



WELCOME TO VELOCITY AFTERSCHOOL

Our program is a part of OneSource Learning & Development Center, a federally recognized nonprofit that was created to specifically build individuals and prepare them for life by strengthening communities through youth development, healthy living and social responsibility. We endeavor to provide an after-school experience that models the best practices in keeping kids safe and delivering impactful activities in a fun atmosphere.

Velocity provides quality educational programming in public schools and community-based settings for Pre-K – 12th grades through appealing graphic and performing arts experiences. Velocity features Science, Technology, Robotics, Engineering, Arts and Mathematics (STREAM) and visual and performing arts. It also includes activities which reinforce students' mathematics and science proficiencies, encourage healthy lifestyles through physical fitness and healthier nutrition choices, and enhance the growth of each students' social interactions and attitudes about school.

We look forward working with your son/daughter, teachers, school and community.

Sincerely,

VelocityTeam

Parental Agreements with Child Care Facility

The _____
(Name of Facility)
agrees to provide child care for _____
(Name of Child)
on _____ beginning at _____ AM/PM
(Days of Week)
and ending at _____ PM from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast Morning Snack Lunch Afternoon Snack
 Evening Snack Dinner Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes:

- Date
- Name of Child
- Name of Medication
- Prescription Number (if any)
- Dosages
- Date and Time of Day

The information above must be provided to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

_____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian Date

SIGNED: _____
Facility Administrator / Authorized Person Date



Please complete each page and sign return to your local Velocity site along with your child's current immunization record for ALL children a minimum of 5 days prior to start date.

Please answer all questions. Do not leave any sections blank. If nothing applies, answer No or NONE.

CHILD'S PERSONAL HISTORY

School: _____ Start Date: _____ Withdrawal Date: _____

Child's Name _____ Called: _____ Ethnicity: _____

Date of Birth: _____ Sex: M F Grade: __

Additional Information:

Does your child received the following: Free Reduced Pay Full Price

How many family members, including yourself, have lived in your household in the last six months? _____

What is the total yearly income for all members of your household? \$ _____

LEGAL GUARDIAN

Child's Legal Guardian(s):

Does the child live with: Both Parents Guardian 1 Guardian 2 Other _____

Is there any legal/custody issues we should be made aware of? Yes No

If yes, please provide details:

Parent/Guardian 1: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____ Phone: _____

Parent/Guardian 2: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____ Phone: _____

***Have you (or someone in your household) received any of the following in the last six months?**

- Yes No TANF (Temporary Assistance for Needy Families)
- Yes No Have you received TANF for more than 2 years in total?
- Yes No SNAP (Supplemental Nutrition Assistance Program) "Food Stamps"
- Yes No SSI (Supplemental Security Income)
- Yes No State or Local income-based public assistance

Are you currently experiencing any of the following: Homeless Unemployment Need GED

Would you like our staff to provide resources to you? Yes No Contact Number: _____

ADDITIONAL CONTACTS: List additional contacts for the child(ren) & use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. If no adults are listed below, & no boxes are checked, **ONLY THE PARENT(S)/GUARDIANS** listed on page one WILL be able to pick the student(s).

LAST NAME	FIRST NAME	CELL PHONE	EMAIL ADDRESS	RELATIONSHIP	PICK UP?	EMERGENCY CONTACT
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N

[] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick-up students per legal restrictions.

LAST NAME	FIRST NAME	RELATIONSHIP

Parent/Guardian Permission		*PLEASE READ CAREFULLY*
ACCEPT	DECLINE	
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for the participant(s) listed to take part in ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP activities, which may include off-site events, academic assistance, & recreational programs.
<input type="checkbox"/>	<input type="checkbox"/>	If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant & will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand I will be responsible for any transportation charges & medical expenses incurred.
<input type="checkbox"/>	<input type="checkbox"/>	I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP staff.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby give my consent to the ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP Program to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP Program.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP Program to be used for education & public relations purposes.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the information to be posted may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.
<input type="checkbox"/>	<input type="checkbox"/>	I further give my consent to the School District & the ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP Program share the participant's student records with each other for purposes of providing educational support & assistance.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP Program will use participant records to evaluate individual progress & improvement, as well as to evaluate the impact of the program on student achievement & to obtain continued funding for the program.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the ONESOURCE LEARNING & DEVELOPMENT CENTER DAY CAMP Program will maintain a low teacher/student ratio & that it is possible that not all students will be enrolled immediately. I understand that student's information may be placed on a waiting list.
<input type="checkbox"/>	<input type="checkbox"/>	I/We understand that students will receive acceptance letters via US mail.
<input type="checkbox"/>	<input type="checkbox"/>	I agree to provide copies of all report card grades and current year Georgia Milestone scores.
<input type="checkbox"/>	<input type="checkbox"/>	I agree to follow mandated requirements set forth by the program.
<input type="checkbox"/>	<input type="checkbox"/>	I consent to allowing OL&DC to provide transportation to field trips, community service projects, enrichments, and home (if applicable) for my child as a participant in the program.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby certify that I have read & do understand the above information

