



**Registration Form**

*Please complete all the information (printing clearly in black or blue ink) and sign where required.*

*To be completed by parent/guardian*

**CHILD/FAMILY INFORMATION**

Child's Name: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Child's School: \_\_\_\_\_ School tel #: \_\_\_\_\_

Grade: _____	Gender: _____	Birth date: ____/____/____
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Languages Spoken at Home: \_\_\_\_\_

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**\*In case of emergency, which parent/guardian should we contact first?**

**Mother** \_\_\_ **Father** \_\_\_

**Mother/Guardian Name:** \_\_\_\_\_  
 Address (if different than above): \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

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**Father/Guardian Name:** \_\_\_\_\_  
 Address (if different than above): \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

**HEALTH INFORMATION** (*check all that apply*)

Asthma		Hearing		Operations		Diabetes	
Vision		Hay Fever		Special Diet		Illness	
Poison Ivy		Convulsions		Injury		Insect	
Bone		Psychological		Medication		ADD/ADHD	
Nausea		Emotional		Allergies		Other	

*Please explain details of above "yes" answers:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Is your child currently taking prescribed or over-the-counter medication? Y\_\_ N\_\_*

*Is your child covered by any hospitalization/medical care policy? Y\_\_ N\_\_*

**Please provide a copy of your child's health insurance card)**

**Medical Doctor** \_\_\_\_\_ **Telephone number** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Telephone number** \_\_\_\_\_

**Child Profile**

1. *Are there any known speech, hearing or vision difficulties?* \_\_\_\_\_

\_\_\_\_\_

2. *Are there any medical problems that require special attention or of which we should be aware?* \_\_\_\_\_

\_\_\_\_\_

3. *Does your child display any emotional fears, behavior problems or difficulties in dealing with others?* \_\_\_\_\_

\_\_\_\_\_

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4. Does your child receive any special services through school? \_\_\_\_\_

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5. Who does the child live with and what is their relationship to him/her? \_\_\_\_\_

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6. Why do you want your child in this program? \_\_\_\_\_

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7. Is there anything else we should know about your child? \_\_\_\_\_

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### **TRANSPORTATION**

Who will transport your child home?

\_\_\_ School District bus will pick up my child from RASA@RSD.

\_\_\_ Parent or Guardian will pick up my child from RASA@RSD.

What time will your child be picked up?

My child will be picked up at \_\_\_\_\_ p.m.

Who is legally allowed to pick your child up from RASA@RSD?

Please list all names:

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What days will your child be attending RASA@RSD? Please circle all that apply:

Monday   Tuesday   Wednesday   Thursday

### **Parental Transportation Responsibilities:**

*It is the parent's responsibility to arrange transportation to the child's home from RASA@RSD. Many school districts are willing to provide transportation, but some may not. If the school district will not provide your child transportation, then you are responsible for picking your child up.*

*If you are planning to pick your child up from RASA@RSD, but normally the child rides the bus, it is your responsibility to call the bus transportation department to inform them you will be picking your child up from RASA@RSD on that day.*

**CONTACT INFORMATION**

**Parent/Guardian's primary E-mail address:**

\_\_\_\_\_

**Primary Phone Number:**

\_\_\_\_\_

**V OR TTY**

**Best time to call:** \_\_\_\_\_ **A.M. P.M.**

**If you have any questions, please contact the RASA@RSD at:**  
[rasa@rsdeaf.org](mailto:rasa@rsdeaf.org)

**585-336-5855 (V/TTY)**

**Please return completed form to:**

**[RASA@RSD](mailto:RASA@RSD)**

**c/o Outreach Center  
1545 St. Paul Street  
Rochester, NY 14621**

**PARENT/GUARDIAN AGREEMENT**

I, the undersigned, hereby enroll my child, \_\_\_\_\_ in the Rochester After School Academy (RASA) managed by the Rochester School for the Deaf, located at 1545 St. Paul Street, Rochester, NY 14621. It is understood that RASA assumes responsibility for my child's well being during the hours of the program and will make every effort to immediately contact me should any type of emergency arise.

