



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Processed Date: _____

Staff Initials: _____

Program Registration

PROGRAM LOCATION

SCHOOL: ☐ STARR KING AFTER SCHOOL ☐ CHARLES DREW BEACON PROGRAM
☐ POTRERO HILL CREATION STATION ☐ DANIEL WEBSTER BEFORE SCHOOL PROGRAM

APPLICANT INFORMATION

Student's Name: _____ Entering Grade _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Decline to State Date of Birth: _____ / _____ / _____

Home Address: _____
Street City State Zip

Parent/Guardian E-mail: _____

Household Income (please check one):

☐ \$0–\$13,999 ☐ \$14,000–\$24,999 ☐ \$25,000–\$39,999 ☐ \$40,000–\$74,999 ☐ \$75,000 and above ☐ Decline to state

PARENT/GUARDIAN 1

(Emergency contact & authorized to pick-up child)

Name: _____ D.O.B: _____ / _____ / _____

Primary Phone: _____

Secondary Phone: _____

PARENT/GUARDIAN 2

(Emergency contact & authorized to pick-up child)

Name: _____ D.O.B: _____ / _____ / _____

Primary Phone: _____

Secondary Phone: _____

ADDITIONAL AUTHORIZED PICK-UPS/EMERGENCY CONTACTS:

Pick-Up #1 Name: _____

Phone: _____

Pick-Up #2 Name: _____

Phone: _____

Pick-Up #3 Name: _____

Phone: _____

UNAUTHORIZED PICK-UPS:

(Anyone NOT authorized to pick up the child, please list here)

List any allergies or medications we should know about:

Can your child participate in this program without additional supports?

☐ Yes
☐ No

If your answer is no, please state briefly the nature of the additional supports your child may need.

Does your child have one of the following?

☐ SST ☐ 504 ☐ IEP ☐ No

Do you authorize consent for program staff to access your child's SST, 504 and/or IEP?

☐ Yes*
☐ No

*If yes, please sign the attached SFUSD Authorization for Release of Confidential Information.

What else should we know to ensure your child has a successful experience in this program?

This program supports learning for youth in grades K-8. The goal of this program is to increase students' academic success and boost self-confidence, while also engaging families in the education process.

PURPOSE OF THE PROGRAMS The purpose of our programs is to provide students with academic enrichment opportunities which are designed to complement students' regular academic program and provide a safe environment for students. Our programs are designed in collaboration with the schools that the students attend and are in alignment with district guidelines.

HOW ARE THE PROGRAMS FUNDED? All of the SFUSD ExCEL Afterschool Programs in elementary, K-8, and middle schools are available at low cost to families thanks to federal and state grant funds as well as funding from SFUSD and the of Department of Children, Youth & Families (DCYF).

In SFUSD, most school-based afterschool and summer learning programs are co-sponsored by SFUSD (the ExCEL program) and a partnering community-based organization. The majority are funded through a combination of family fees and city, state, and federal grants that are not guaranteed to be renewed once a grant cycle has ended.

In addition to the local, state, and federal grants, the YMCA of San Francisco also contributes resources, both in-kind and in-cash, in order to serve more families and/or provide more enrichment opportunities for students.

Each school site receiving afterschool funding is required to: 1.) Operate an afterschool program at least 3 hours/day for at least 15 hours/week and until 6pm 2.) Provide academic support, enrichment, and both recreational and physical activities 3.) Provide nutritious snacks 4.) Operate with student-to-staff ratio that will not exceed twenty-to-one (20:1)

PRIORITY FOR PROGRAM SLOTS Since the demand for programs often exceeds the funding capacity, students who are identified by the program as homeless youth or in foster care are given priority for enrollment. In addition, priority also goes to students who attend the full-day program, five days a week. Students are also identified through a school site specific process based on, but not limited to: academic need, English Learner support, truancy, and socio-emotional behavior needs. Priority is also given to students who attend the school site of the program.

Early Release for the Program: Per grant guidelines, enrolled elementary & middle school students are expected to attend the program every day until 6pm. Priority for enrollment is given to those students who attend the program every day until 6pm. Early release from the program can be arranged. Whenever you pick up your child, prior to the end of program, please be aware that the staff are REQUIRED to give you a code to use on the sign-out Sheet.

Fee based Programs: All programs in elementary and middle schools are fee-based programs. There is a district wide co-payment fee structure for ALL elementary/K-8 and middle school programs.