PARENT PICK-UP AUTHORIZATION

**We want to ensure your child's safe and enjoyable experience in our after-school program.
Please help us by agreeing to the following procedures:**

- I will sign out my child as I come to pick him/her up.
- I will personally escort my child from the program area.
- I will supply in writing the required information of those who are authorized to pick up my child.
- I understand that any changes to pick up list must be made in writing, and I also understand that the receipt of any changes must be confirmed by OneSource Learning & Development Center/Velocity staff in writing.
- The adults listed below are AUTHORIZED to pick my child, **including myself and any other authorized persons.**
- I understand that adults authorized to pick up my child must present a valid photo ID (preferably a state driver's license or other form of government-issued identification).
- I understand that if the name and address listed on the ID card does not EXACTLY MATCH that of the person picking up my child, my child may not be released.
- I understand that staff will ONLY release a child to authorized adults listed below or listed as emergency contacts.
- I understand that authorized adults must be 18 or older.
- Please list parent/guardians on lines 1 & 2 of pick-up authorization list. Update us immediately when any changes are required.

AUTHORIZED PICKUPS FOR:

1. Name: _____
Phone: _____ Email: _____
Address: _____ Relationship to Child: _____

2. Name: _____
Phone: _____ Email: _____
Address: _____ Relationship to Child: _____

Please list below any people who may not pick up your child without additional written permission.
(Copies of any court order to support this should be kept with this form.)

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES

By signing below, I acknowledge that I have read the above information, and understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants & parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY INFORMATION, WAIVER AND MEDICAL AUTHORIZATION

Parent/Guardian Name: _____ Date _____

Child's Information: Complete one form for each child.

First Name: _____ Last Name: _____ Age: _____

Birth Date: _____ Male Female Are immunizations current? Yes No

Yes No Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past 5 years?

Yes No Does he/she have any disability, special needs, chronic or recurring illness or conditions?

Yes No Does he/she have any conditions requiring medical, treatment or special considerations while in program?

Yes No Does your child have any needs that require special support services during the School day?

Yes No Are there any activities from which your child should be exempted for health reasons?

If you answered YES to any of the questions above, please give details: _____

Current Medications (prescribed and over the counter)		
Medication Name	Dose and frequency/day	Times Administered

Name current medications (prescribed or over the counter) and give instructions: _____

List allergies and diet restrictions: _____

Health Insurance Information:

Physician's Name: _____ at (hospital/clinic/office): _____

Phone Number: _____ Medical Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Emergency Contact:

Parent/Guardian to be contacted first: _____ Phone: _____

If the initial emergency contact cannot be reached, please include one relative and one available neighbor to be contacted:

2nd Name: _____ Relationship: _____ Phone: _____

3rd Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: Please confirm the accuracy of the above information by signing below.

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Authorization:

I certify that, in advance of participation in OneSource Learning & Development Center, Inc./ Velocity programs, I have received all information which I deem necessary or important in making an informed choice regarding my child's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration for the OneSource Learning & Development Center, Inc./ Velocity Program, allowing my child to participate, I voluntarily agree to assume all risks of his/her participation in such activity or program.

IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN OL&DC PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the OneSource Learning & Development Center, Inc./Velocity Program its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the OneSource Learning & Development Center, Inc./Velocity Programs facilities and equipment and my participation in OneSource Learning & Development Center, Inc./ Velocity Programs, including claims arising out of negligence of the OneSource Learning & Development Center, Inc./ Velocity and its employees and volunteers. The use of all OneSource Learning & Development Center, Inc./ Velocity facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia. The health information about my child that I have provided to the OneSource Learning & Development Center, Inc./ Velocity (including my child's immunization records) is complete and correct to the best of my knowledge. My child has permission to engage in all prescribed activities except as noted in his/her registration materials.

