

Y.E.S! After School 2016-2017

Young Exceptional Students Program

**CHUCK ROBERTS ACTIVITY CENTER
100 16TH STREET, PHENIX CITY, AL 36867**

AFFORDABLE AFTER-SCHOOL PROGRAM FOR YOUR CHILDREN!



Homework Assistance, Reading, Math, Enrichment Activities & Gym Time!

\$10 Monthly per Child for Housing Authority Residents

Grades Kindergarten through 5th (Ages 5-12)

Monday – Friday from 3:00 am – 6:00pm

School Buses drop-off in front of the Chuck Roberts Center!

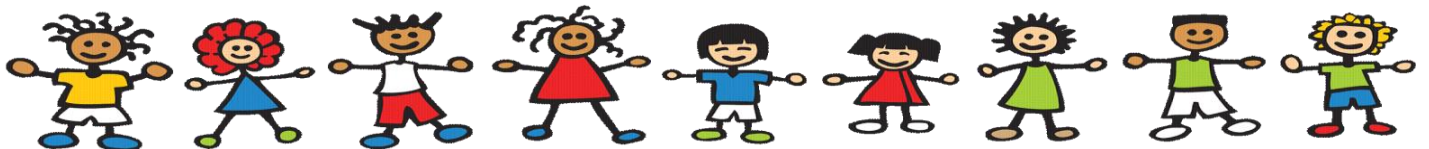
Snacks will be provided!

Lora Willingham, Program Coordinator 205-652-3214

Tiffany English, Teacher Leader 334-614-2853

Haley Ramey, Resident Services Supervisor 334-664-9991 ext 207

Mary Mayrose, Executive Director





Y.E.S! After School Program 2016-2017

REGISTRATION FOR PCHA FAMILIES ONLY

Y.E.S! After School Program: August 08, 2016- May 2017

Hours: 3:00 PM – 6:00 PM Monday- Friday*

**Based upon Phenix City Public Schools Operation Days*

All students must be picked up by 6:00 PM, no allowances to this rule

Location: Chuck Roberts Activity Center

100 16th St, Phenix City, AL 36867

Cost: \$10.00 per Month for Each Child (PCHA Families ONLY)

Kindergarten through 5th grade (Ages 5-12)

Limit: We will only accept a limited number of children. First come, first served.

Snacks will be provided

Focus skills: Homework Assistance, Reading and Math

Registration Preferred Deadline: August 4th, 2016*

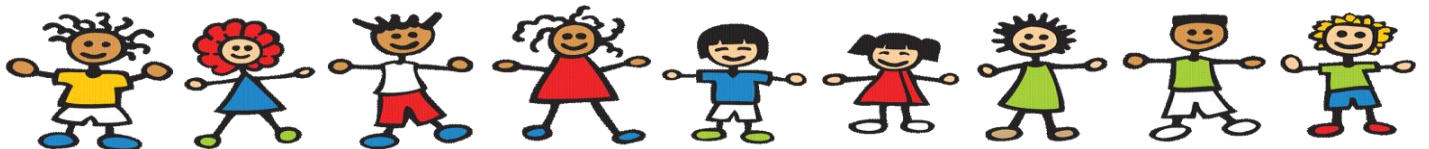
**Always accepting new applications if space allows*

Parent Orientation: August 4th, 2016

Please complete registration form and turn it in to your Development Manager with the 1st Month's Tuition.

If you have any questions, please call:

Tiffany English 334-614-2853 or Haley Ramey 334-664-9991 ext 207





REGISTRATION FOR PCHA FAMILIES ONLY
YES! AFTER SCHOOL AND SUMMER PROGRAM
PHENIX CITY HOUSING AUTHORITY
CHUCK ROBERTS ACTIVITY CENTER

1600 2nd Avenue
Phenix City, AL 36867

2016-2017 School Year Program

Child's Last Name: _____ First Name: _____

D.O.B. ____/____/____ Grade Level for 2016-2017 School Year: _____

Parent(s)/Legal Guardian's Name: _____

Check if you are a resident of Public Housing: _____ or Section 8: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Secondary number: _____

Email Address: _____

Parent/Guardian's Place of Employment: _____

Work Phone Number: _____

Additional Information (i.e. grandparents' phone number, emergency contact, etc.):

Persons authorized to pick up your child (must provide proper identification):

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

4. Name: _____ Phone: _____

Relationship: _____

FINANCE DEPARTMENT ONLY		
Date	Receipt Number	MO or Check #

Universal Permission:

_____ I, the undersigned parent/legal guardian of _____, a minor child, do hereby authorize and consent to the above-named child attending any and all practices, competitions, and sponsored activities of the Phenix City Housing Authority's YES! Afterschool and Summer Program, to include, but not be limited to, consenting to my above-named child riding in transportation provided by the Phenix City Housing Authority and driven by the Phenix City Housing Authority's staff members.

_____ If applies, I hereby authorize and consent to above-named child to be transported to afterschool program at Chuck Robert's Activity Center provided by Phenix City Housing Authority transportation and staff.

Emergency Medical Authorization:

_____ I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff of any acute general hospital holding a current license to operate a hospital or clinic. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care that the aforementioned physician in the exercise of best judgement may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that nay of the above treatment will not be withheld if the undersigned cannot be reached.

List restrictions: _____

_____ I hereby authorize and consent to the examination and/or treatment of minor illness or injury that might occur while at the summer or afterschool program by the Chuck Roberts Activity Center Director or Staff.

_____ I hereby authorize and consent to the following over-the-counter (OTC) medication being dispensed to my child by the Chuck Roberts Activity Center Director and Staff: () Tylenol; () Advil; () OTC antacids (i.e. Tums, Rolaids); () Dramamine; () Benadryl

Other: _____

_____ I hereby authorize and consent the Chuck Roberts Activity Center Director and Staff dispensing the following prescription medication(s) to my minor child: _____

I will give the prescription medication(s) to a Chuck Roberts Activity Director or staff member in the original bottle with the pharmacy label properly affixed. Dispensing of all medication by Chuck Roberts Activity Center Director or Staff, whether OTC or prescription, will be done in a confidential manner.

Allergies to drugs: _____

Allergies to foods: _____

Any specific medications or pertinent information:

Parent/Legal Guardian Signature

Date