The monthly co-payment fee will be waived for a family with a child in the program who is a homeless youth or for a child who is in foster care. ● The monthly co-payment fee will be waived for a family that is eligible for FREE or REDUCED lunch except for those co-payments required by local, state or federal tuition subsidy programs. Families should complete the Meal Application on an annual basis to be eligible for the monthly co-payment fee waiver. If a family completes the application online, an eligibility letter can be printed from a family's online account. If a family completes a paper application, an eligibility letter will be sent to the house. ● A family that is not eligible for free/reduced lunch will pay a co-payment fee on a sliding scale from \$50- \$500/month.

Americans with Disabilities Act (ADA) Unlike the school day, which is required to comply with Individualized with Disabilities Education Act (IDEA), the program must comply with Americans with Disabilities Act (ADA). Services and activities provided by a public entity to the public, whether directly or through an agency, must be accessible to students with disabilities with reasonable accommodations (e.g. federal, state and local disabilities rights such as Section 504). Enrollment in program can include query if s student needs additional support, but cannot use that information to influence enrollment. If a student has a 504 plan or IEP plan, the ExCEL program may request access to that information in order to identify what reasonable accommodations can be made to support access to program.

Safe and Supportive Environments: YMCA of San Francisco must ensure policies and protocols within our programs are sufficient to ensure staff, student, and family member safety. Programs are required to document injuries, referrals and crisis situations. Each agency will share their Progressive Response to Challenging Behavior with staff, students, and families. Progressive Response to Challenging Behavior should include universal practices across programs to promote a safe and supportive community. It should also include internal processes for managing challenging behavior that may result in alternative consequences (e.g. restorative circles), Tier II intervention (e.g. behavior contract) or suspension from program.

YMCA OF SAN FRANCISCO PROGRAM EXPERIENCE SURVEY AUTHORIZATION

YMCA of San Francisco improves program quality and impact through member and participant surveys and data analysis. By signing this form, you authorize your child(ren) to participate in YMCA of San Francisco's anonymous and voluntary program experience surveys.

In addition to anonymous survey answers, we may collect the following participant information:

- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level; and
- Participation in activities and services, such as attendance dates and hours attended.

YMCA of San Francisco will not disclose the personally identifiable information of your child(ren) and will limit the collection of survey answers and participant information to no more than is reasonably necessary to accomplish the purpose of the collection. YMCA of San Francisco does not rent or sell personally identifiable information, survey answers, or participant information, including information provided about children, to third parties. YMCA of San Francisco may share youth experience survey answers and participant information with trusted service providers in order to analyze such information and improve program quality and impact.

Student Name: _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

HIGHLY SUBSIDIZED SLOT PROGRAM

There are a limited number of highly subsidized slots available at each program location. Please note, these subsidized spots waive the monthly co-pay fee and instead have an ANNUAL application fee based on Free/Reduced lunch eligibility.

Eligibility for the Highly Subsidized Slot Program is determined by the following criteria:

- Financial need – Annual Household Income*
- Committed to attending the program 5 days/week and fully participating in program offerings
- Identified by the school's administrative staff and teachers as students who will benefit from the program
- Complied with program/grant attendance requirements during the school year
- Identified by the program or school as homeless (as defined by the federal McKinney-Vento Homeless Assistance Act) or as being in foster care

Subsidized spots are not guaranteed. If your student does not qualify and you still want to participate, you may apply for the monthly co-pay fees program (please refer to rates below).

SIBLING DISCOUNT: We offer a 20% discount on Annual Registration Fee for siblings.

☐ **YES! I am eligible for the Highly Subsidized Spot Program**

(Will be confirmed by a Free/Reduced Lunch letter provided by the district)

OR

MONTHLY CO-PAY FEES PROGRAM

Applicants who are members of a YMCA facility are offered a reduced monthly co-pay. If you are interested in a YMCA Facility Membership, please visit our website at www.ymcasf.org. You may also sign up as a Community Participant at no cost (access to YMCA programs only).