Authorization of Treatment: I grant permission to the medical personnel selected by the director to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for my child. The forms may be photocopied for field trips. I acknowledge that any medical treatment is my financial responsibility and not that of OneSource Learning & Development Center, Inc./ Velocity Programs, or any of its agents, volunteers or employees.

Hospital Consent: Hospital has permission to treat my child (name of hospital):

Acknowledgement of Policies & Guidelines

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ Date: _____

YOUTH PROGRAM PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury, illness, or property damage however caused arising out of the named minor's participation in any OneSource Learning & Development Center/Velocity programs, now or any time in the future.

- Acknowledgement of Risk.** I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge, and agree that participation in youth program activities conducted or sponsored by the OneSource Learning & Development Center, Inc., and its subsidiaries and affiliates, and its past or present officers, directors, managers, employees, supervisors, agents, or representatives and assigns (collectively known as the "OL&DC") comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Velocity program and childcare activities (collectively, "Velocity Program") participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Velocity Program participation and that said list in no way limits the operation of this Agreement.
- Coronavirus / COVID-19 Warning & Disclaimer.** Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in OL&DC Velocity Program activities or accessing OL&DC facilities could increase the risk of contracting COVID-19. The OL&DC in no way warrants that COVID-19 infection will not occur through participation in OL&DC Velocity Program activities or accessing OL&DC facilities.
- Consent to Medical Treatment.** By signing this form, I hereby give permission to OL&DC staff to administer over-the-counter medications and physician-ordered medication to my child named below in cases deemed necessary, and in the event I cannot be reached in an emergency, I hereby give permission to the OL&DC to hospitalize, or secure proper treatment for, my child. I hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue the OL&DC from any and all liability or claim whatsoever which arises or may hereafter arise, directly or indirectly, on account of any first aid, treatment, or medical service rendered in connection with the Velocity Program activities participated in by my minor child with the OL&DC, and I assume all risk associated therewith. I also understand that the OL&DC does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to me or to my minor child (if applicable), including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.
- Consent to Transport.** I give permission for my child/ward to participate on supervised field trips away from the site and to be transported on an OL&DC owned, leased or hired vehicle.
- Waiver, Release, Indemnification & Covenant Not to Sue.** In consideration of the participation of (child name) _____, (DOB) _____, in OL&DC Velocity Program activities, I, _____ the parent/ guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the OL&DC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, together with the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the OL&DC on account of personal injury, property damage, illness, death or accident of any kind, arising out of or in any way related to the use of the OL&DC facilities/equipment, participation in OL&DC Velocity Program activities or other activities whether that participation is supervised or unsupervised, however the injury, illness, or damage occurs. In consideration of the named minor's participation in OL&DC / Velocity Program activities, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Youth Program participation.
- Other.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and all other applicable laws, rules, and regulations wherever found, and that this Agreement shall be governed by and interpreted in accordance with the internal laws of the State of Georgia. I agree that jurisdiction and venue for any actions with respect to this Agreement shall only be had in a tribunal of competent jurisdiction in Gwinnett County, Georgia. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be fully enforceable.

7. Policy on Photography. I authorize and grant permission for the use and reproduction of any and all photographs or video footage of myself or my dependents for any lawful purpose including OL&DC promotional purposes without compensation.

I further certify that my date of birth is (_____/_____/_____), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES: By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines, and procedures in order for the program to be a successful experience for all.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

RELEASE, AUTHORIZATION, INFORMED CONSENT & WAIVER AGREEMENT FOR MEMBERS, GUESTS AND PROGRAM PARTICIPANTS

(This agreement supersedes all prior oral or written agreements. Updated December 2021)

OUR COMMITMENT TO YOU

The OneSource Learning & Development Center (OL&DC)/Velocity endeavors to provide a safe environment and programs for you, your family and guests. The OL&DC provides exciting, life enhancing programs that involve exercise, travel, learning, and sports. These programs have a certain amount of risk associated with them. This form is to make you aware of those risks and to ask that you assume certain responsibilities for your decisions and actions and those of any minors in your custody or care (hereafter "my dependents").

