

## 2019-2020 High School Membership Form

<b>School Site (Circle One)</b>
<b>Wallenberg/Washington</b>

Student First Name	Student Last Name	Gender	Grade	Date of Birth	Any Additional Support needed?		
					<input type="checkbox"/> 504	<input type="checkbox"/> IEP	<input type="checkbox"/> Other

<b>Home Address:</b>		<b>City:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>		<b>Cell Phone:</b>
<b>Preferred Home Language(s):</b>			

<b>EMERGENCY CONTACT</b>
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In case of emergency please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone:  
Work/home/cell

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone:  
Work/home/cell

**Medical Information**

Does your child have health coverage?    YES                      NO

\_\_\_\_\_

Name of Medical Insurance

\_\_\_\_\_

Policy/ Insurance #

\_\_\_\_\_

Primary Insured's Name

\_\_\_\_\_

Medical History that may be of importance

\_\_\_\_\_

Medication Student is taking

\_\_\_\_\_

List any Allergies

\_\_\_\_\_

Name of Child's Doctor

\_\_\_\_\_

Telephone

**Photo/Video Release Opt Out Form**

During your child's attendance in the ExCEL After School Program, s/he 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 After School 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 After School program for promotional purposes.

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**The Richmond Neighborhood Center**  
**Agreement for Youth Membership**

The Richmond Neighborhood Center is a community center located at George Washington High School and Raoul Wallenberg High School. By partnering with community organizations, The Neighborhood Center offers a safe, comfortable place for youth and adults to learn skills, develop friendships and participate in building the Richmond District community. Funding for the Richmond Neighborhood Center's High School Programs are provided by the San Francisco Department of Children, Youth and Families, ExCEL and SFUSD.

The Richmond Neighborhood Center requires that parents of youth under the age of 18 understand and accept our policies on the following issues as a pre-requisite for membership. Please read the policies listed and sign your name below to indicate your understanding and acceptance of these policies for high-school youth members.

Because the Richmond Neighborhood Center is a collaboration of numerous community organizations and individuals, we use the term the Richmond Neighborhood Center and/or "the Richmond Neighborhood Center staff" to refer to our collaborators, partners, sponsoring agencies and sub-contractors, as well as consultants and volunteers running programs for the Richmond Neighborhood Center. The Richmond Neighborhood Center operates at several neighborhood locations including George Washington High School, Raoul Wallenberg High School, and the Richmond Neighborhood Center.

**Permission to Evaluate and Track Student Progress** - During your child's attendance in the Richmond Neighborhood Center's After School Program, s/he 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 The Richmond Neighborhood Center 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 student's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

**Permission to Access 504 Plan or Individualized Education Plan (IEP)** - If Applicable:

I authorize the exchange of information for \_\_\_\_\_ (student name) described below between the San Francisco Unified School District and The Richmond Neighborhood Center and its employees.

This authorization applies to the following information: (Check each box 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:** \_\_\_\_\_

**Priority Enrollment** - Since the demand for ExCEL Programs often exceeds the funding capacity, students who are identified by the program as homeless youth or 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 behaviors need.

**Age-Appropriate Activity Policy** - Richmond Neighborhood Programs are structured to encourage youth engagement, access to resources and an equitable experience. Our programming is funded and evaluated by average daily attendance. Our funders have different attendance expectation by age-level. **High School Participants** will focus on activities that align to the A-G Requirements, identity-based social justice discussion and interest-focused drop-in activities including, but not limited to SAT prep, job or volunteer placements, and Teen Center.

**Americans With Disabilities Act (ADA)** - Unlike the school day, which is required to comply with Individualized with Disabilities Education Act (IDEA), the after school 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 student needs additional supports, 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.

**Attendance Policy** - Richmond Neighborhood Programs are structured to encourage youth engagement, access to resources and an equitable experience. Our programming is funded and evaluated by average daily attendance. Our funders have different attendance expectation by age-level. **High School Students** are expected to attend Richmond Neighborhood After School Program on an as-needed basis. After School Programs for high school students are drop-in and students may leave at any time.

**Behavior and Wellness Policy** - Richmond Neighborhood Programs offer programming and supports that are tiered to meet the diverse needs of our youth and families. Our Community Support Services team works to provide or refer supports with case managers, student support leaders, food security resources, and safety & support staff.

**Supports for Students of ALL Ages with Special Needs** - Please contact your Site Program Manager as soon as you sign your student up for programs to discuss supports and strategies to improve your child's experience. If your child has an IEP and requires a Paraprofessional support or low ratio environment during the school day, the after school program also requires a one-on-one support (Student Support Leader) for your child to safely and productively participate in programming. If you haven't already, apply for Golden Gate Resource Center (GGRC) funding to provide a 1:1 staff at no cost to you or your insurance. Richmond Neighborhood will make every effort to recruit and hire a qualified Student Support Leader to work with your child. Richmond Neighborhood is committed to providing the required amount of support your child has been assigned and until the program can do so, your child will not be allowed to attend.

**Program Expectations for ALL Ages** - Students are expected to be respectful, responsible and safe with their peers, program staff, and property. Each site will have a set of posted expectations developed by the school day. Students are expected to meet school expectations and any program specific expectations.

**Behavior Management Practices -Middle & High School Program** -Staff have been trained in "PROMPT," PBIS, Safety Care, and Restorative Practices. Consequences at the 6-12 level: 1) Restorative Conversations, Circles or Reflection Time; 2) Reduction/removal of privileges such as free time; 3) Calling a parent to pick up child from the program immediately or dismissing the child to leave for home (same-day suspension); 4) **Repeated misbehaviors or extreme/dangerous behaviors** will lead to mandatory parent meetings, referrals to supportive services and/or RARELY suspension or expulsion from the program. Staff will document disruptive, dangerous or repetitive behavior with an incident report. A copy will be given to Richmond Neighborhood Administration, School Administration, and School Counselor/SSW. Richmond Neighborhood offers optional case management, small social skills group, and referrals to wellness providers. Parents will receive a separate consent form for their child to participate in any of the above services.

**Small Group Supports & Case Management** - Richmond Neighborhood offers optional case management, small social skills group, and referrals to wellness providers. High School students may sign up for confidential wellness services.

**Grievance Policy** - If you have a grievance or concern with any of Richmond Neighborhood staff please contact the coordinator of the program in which your child is involved. If you are unable to resolve the matter, contact the Program Director at 415-751-6600. If you are still unsatisfied and feel the problem to be of a serious nature, please fill out a written complaint and mail it to The Richmond Neighborhood Center, 741 30th Avenue, San Francisco, CA 94121.

**Permission for Medical Treatment** - In the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff and Richmond Neighborhood staff may take appropriate action in the best interest of your child. By signing, you authorize The Richmond Neighborhood Center to arrange for emergency care and/or transportation in case of accident or acute illness of your child. In the event it is impossible to receive instruction from the parent/guardian, consent is given to any licensed physician and/or surgeon called or to whom your child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as he/she thinks the existing emergency requires for pain relief and/or preservation of your child's life, and/or health and well-being. This authorization and consent for treatment is given to The Richmond Neighborhood Center in conjunction with any authorized event.

**General Release of Liability** - In consideration for being allowed membership privileges in any program provided by The Richmond Neighborhood Center, the undersigned agrees to hold harmless The Richmond Neighborhood Center, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from any injury or death, accident or otherwise, during or arising in any way from said activity.

**Parent/Guardian Name (Print):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Youth Member Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_