

Appendix B

WMFC Transportation Behavior Policy

It is the responsibility of every student riding transportation provided by West Midland Family Center to:

1. Remain seated while the vehicle is in motion.
2. Backpacks must remain on the students lap or under the seat.
3. Obey the driver and follow his/her instructions.
4. Wait until the vehicle comes to a complete stop before attempting to get on or off.
5. Enter and leave the vehicle from the front door only, except in case of emergency.
6. Refrain from using vulgar or profane language.
7. Keep hands and head inside the vehicle
8. Help keep the bus clean, sanitary and orderly.
9. Not ride in another vehicle, get off at another stop or take visitors with them without authorization from WMFC.
10. Report any damage that is observed.
11. Respect other passengers.

The breaking of any of these regulations is grounds for loss of transportation privileges.

Appendix A

West Midland Family Center After School Program Authorization for Release of Information

I, _____ give my consent for Stephanie Ponte, Youth Program Director or Stacey Urbani, Teen Program Director, of West Midland Family Center to receive or release written or oral information regarding my child _____ to/from _____.

Child's Name

School

The purpose and need for such information exchange is to assist in determining an educational tutoring plan for the above named child, as well as gathering reports of academic and behavioral progress.

The specific type of information authorized for release is as follows:

- Behavioral Observations
- Academic Concerns
- Grade Reports
- Testing Results
- Other behavioral/academic issues as necessary.

I have read and understand the above information. I have been notified that this document is valid for one year. I have the right to revoke the privileges of the above mentioned at any time and to do so must submit my intentions in writing.

Valid from _____ through _____.

_____/_____
Parent Signature Date

_____/_____
WMFC Staff Date

Appendix C

WMFC Youth Release Form

Name of Child or Children _____

Please initial any of the following that you agree

_____ I give WMFC permission to use photographs of my child(ren) for the purpose of highlighting WMFC.

_____ My child(ren) has permission to use the computers and my child(ren) & I agree to abide by the WMFC Computer Lab rules.

_____ I DO NOT want my child(ren) to use the Internet.

_____ I have/will read the program requirements for (Summer _____) (ASP _____) (FNA _____) and understand the expectations.

_____ I hereby give my permission to WMFC for my child(ren) to be transported in a vehicle and/or participate in field trips.

_____ I will allow WMFC to apply sunscreen to my child as needed. I understand that I may provide my own sunscreen or use WMFC's sunscreen.

_____ I will allow WMFC to apply bug spray to my child as needed. I understand that I may provide my own bug spray or use WMFC's bug spray.

_____ I hereby certify that my child is in good physical health with no activity restrictions.

_____ I hereby certify that my child(ren) are in good physical health with the following physical restrictions. _____

_____ I hereby certify that my child(ren)'s immunizations are up to date and on file with the necessary school.

<u>Child's Name</u>	<u>Allergies</u>	<u>Names of medication taken daily (even if not taken at WMFC)</u>

Name, address and phone of child's physician or health clinic:

Preferred hospital for emergency number:

Health insurance policy name and

West Midland Family Center

Risk Waiver

West Midland Family Center afterschool students will spend time indoors and out. As a result, children are exposed to certain risks due to weather conditions, natural hazards and program activities, which may include, but are not limited to the climbing wall, skate park and playground. The staff is trained to follow rigorous safety procedures, but the risks cannot be totally eliminated. Because of this potential risk, the West Midland Family Center needs to be aware of any physical problems that campers may have. The West Midland Family Center requires this information in writing. This information is handled confidentially. By signing this form, you are stating that you have either informed us in writing of any problems or you have none to report. This also signifies that you are aware of and understand the hazards inherent in the recreational activities and specifically agree that your child/ren may participate in the program.

By signing, this form you also give permission to WEST MIDLAND FAMILY CENTER to secure emergency medical and/or emergency surgical treatment for the named minor child(ren) while in the care of West Midland Family Center.

Parent Signature

Date