FOR YOUR HEALTH

- I and my dependents understand we are engaging voluntarily in OL&DC exercise, physical activity and/or program related activities and field trips.
- It is my responsibility to monitor my own condition and those of my dependents throughout any activity or program and, should any unusual symptoms occur, I and my dependents will cease participation and inform the instructor and/or staff of the symptoms.
- In the event that a medical clearance must be obtained prior to participation in a physical activity program, I and my dependents agree to consult a physician and obtain written permission from the physician prior to the commencement of any program.
- I and my dependents agree to assume the natural risks associated with exercise and physical activity.
- I give permission to any OL&DC/Velocity staff person to administer first aid in the event of an emergency and to secure 911 response units for any medical or surgical treatment needed for me and my dependents. I understand that staff will try to phone the emergency contacts, in my OL&DC/Velocity household record but is not required to do so before action is taken. I understand and accept that primary accident insurance and any medical expenses incurred will be my responsibility.
- I and my dependents understand that, despite any safety precautions being taken by OL&DC, by participating in the programs there is a risk of potential exposure to COVID-19 or any other harmful virus or bacteria, which may result in illness or death. I hereby release, forever discharges, indemnify and holds harmless OL&DC and its directors, officers, employees, volunteers, successors and assigns from any and all liability, claim, costs or expense related to such risk.

FOR YOUR SECURITY

- I and my dependents understand the OL&DC/Velocity premises, especially parking lots may be provided for a client's convenience while participating in programs or using on-site facilities. The OL&DC/Velocity is not responsible for vandalism, break-ins or thefts of personal property. I understand the OL&DC recommends that valuables should not be brought to program activities or onto any premises.
- I agree to report any suspicious activity immediately to the OL&DC/Velocity Afterschool. I understand it is my responsibility to request, read, and after enrollment abide by the refund, cancellation and fee payment policies connected to program involvement.

REGARDING YOUR CONDUCT

- I and my dependents will not bring weapons, controlled substances or alcohol on OL&DC/Velocity premises.
- I understand that any form of solicitation is prohibited and the use of violence, noise, force, coercion, sexual misconduct, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing OL&DC clients the ability to enjoy their program activities, or OL&DC staff's and/or volunteer's ability to conduct class or their job duties, is not acceptable behavior, is in conflict with OL&DC values, and may result in my or my dependent's program withdrawal or termination from the program. I am aware that the OL&DC reserves the right, within its sole discretion, to withdraw program involvement and membership privileges to anyone for any reason that the OL&DC, in its sole discretion, considers appropriate or in the interests of the OL&DC and/or its patrons.

YOUR CONSENT AND RELEASE

IN EXCHANGE FOR ALLOWING ME TO PARTICIPATE IN OL&DC PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD

- HARMLESS the OL&DC, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the OL&DC's facilities and equipment and my participation in OL&DC programs, including claims arising out of negligence of the OL&DC and its employees and volunteers. The use of all OL&DC facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of all photographs or video footage of myself or my dependents for OL&DC

promotional purposes without compensation, and I understand that it is the personal responsibility of students and their parent(s) to avoid being photographed if they so desire.

- I agree that my dependents may be transported on supervised field trips in transportation provided by OL&DC. I release, forever discharge, indemnify and hold harmless OL&DC from any and all liability, loss, costs or expenses sustained or incurred because (a) my dependents were injured, died or sustained property loss or damage while being transported b OL&DC or (b) because my dpenedents injured another person or damaged the property of another person while being transported by OL&DC.
- By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in OL&DC programs and activities.

Signature	Name (Please Print)	Date
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Spouse	Date
--------	------

Name(s) of Child/Children

Parent/Guardian	Date
-----------------	------

Emergency Contact/Relationship	Home Phone #	Cell Phone #
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Vehicle Emergency Medical Information

Child's Name: _____ Date of Birth: _____

Address: _____

PARENTS/GUARDIANS

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

List (1) alternate person if parents cannot be reached in case of an emergency:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

List Child's Allergies: _____

Current prescribed medication(s): _____

Special medical needs or conditions: _____

In the event of a medical emergency while transporting my child, I delegate to OneSource Learning & Development Center, Inc. (Velocity Program) the authorization to have my child treated by emergency medical staff if an immediate decision is needed and I cannot be reached. I hereby authorize any needed emergency medical care. I further understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____ Date: _____

Director Signature _____ Date: _____

PAYMENT & PROGRAM POLICIES AGREEMENT

Care. I understand the OL&DC/Velocity agrees to provide child care services Mon - Fri from school dismissal until the end of program. This care includes a nutritious snack. Students are not to bring food to the program, and I need to tell the Program Director if my child has dietary restrictions. NOTICE TO PARENTS AND GUARDIANS: THIS FACILITY DOES NOT CARRY LIABILITY INSURANCE COVERAGE SUFFICIENT TO PROTECT YOUR CHILDREN IN THE EVENT OF AN INJURY, ETC.

