North Missouri
Center for Youth & Families
CENTERED ON STRENGTH, FOCUESED ON THE FUTURE

PowerUP! Afterschool Program

NMCYF's PowerUP! afterschool program is provided for children ages K-5th grades who attend Chillicothe R-II or Bishop Hogan School. The program will operate Monday-Friday from 3:00 pm-6:00 pm. Students will be bussed to NMCYF from their school, except for Bishop Hogan School. PowerUP! offers a variety of activities and resources designed to enhance and complement daily classroom learning. Tutoring help is available, as well as a variety of other hands-on activities such as gardening, cooking, physical fitness, STEM activities and more. It is our ultimate goal to provide a safe and positive environment for students every day during after school hours. We are a 21st Century Community Learning Centers program, which is where students meet state and local student standards in core academic subjects such as reading and math. It also offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children.

- Learning Center staffed by certified teachers
- Tutoring available
- Chromebooks/iPads for student use
- Snacks and meals provided
- Friendly and qualified staff and volunteers
- Friendly and qualified staff and volunteers

Student's grade for current school year: _____

POWERUP! AFTERSCHOOL RELEASE OF RESPONSIBILITY

STUDENT TRANSPORTATION INFORMATION

I authorize NMCYF and PowerUP! staff to escort my children to and from local field trips (such as the Calvary Baptist Church gymnasium, Chilli Bay, Cultural Corner, the Bowling Alley, the city parks, etc.) which align with the aspects of programming. I do not hold NMCYF, PowerUP! after-school program, its staff or volunteer, and board of directors liable for any accidents that may occur during the duration of the trip.

☐ Yes, I authorize PowerUP! to transport my child.

☐ No, I do not authorize PowerUP! to transport my child.

Media/Photo Release

☐ I give permission for my child to be photographed or videotaped as part of his/her involvement in the NMCYF PowerUP! afterschool program. I also give permission for his/he photo and/or image to be used in publications and/or promotional material associated with th afterschool program.

☐ I do NOT give permission for my child to be photographed or videotaped as part of his/her involvement in the NMCYF PowerUP! afterschool program. I also NOT give permission for his/her photo and/or image to be used in publications and/or promotional material associated with the afterschool program.

PARENT RESPONSIBILITY CONTRACT	
Parent/Guardian Initials	
	I, the undersigned, certify that my child, _____, has my permission to take part in the program conducted by NMCYF. In consideration of the acceptance and enrollment of my child in the program, I do hereby expressly waive any claim for injuries sustained by said child participating in the program.
	I understand that this is a well-child program. I will not send my child to the program if they are ill. **My child is not eligible to attend the program if they did not attend school that day.**
	I understand that the PowerUP! afterschool program promotes health lifestyles. I will not send my child to the program with clothing or gear reflecting inappropriate messages regarding smoking, drinking, sexuality, etc.
	I understand that this program follows the Chillicothe R II School District calendar.
	I will take all steps necessary to ensure that any/all individuals authorized to pick up my child will be drug/alcohol free and will conduct themselves in a courteous/respectful manner when they arrive on site.
	I realize that picking up my child by 6:00 pm is an important responsibility on my part and that failing to do so will result in the following procedures: -The first and second time this occurs, I will be informed that failing to pick up my child on time may result in my child's loss of program services. -The third time this occurs, I will receive written notification that my child will no longer be able to participate in the program.
I, the undersigned, have read, understand, and accept the conditions by which I must abide and which are contained in the Parental Responsibility Contract. Failure to comply may result in loss of program privileges.	
Signature of Parent/Guardian:	**Date:**

Sunscreen Permission Slip

I give permission for my child's teacher or other designated staff member to assist my child with his/her application of sunscreen to exposed skin, including but not limited to, the face, tops of ears, neck, shoulders, arms, legs, and feet.

Sunscreen will not be applied to any broken or irritated skin. I will be notified if my child develops a skin reaction. It is my responsibility to provide sunscreen. However, in the event that my child does not have sunscreen with them, PowerUP! may apply sunscreen to my child.

Additional instructions: (check the option that applies to your child)

☐ My child may use the sunscreen provided by PowerUP! in the event that his/her own sunscreen is not available.

☐ My child may NOT use any sunscreen other than the one that he/she brings to PowerUP! (Sunscreen name: _____ SPF: _____)
Sunscreen bottle must be labeled with child's first and last name in permanent ink.

Date: _____

Name of Student: _____

Parent/Guardian Signature: _____

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS ☐	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS ☐	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services.

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)

CACFP REQUIREMENT

RELATED CHILD

☐ Yes ☐ No	CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race? (Select one or more.)	☐ American Indian or Alaskan native	☐ Asian	☐ Black or African American	☐ Native Hawaiian or other Pacific Islander	☐ White

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

Will child attend: ☐ Full time ☐ Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Tuesday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Wednesday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Thursday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Friday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Saturday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Sunday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack ☐ None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

☐ New Year's Day	☐ Easter	☐ Labor Day
☐ Martin Luther King, Jr.'s Birthday	☐ Truman Day	☐ Columbus Day
☐ Lincoln's Birthday	☐ Memorial Day	☐ Veterans Day
☐ Washington's Birthday	☐ Juneteenth	☐ Thanksgiving Day
	☐ Independence Day	☐ Christmas Day

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____

(CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER

ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I ☐ do ☐ do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I ☐ do ☐ do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE

CACFP REQUIREMENT

FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW Washington,
   D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

SCHOOL-AGE CHILD HEALTH REPORT

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.

☐ My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov..

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY.

Parent/Guardian Authorization, Waiver, and Consent form for Over-The-Counter Medications

Over-the-Counter (OTC) Medications may at times need to be administered, if approval is indicated by the parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications.

