

## **Vera Court Neighborhood Center**

2023-2024 School Year RISE Enrollment Packet (6th-8th Grade)

Dear Parents and Guardians,

Welcome back to another year of after-school programming at Vera Court Neighborhood Center. We are looking forward to a year filled with exciting ways to learn and opportunities to grow in the Vera Court community. The following is a brief explanation of the Middle School RISE program:

#### **RISE After-School Schedule:**

Mondays: 3:00 PM-6:30 PM

**Tuesday** 

Wednesday-Thursday: 5:00 PM - 8:30 PM

Fridays: 5:00-9:00 PM

Leadership enrollment applications will be sent out the first week of afterschool. Leadership will take place on Tuesdays until 6:00 pm and Fridays until 9:00 pm.

\*Program starts on Monday, September 11th, but is subject to change due to staffing availability. There will be open registration times September 6th, 7th and 8th. Staff will be available to answer any questions and assist with registration at this time.

The program is for children currently attending 6th-8th grades. Children may start attending once Vera Court Neighborhood Center has a signed permission/emergency card and signed behavior contract on file. There are times when the after-school program may reach maximum occupancy and children will be placed on a waiting list. The following list contains specifics to Vera Court Neighborhood Center's RISE After-School Program.

- Vera Court is a Drop-In Program where students are free to choose whether they attend the program. However, we do ask that youth attend at least three of the five days each week in order to remain enrolled.
- Students are free to leave the program at any point that they wish, however, a parent or quardian must be notified before the child leaves.
- Staff and Vera Court Neighborhood Center are not responsible for children's actions once he/she leaves the center. Parents/Guardians are responsible for their children's actions once they leave the center at any time during the day.
- Children may use the phone to check in and check out during the first 15 and last 15 minutes
  of the day but are not allowed to use the phone during any other time.
- If participants are to be picked up, please be on time. If a parent/guardian is late on a regular basis, the child may be removed from after-school programming.

Please read through the attached documents with your child and return to the center. Children may not start the program until these items are complete. Please call 608-246-8372 with questions. **Registration deadline is September 8th, or until the program is full.** 

Thank You,

Jimena Guimaraens Program Director

## **Enrollment Form**

All information on the subsequent pages must be completed for a child to be admitted to our programs. A separate enrollment form is required for each child in a household.

| Student Name                                 |                         | Date                       |                |
|--|-------------------------|----------------------------|----------------|
| Parent/Guardian Name(s)                      |                         |                            |                |
| Address                                      | City                    | State                      | Zip code       |
| Parent/Guardian Phone Num                    | nber(s)                 |                            |                |
| Parent/Guardian Email Addre                  | ess(es)                 |                            |                |
| Student Date of Birth                        | Grade                   | School                     |                |
| What language(s) do you spe                  | eak at home?            |                            |                |
| Health History                               |                         |                            |                |
| Please list any allergies, ailm care needed: | ents, or health issues  | your child has and special | precautions or |
|  |                         |                            |                |
| Please list any special needs                | or issues relating to y | our child and care needed  | :              |
|  |                         |                            |                |
| Emergency Contact(s)                         |                         |                            |                |
| Name   | Relationsh              | p to Student               |                |
| Phone Number(s)                              |                         |                            |                |

#### **NEIGHBORHOOD SUPPORT DEMOGRAPHICS**

**Disclaimer:** We apologize if any questions are offensive or feel invasive. Local and Federal Community Development Block Grant Programs require the information in this section and reporting on them is mandatory for continued funding of Vera Court Neighborhood Center.

Please describe your race/ethnicity. (The next question will ask about Hispanic/Latino heritage)

| White/Caucasian   | Black/African American                             |
|---|--|
| Asian   | American Indian/Alaskan Native                     |
| Native Hawaiian/Other Pacific Islander                    | Black/African American and White/Caucasian         |
| Asian and White/Caucasian                                 | American Indian/Alaskan Native and White/Cacuasian |
| American Indian/Alaskan Native and Black/African American | Other (please specify)                             |

| Please check one:   |
|---|
| ☐ I am also Hispanic/Latino   |
| ☐ I am only Hispanic/Latino   |
| ☐ I am not Hispanic/Latino  |
| How many people in your family have a disability?                               |
| Number of people with a disability  |
| Do you live in a family maintained by a female single head of household? Yes No |
| Do you live in Madison?   |
| ☐ Yes   |
| □ No  |
| If No, please identify city of residence  |

Please go to the column that indicates the number of people that live in your family, and <u>circle</u> the income

range that describes the combined income of everyone in your family.

| 1 Person Family      | 2 Person Family      | 3 Person Family      | 4 Person Family      |
|----------------------|----------------------|----------------------|----------------------|
| Over \$66,300        | Over \$75,750        | Over \$85,200        | Over \$94,650        |
| \$42,750 to 66,300   | \$48,850 to \$75,750 | \$54,950 to \$85,200 | \$61,050 to \$94,650 |
| \$25,700 to \$42,750 | \$29,350 to \$48,850 | \$33,000 to \$54,950 | \$36,650 to \$61,050 |
| Less than \$25,700   | Less than \$29,350   | Less than \$33,000   | Less than \$36,650   |
| 5 Person Family      | C Davida Family      | 7 Down on Fourily    | 0.00                 |
| or croom rammy       | 6 Person Family      | 7 Person Family      | 8 Person Family      |
| Over \$102,250       | Over \$109,800       | Over \$117,400       | Over \$124,950       |
| -                    |                      | -                    |                      |
| Over \$102,250       | Over \$109,800       | Over \$117,400       | Over \$124,950       |

### Vera Court Neighborhood Center Rules Contract

Please review the following behavior contract in its entirety with your child prior to signing.