Original Signatures. I understand that I can scan & email or fax registration forms to enroll my child in OL&DC Velocity, but I also understand that original signatures will need to be added to any faxed documents to meet requirements by the Childcare Licensing Division of Bright from the Start.

Fees. I understand that OL&DC Velocity is a Fee program and all fees are due to Friday before the week of services.

Cancellation. I understand that the afterschool program requires a *TWO-WEEK WRITTEN* notice of withdrawal of a participant to be given to the OL&DC office, not counselors. Until such notice is received by the Velocity Program Director. I agree to contact the Velocity for details regarding cancellation if I wish to cancel enrollment.

Late Fees. I understand that the sites located at the schools and the sites located at the OL&DC have prompt closing times. If my child is left after closing time, OL&DC staff will attempt to contact parents first and then will proceed to the listed emergency contacts. A late fee will be assessed at \$1.00 per minute after the 15-minute grace period, and I must refer to the parent handbook for how the exact charges are calculated and payment method. The OL&DC is required by law to notify the Department of Family and Child Services if any child is not picked up one hour after site closing time.

Immunizations. I understand that a current health department immunization record #3231 is required with enrollment papers.

Sick Children. To maintain a safe and healthy environment for all children, I understand that children that are ill which includes but is not limited to oral temperatures of 101 degrees or higher, any contagious symptoms such as rashes, sore throat, congestion, vomiting, etc. should not attend after school. If my child has been exposed to or contracted any serious communicable or infectious disease, he or she may not return until accompanied by a note from the child's physician. I understand the OL&DC will keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases and will post when a communicable disease has been introduced into the program. Arrangements must be made for immediate pick-up if I am notified that my child is ill. The OL&DC will prorate fees when this occurs, but I must contact the Program Director for approval.

Updates. I agree to keep the office and counselors informed of any changes in information and update on any significant changes at home that might affect my child.

Medication. If medication needs to be distributed, I agree to contact the Program Director, so arrangements can be made.

Weather-Related School Closings. I understand that after school will be cancelled if my child's school closes due to inclement weather or any emergency. In the event of an unplanned early release by the OL&DC or my child's school, I must follow the communications procedures as outlined in the Parent Handbook. All children must have an alternate pick up or care at time of dismissal. The OL&DC will only release children to adults authorized on the pick-up list. Adults listed must be 18 years or older. In the event of weather-related school closings, the weekly fee will be prorated to half price ONLY if schools are closed for 3 or more days.

Parent Handbook. I understand the OL&DC will make every effort to distribute parent handbooks to all parents, but it is my responsibility to ensure I obtain one and read the Parent Handbook.

Special Needs. I understand that for the OL&DC to appropriately modify child care delivery to address diverse needs, they need to know at the time of enrollment if my child has special needs that require adaptations or modifications.

Acknowledgement of Policies & Guidelines. By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ **Date:** _____

Healthy Me & Healthy You Participation Agreement

This is to certify that _____
Name of parent/guardian

has the authority to give permission for _____
Name of child

to participate in the OneSource Learning & Development Center (OL&DC) Velocity After-school Healthy Me & Healthy You Program.

As the parent or guardian, I also agree to acknowledge that I will assume responsibility for the natural risks associated with my child's participation in the exercise component of the OL&DC Velocity Program. The risks for participation in this program are no greater than participation in any well-designed physical activity program for someone of your child's age and physical make-up. For example, new exercisers may experience some muscle soreness initially, and exercise may subject some children to an increased risk of injury. If your child has an injury during the moderate-to-vigorous physical activities, medical treatments will be provided following the existing policies and procedures of his or her afterschool site.