Please check the box that you would like to register for:

Community Participant Rates			YMCA Facility Member Rates		
BEFORE SCHOOL	MONTHLY FEE (Sept-May)	DEPOSIT (August)	BEFORE SCHOOL	MONTHLY FEE (Sept-May)	DEPOSIT (August)
Please check all of the days your child will attend: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY					

AFTERSCHOOL	MONTHLY FEE	DEPOSIT (August)	AFTERSCHOOL	MONTHLY FEE	DEPOSIT (August)
<input type="checkbox"/> 5 days/week			<input type="checkbox"/> 5 days/week		
<input type="checkbox"/> 3 days/week			<input type="checkbox"/> 3 days/week		
<input type="checkbox"/> 2 days/week			<input type="checkbox"/> 2 days/week		
Please check all of the days your child will attend: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY					

PLEASE NOTE: One-day camps and weekly camps are available at additional fees. The following months are prorated due to school-year breaks:

SIBLING DISCOUNT: We offer a 20% discount on monthly child care fees for siblings.

FINANCIAL ASSISTANCE: We offer financial assistance to qualifying families. If you are interested in applying, please complete a financial assistance application and submit with your income verification and registration packet.

☐ **YES! I am applying for the Monthly Co-Pay Fees Program**

☐ **YES! I have attached my Financial Assistance Application**

PAYMENT – PLEASE COMPLETE ONE SECTION

MONTHLY CO PAY FEES PROGRAM / PAYMENT DUE AND BILLING POLICY

By signing below, I acknowledge and agree to the following:

- Monthly co-pays are paid automatically via EFT 10 days before the first of the month. If payment is not made, we will request permission from you 5 days after the due date via email to pay off your balance using your credit card/bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card/bank account on file to pay your balance.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done online or at the main facility at
- Parents will be contacted regarding returns from their account. It is the parent's responsibility to pay for childcare by the 1st of the month. Failure to do so will result in a \$15 late payment fee. If payment is not received by the 10th, child care will be terminated.
- A \$15 bank fee will be charged for any returned payments.
- I acknowledge that only the following month(s) are prorated:
- I acknowledge that the following month's fees are non-refundable:
- Refund Requirements: A 30 day written or email notice is required for program cancellation (including school transfers) and a 14 day notice is required for schedule changes. It is the parent's responsibility to notify the YMCA by written note or email. Withdrawal of student from program is not considered notice of program cancellation and will not terminate child care payments.

Parent/Guardian Name

Signature

Date

PAYMENT DUE

\$ _____ Deposit: This pays for _____ fees (school year ends _____)
Deposit is due at registration and NON-REFUNDABLE

\$ _____ Donation to our Annual Campaign which supports financial assistance
for qualifying families at

TOTAL

\$

Payment Method:

Families in monthly co-pay fee-based program must have an account on file for monthly drafts.

☐ Charge account on file

☐ I will provide new account information by contacting

OR

HIGHLY SUBSIDIZED SLOT PROGRAM / ELIGIBILITY & PAYMENT

Financial Need Eligibility:

☐ **YES! I am eligible for the Highly Subsidized Slot Program.**

(Will be confirmed by a Free/Reduced Lunch letter provided by SFUSD)

Notification: The week of _____ families will be informed of their student's acceptance/waitlist status.

Please note, applications received after _____ may be waitlisted.

- If your student is accepted into the program, you are required to secure your slot with a \$50 non-refundable deposit by _____. The remaining balance is due by _____.
- Full payments not received by _____ will result in cancellation of student's spot in the program.

PAYMENT DUE

\$

Payment Method:

☐ Charge account on file

☐ Check/money order attached payable to

Please note: Returned payments will result in a \$15 bank fee. No one will be turned away because of their inability to pay.

STUDENT CONTRACT

Parent/Guardian: Please read this over carefully with your student.

I, _____, understand and agree to meet the following requirements of the program:
Student's Name

- I will report to program immediately after school and sign-in.
- I will make sure to be signed out when I leave.
- I will be in a supervised area at all times, and never leave the program alone whether on or off school grounds
- I will follow school rules and directions from staff members both during and after school
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in any of our programs.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.
- I will be open to activities, clubs, and enrichments.

I understand that if I break these rules:

- I may be asked to participate in a Restorative Meeting.
- If I continue to break the rules, or if the incident is serious, my parent/guardian will be contacted.
- If I fight in any of our programs, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- If inappropriate behavior continues, depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

ABOUT YOUR STUDENT

This section asks for information that is required by one of our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