#### **Vera Court Neighborhood Center Rules**

- 1. Have fun and enjoy yourself.
- 2. Be safe and responsible.
- 3. Respect staff, participants, the center, and the places we visit.
- 4. Refrain from running, fighting, and throwing objects while inside the center.
- 5. Refrain from using loud, vulgar, abusive language.
- 6. No put-downs or insults.
- 7. No alcohol or drugs around the center.
- 8. Follow all health and safety protocols.
- 9. The center is a gang free zone. No gang paraphernalia is permitted.
- 10. Work together to make the center a better place.

#### What happens when a rule is broken?

- 1. The first written warning is given by staff. If negative behavior continues:
- 2. A 2<sup>nd</sup> written warning is given by staff. If negative behavior continues:
- 3. The participant receives their 3<sup>rd</sup> warning and is removed from programming for the day, and a phone call is made to the parent/guardian. If the parent/guardian is unavailable, we will try and reach the emergency contact. If we cannot reach an adult a letter will be sent with the child explaining that the child will be suspended for the following day.

Three warnings in one day = a one day suspension. If your child continues to receive three warnings per day on several different occasions a meeting will be set up between the center, the parent/guardian and the child to discuss a plan for the child.

#### Fighting/Physical Altercations

- 1. All participants involved will be suspended for 1 week from the date of the incident. Play fighting will be treated the same as any other physical altercations.
- 2. If there is a 2<sup>nd</sup> occurrence: Participants involved in an altercation will be removed from the program for another week.
- 3. If there is a 3<sup>rd</sup> occurrence, the child will be removed from the program for the remainder of the semester.

# Vera Court Neighborhood Center Participant I understand the Vera Court neighborhood Center rule. I agree to follow the rules. I will accept

| the consequences if I break the rules.  |      |
|---|------|
| Student Signature   | Date |
| Parent or Guardian  My child and I have reviewed the rules. I understand the rules. |      |
| Signature of Parent/Guardian  | Date |

## PICK UP/DISMISSAL INSTRUCTIONS

Please circle whether your child will walk home at the end of after-school (6:00pm Mon-Friday) or will be picked up at the end of after-school each day.

All children MUST be picked up no later than the dismissal times listed in the first page of this form. Staff are not available past this time for supervision of your child.

If parents/guardians are continually late for pick-up your child(ren) will be removed from the after-school program.

| *Walk home*                    | *Picked up* |
|--------------------------------|-------------|
| Adults authorized for pick up: |             |
|                                |             |
|                                |             |
|                                |             |
| Special Instructions           |             |
|                                |             |
|                                |             |
|                                |             |
| Signature of Parent/Guardian   | Date        |

#### Photo/Video/Artwork Release Form

I hereby grant permission to Vera Court Neighborhood Center and any of its partners to use photographs, video, and artwork of my child and created by my child. Vera Court Neighborhood Center and partners will use said material on the internet or in other official printed publications created by, or affiliated with Vera Court Neighborhood Center without further consideration. Therefore, I agree to indemnify and hold harmless from any claims the following: Vera Court Neighborhood Center staff, partners, Board of Directors, and its volunteers. Signature of Parent/Guardian Date Please check the box if you are opting out of the photo/video/artwork release Student Name: **Authorization to Administer Sunscreen and Bug Repellant (optional)** I give my permission to Vera Court Neighborhood Center staff to apply/supply sunscreen to my child during program hours. Signature of Parent/Guardian Date I give my permission to Vera Court Neighborhood Center staff to apply/supply bug spray to my child during program hours. Signature of Parent/Guardian Date

# **Vera Court Neighborhood Center Release** I give my child \_\_\_\_\_, permission to participate in all program activities (including field trips that take place during program hours) with Vera Court Neighborhood Center. In the event that I do not want my child to participate in activities, I understand that I must contact a staff person. I also understand that if my child does not obey Vera Court Neighborhood Center rules, they may be asked not to participate in activities. Furthermore, in the event of an emergency, and I cannot be contacted, I authorize you to call my doctor. If he/she cannot be contacted, I give my consent for my child to receive medical treatment or care. I understand that staff will make every effort to contact me first. Signature of Parent/Guardian Date **Phone Call Policy** Participants are permitted to use the phone at the **beginning of program** and at the **end of** program. Additional phone calls are disruptive to programming and make it difficult for youth and staff to participate and complete tasks. Phone calls made any other time of day will be conducted by staff and only in the case of illness, injury, behavior or other extreme circumstance. Parents/quardians are welcome to leave messages with our administrative staff for their children during program hours. **Cell phone use:** If participants choose to bring their cell phones to programming, they are solely responsible for them. As a center, we expect that participants will exercise respect toward staff and other participants when using their phones and not to use them during activity times and when we are off-site. If cell phones interfere with programming or become distracting, staff will hold onto them for the remainder of the day. Signature of Parent/Guardian Date Student Name: \_\_\_\_