Unless we have parental/guardian/or physician authorization, we cannot administer ANY of OTC medications without first calling and getting permission.

I hereby authorize that the following medications may be given to (Student Name) _____ if the need arises during PowerUP!

NMCYF may dispense only those checked.

Tylenol/Acetaminophen as directed. ☐
Advil/Ibuprofen as directed. ☐
Benadryl/Diphenhydramine for nasal congestion or allergy relief as per instructions. ☐

Throat lozenges for sore throat. ☐

Pepto Bismol or Mylanta for upset stomach or nausea as directed. ☐

Lip ointment for dry, chapped lips ☐
Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites. ☐

Triple antibiotic cream ☐

Other (list any other approved over-the-counter drugs, dosage and reason for giving)

_____

Staff reserves the right to use generic equivalents when available for brand over-the-counter medications listed above. Any condition that is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with parents/guardians. A parent/guardian will be contacted if any conditions develop requiring any of the over-the-counter medications not checked, or if a student needs medical treatment.

I authorize the administration of the over-the-counter medications to my student as indicated above. I shall indemnify and hold harmless the NMCYF staff against any claims that may arise relating to my student being administered the above indicated over-the-counter medications by the staff. I/We have legal authority to consent to medical treatment for the student listed above, including the administration of over-the-counter medication while at NMCYF.

Parent/Guardian Signature: _____ Date:_____

North Missouri Center for Youth and Families

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: Chillicothe R-II School District

Please provide information from the educational records of _____

[Name of Student requesting the release of educational records] to:

North Missouri Center for Youth and Families Staff
After School Care Provider

The only type of information that is to be released under this consent is:

☐ transcript/grades

☐ special education records

☐ all records

☐ other (specify) _____

The information is to be released for the following purpose:

☐ family communications about after school programming

☐ educational programming in compliance with grant funding

☐ other (specify)_____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this request. I understand I may revoke this Consent upon providing written notice to North Missouri Center for Youth and Families. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to North Missouri Center for Youth and Families for the specific purpose described above.

Name of Parent or Guardian (print)_____

Signature_____ Date _____

Chillicothe R-II School District
Acceptable Use Policy

The Chillicothe R-II School District's acceptable use policy covers all information technology resources including e- mails, Internet access, network access, and all use of technology devices and peripherals. CR-II Technology resources are provided for educational purposes only. Adherence to the acceptable use policy is mandatory for access to the Chillicothe R-2 School District's information technology resources.

Students and Staff Members shall:

- **Respect and protect the privacy of others by:**
  - Using only assigned accounts and not viewing, using, or coping passwords, data, or networks to which they are not authorized.
  - Not distributing, copying, or publishing private information about others or themselves (including photos or videos) without teacher or administrator permission
- **Respect and protect the integrity, availability, and security of all electronic resources by:**
  - Observing all network security practices, as posted.
  - Reporting security risks or violations immediately to appropriate personnel.
  - Not knowingly destroying or damaging data, networks, or other resources that do not belong to them, without written permission of the owner (This is not limited to Chillicothe R-II School District resources).
  - Not knowingly initiate or cause network traffic that inhibits/restricts the availability of technology resources to other users. (Including but not limited to internet radio, video/audio streaming, downloads, uploads)
- **Respect and protect the intellectual property of others by:**
  - Not infringing upon copyrights by intentionally accessing, transmitting, copying, or creating material that is unauthorized (This includes but is not limited to games, movies, music, and software.)
  - Not plagiarizing.
  - Not modifying, copying, or deleting files of other users without their consent.
- **Respect and practice the principles of community by:**
  - Communicating only in ways that are kind and respectful.
  - Reporting threatening or discomforting materials.
  - Not intentionally accessing, transmitting, copying, or creating material that violates the school's code of conduct (such as messages or images that are pornographic, threatening, rude, discriminatory, or meant to harass).
  - Not using the resources to further other acts that are criminal or violate the school's code of conduct.
  - Not sending spam, chain letters, or other mass unsolicited mailings.
  - Not buying, selling, advertising, or otherwise conducting business.
- **Students, if in accordance with the acceptable use policy may:**
  - Design and post web pages and other material from school resources.
  - Use district technology resources to maximize learning.
  - May bring their own device, as long as, they adhere to the District's BYOT guidelines.

While the District will take reasonable steps to restrict access to such material (including the use of an Internet content filter), it is impossible to guarantee that such access cannot or will not be gained. It is the student's responsibility to follow the guidelines for appropriate use and standards for conduct. The District shall not be liable for users' inappropriate use of the District's technology, resources, violations of copyright restrictions or other laws, users' mistakes or negligence, and costs incurred by users.
The District shall not be responsible for ensuring the availability of the District's technology resources or the accuracy, age appropriateness, or usability of any information found on the Internet.

Violation of these rules may result in disciplinary action, including but not limited to the loss of privileges with the use of Chillicothe R-2 School District's information technology resources.

Supervision and Monitoring: Chillicothe R-2 School District Administrators, the Network Systems Administrator and any authorized employees do monitor the use of the Chillicothe R-2 School District's technology resources. This is to help maintain system integrity and ensure that all users are acting responsibly. The Chillicothe R-2 School District reserves the right to examine, use, and disclose any data found within the Chillicothe R-2 School District's information networks. This data may be used as information in disciplinary actions. Upon the request of law enforcement agencies this data will be made available.

Parents, if you feel you do NOT want your child to have Internet access, you will be responsible for informing the Superintendent's Office, 2807 Hornet Road, in writing, before the end of the second week of school.

Parent(s)/Guardian(s) please discuss these rules with the student to ensure that he/she understands them. You may request a copy of this document to keep and it will also be available at: www.chillicotheschools.org/forms.shtml