1. Student Race/Ethnicity (select one):

- | | |
|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Middle Eastern-Arab |
| <input type="checkbox"/> Black-Other:
Specify: _____ | <input type="checkbox"/> Middle Eastern-Iranian |
| | <input type="checkbox"/> Middle Eastern-Other
Specify: _____ |
| <input type="checkbox"/> Asian-Chinese | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Filipino | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Pacific Islander-Hawaiian |
| <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Pacific Islander-Tongan |
| <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Pacific Islander-Samoan |
| <input type="checkbox"/> Asian-Thai | <input type="checkbox"/> Pacific Islander-Other
Specify: _____ |
| <input type="checkbox"/> Asian-Vietnamese | |
| <input type="checkbox"/> Asian-Other
Specify: _____ | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latino-Mexican American | <input type="checkbox"/> Multiracial/Multiethnic |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Other
Specify: _____ |
| <input type="checkbox"/> Hispanic/Latino-South American | |
| <input type="checkbox"/> Hispanic/Latino-Caribbean | <input type="checkbox"/> Decline to Specify |
| <input type="checkbox"/> Hispanic/Latino-Other
Specify: _____ | |

2. Home Language (select one):

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Taishanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other:
Specify: _____ | |

3. Student English Fluency (select one):

- ☐ Fluent
☐ Somewhat Fluent
☐ Not Fluent

4. Housing Status

- ☐ Permanent/Stable Housing
☐ Homeless- Transitional /Supportive Housing
☐ Homeless- Shelter/Emergency Housing
☐ Homeless- Motel/Hotel
☐ Homeless- Staying with Friends/Family
☐ Homeless- Unsheltered
☐ Unknown

YMCA OF SAN FRANCISCO MEMBERSHIP APPLICATION

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for their self, and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that they have, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA of San Francisco and its affiliate branches, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

☐ I HAVE READ THIS RELEASE.

Signature of applicant/parent: _____ Date: ____ / ____ / ____

Print name of applicant/parent: _____

Signature of co-applicant/parent: _____ Date: ____ / ____ / ____

Print name of co-applicant /parent: _____

Print name(s) of child(ren) in program: _____

If Applicable:

PERMISSION TO ACCESS 504 PLAN OR INDIVIDUALIZED EDUCATION PLAN (IEP)

I authorize the exchange of information for _____ (student name) described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

☐ Agency(s) **YMCA of San Francisco** _____ (Name)

This authorization applies to the following information (Check each line that applies):

☐ 504 Plan

☐ Individualized Education Plan (IEP)

Expiration: This authorization expires (date or event): _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Parent/Guardian Signature _____ Date _____

Indicate relationship to student: _____

If Applicable:

PHOTO/VIDEO RELEASE OPT OUT FORM

During your child's attendance in the ExCEL Afterschool Program, they may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

Student Name: _____ Grade: _____

Parent Name: _____ Date: _____

By not submitting an opt out form, I authorize the SFUSD or any third party it has approved to photograph or videotape my child during Afterschool program activities and to edit or use any photographs or recordings at the sole discretion of SFUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the SFUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

☐ _____ (parent initial) I DO NOT give my permission for my child to be photographed/videotaped by the Afterschool program for promotional purposes.

Authorization for Release of Confidential Information

YMCA OF SAN FRANCISCO

Participant Name: _____ Date of Birth: _____

Our agency is supported by a grant from the San Francisco Department of Children, Youth and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

Restrictions: All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

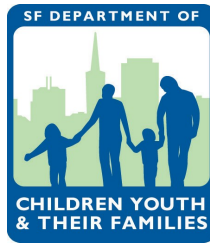
Expiration: This authorization expires on _____.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: _____

Relationship to Participant: ☐ Parent ☐ Legal Guardian ☐ Participant 18 Years of Age or Older

Signature: _____ Date: _____



DCYF Photography Release Form

Participant Name: _____ **Date of Birth:** _____

You or your child participates in a youth program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF). DCYF staff or contractors may on occasion visit this program to take photographs for public information projects.

The public information projects aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families. Example projects include DCYF publications and exhibits, as well as the DCYF website (<http://www.dcyf.org>).

By signing this form, you authorize DCYF staff and contractors to take photographs of program activities that may include images of you or your child and to use these photographs for the public information projects described above.

Your Name: _____

Relationship to Participant: ☐ Parent ☐ Legal Guardian ☐ Participant 18 Years of Age or Older

Signature: _____ Date: _____

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

During your child's attendance in the ExCEL After School Program, they may benefit from aligned support across the school day into after school program.

Student Name: _____ Grade: _____

Parent Name: _____ Date: _____

☐ _____ (*Parent Initial*) I give permission for the ExCEL After School Program Staff to review my child's school data (test scores, report cards, and other performance indices) for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After School Program. I also give permission for After School Program Staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.