I have provided the staff with pertinent, complete and correct information which may assist the RASA program in caring for my child, including, but not limited to: allergies, previous/existing illness or conditions, sunburn sensitivity, diet regulations, long-term medication, disabilities or limiting conditions, emotional development or behavioral difficulties.

The RASA program for my child begins when the child has reached the program and checked in with a RASA staff person. My child is responsible for walking from the classroom to the RASA program (at a school site.)

I hereby give permission for my child to be transported by RASA staff for various field trips. Some sites may provide transportation from the program to home. Please contact RASA staff for information and consent forms for your child's site.)

I hereby give permission to record the image and/or voice of my child for newsletters, special projects, brochures, web sites or newspaper releases. I understand that I will not be informed or reimbursed for such photographs or videos.

I hereby give permission for the RASA program to use school records and discussions with school staff to help my child and in the evaluation of the program.

It is my responsibility to arrange for my child to be picked up (if the site does not offer transportation home) at dismissal time. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the RASA staff will contact Child Protective Services and/or police officials.

Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety of the child, staff may have no recourse but to contact the police.

RASA is mandated by state law to report any suspected case of child abuse or neglect to the appropriate authorities.

I understand that I will be charged \$1.00 per child for each minute after dismissal time, if I am late picking up my child. I further understand that my child may not attend the program until this fee is paid.

My signature acknowledges my understanding of, and agreeing to the above, that all information I provided is accurate and complete.

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Parent/Guardian Signature

Date

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Parent/Guardian name – printed

Relationship to child

## Discipline and Behavior Management Policy

The Rochester After School Academy (RASA) will use positive behavior management techniques that are developmentally appropriate. The use of corporal punishment is strictly prohibited.

### Behavior Management Techniques –RASA Staff will

1. Involve the students in the development of the “house rules”.
2. Maintain consistent behavior expectations and reinforce the core values (Four Core Values: Caring, Honesty, Respect, and Responsibility)
3. Guide students by setting clear, consistent, fair limits for program behavior.
4. Use natural and logical consequences.
5. Redirect students to a more acceptable behavior or activity.
6. Use positive reinforcement, including a positive behavior recognition program.
7. Make eye contact and listen when students talk about their feelings and frustrations.
8. Guide students to resolve their own conflicts through the use of conflict resolution skills.
9. Use effective praise that is immediate, sincere and specific.
10. Modify and structure the environment to attempt to prevent problems before they occur.

### Discipline Action Steps –RASA staff will utilize the following forms of discipline

1. “Personal Time” – removal of the student from a situation for up to 5 minutes so they can regain control of their behavior.
2. Verbal or written communication to parent/guardian regarding the student’s behavior.
3. Behavior Contract and/or Behavior Improvement Action Plan, which may involve the student’s referring school program.
4. Behavior Write-Up
  - Three behavior write-ups in any school year results in the suspension of the student for one week at the end of the day of the third write-up. A conference with the parent or guardian is warranted to determine appropriate action to discuss the student’s behavior.
  - If the student is reinstated and then receives a fourth behavior write-up, the site coordinator will suspend the student immediately. If necessary, the parent will be notified to pick-up the child. Upon the fourth report, the student will be terminated without the right of reinstatement.
5. Suspension – Serious behavior problems will result in immediate suspension from the program.
6. Termination - The RASA program cannot serve students who show chronically disruptive behavior.
  - Chronically disruptive behavior is verbal or physical activity, which may include, but is not limited to, the following:
    - behavior that requires constant attention from the staff
    - behavior that inflicts physical or emotional harm on other students or self
    - behavior that abuses the staff and/or ignores or disobeys the rules
  - If a student cannot adjust to the program setting and behave appropriately, the student may not be able to return to the program.
  - Reasonable efforts will be made to assist students in adjusting to the program setting.

I, the undersigned parent or guardian of \_\_\_\_\_ (child’s full name), do hereby state that I have received a copy of the RASA Welcome Handbook and Discipline and Behavior Management policy; I have read and discussed both with my child.

### PARENT & PARTICIPANT SIGNATURE REQUIRED

We both understand and agree to all of the terms presented in this contract and that the above guidelines are for the parent/guardian as well.

**Parent/Guardian Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Student’s Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_