM to 8:30 AM (school days only) _____12 PM to 5:00 PM

_____Arrival before 2:30 PM to 5:00 PM _____Arrival after 2:30 PM to 5:00 PM

Enrollment Days
_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

Fee Information
_____Full Fee ____Department of Education Subsidy _____Other
****
Child's Name: ____

Sex: M or F 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

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 in accuracies 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 of 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 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.

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 for 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 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 program without authorization from the Program Director or Program Manager. I/we also understand that my/our child cannot attend 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

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

Statistical Form

In order to keep the fees for Children's Services at affordable levels, Parca receives support from many private foundations and various city and state grants.
In order to receive these funds, Parca is required to provide information on a regular basis to these entities. The following information will be used for statistical purposes only, and you 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 one):
_______Male **_______Elderly (over age 62)**
_______Female **_______Disabled Head of Household**

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:________
Your annual combined household income: $_______