I understand and affirm that my child is in good health and physical condition to participate in this program. I acknowledge that I have read and am fully familiar with the contents of this participation agreement and have voluntarily signed this document. I understand that I may withdraw my consent at any time without it affecting my child's participation in the OL&DC's Velocity program.

I give permission for _____ (Name of Child) to participate in the OL&DC Healthy Me & Healthy You Program for the time period specified and will support his/her successful completion.

Signature of Parent or Guardian

Date

Street Address

City, State & Zip Code

Home/Cell Phone

Email

SOCIAL EMOTIONAL & GROUP COUNSELING SESSIONS
Privacy of Information Shared in Counseling/Therapy:
Your Rights and My Policies

What to expect:

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past. In this situation, I am required by law to report the abuse to the Georgia Department of Family & Children Services.
- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement unless the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Communicating with other adults:

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

Adolescent Consent Form & Parent Agreement to Respect Privacy

Adolescent therapy client:

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Minor's Signature _____ Date_____

* * *

Parent/Guardian:

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

_____ I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

_____ I understand that I will be informed immediately about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent Signature _____ Date_____

Therapist Signature _____ Date_____



EDUCATION PARTNERSHIP AUTHORIZATION FORM

Child's Name: _____ Date of Birth: _____

Parent or Legal Guardian's Name: _____

I am the biological parent or guardian of the above-referenced student. My parental/guardianship rights have not been terminated or relinquished and there is no court order or agreement that states that I may not have access to educational information or records about the student.

I hereby authorize the Public School District and/or School Listed Below to release or discuss all education records or information regarding the above-referenced student to/with the OneSource Learning & Development Center's Velocity Afterschool Programs.

This may include information such as transcripts, State Standardized test scores, Progress Reports, Report Cards, Immunization Records, Disciplinary Records, GTID and IEP, if applicable.

The purpose for this disclosure is to allow the Velocity Staff to monitor the student's academic progress to better support his or her educational needs.

Upon approval, Velocity employees will visit the student's school, talk with school, teachers and administrators regarding any academic problems or disciplinary issues, and obtain the student's *education records*.

Signature of Parent or Legal Guardian: _____

Date: _____

School Name: _____

Child's Grade Level: _____

**Learning Loss Youth Participation Eligibility Form Page
1 of 3 - Program Eligibility Form**

OneSource Learning & Development Center, Inc. and The United Way are partnering with The DFCS Out of School Services to provide Learning Loss programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. Please complete this form in its entirety and return it to the identified staff person at the program site. **We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

Is the youth named above in Foster Care within the state of Georgia Yes No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth applicant a Georgia resident? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: Yes No
 - ____ Youth applicant is between the age of 5 and 17 years old; **OR**
 - ____ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
 - ____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the out of school services program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) (<i>also known as Food Stamps</i>)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

DFCS Out of School Services Family Income Eligibility Guide for Learning Loss

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$14,580.00	\$43,740.00	\$3,645.00
2	\$19,720.00	\$59,160.00	\$4,930.00
3	\$24,860.00	\$74,580.00	\$6,215.00
4	\$30,000.00	\$90,000.00	\$7,500.00
5	\$35,140.00	\$105,420.00	\$8,785.00
6	\$40,280.00	\$120,840.00	\$10,070.00
7	\$45,420.00	\$136,360.00	\$11,355.00
8	\$50,560.00	\$151,680.00	\$12,640.00
Each additional person, add	\$5,140	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 88 FR 3425, Page 3424-3425, Document Number: 2023-00885) ** 300 % of the federal poverty level in effect January 12, 2023.

Family Unit Size* _____
 Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	<i>SELF</i>				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth’s Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I’ve provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____
 Street Address _____ City _____ State _____ Zip Code _____
 Home Phone # _____ Work # _____ Cell# _____

 Parent/Caregiver/Guardian Printed Name _____ Date _____

 Parent/Caregiver/Guardian Signature _____ Date _____

Official Use Only Section for DFCS Out of School Services Provider:

Total Income: \$ _____ **Per:** Week Every 2 Weeks Twice monthly Monthly **Household Size:** _____
Annual Income Conversion: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1
Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DFCS Out of School Services Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant’s file in a confidential and secured location.

 Authorized Program Staff Signature _____ Title _____ Date _____

** See Appendix B for income verification proof sources

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker’s Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran’s Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Peach Care:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the out of school services program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for DFCS Out of School Services.