

OFFICE USE ONLY

Date received:

Time received:

Received by:

DB: Init: _____



**Jamestown Community Center
2016-17 PROGRAM REGISTRATION FORM
Please Complete One Per Participant**

Participant's Name: _____

Date of Birth: ____/____/____ (mm/dd/yy) Gender: M F Participant's Cell: _____

School in 2016-17: _____ Grade in 2016-17: _____

Please indicate how your child will get home from the program (check all that apply):

<input type="checkbox"/> Alone	Is this participant a foster youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Only with parents indicated on this form	
<input type="checkbox"/> Others I may specify over the phone (emergencies only)	Is this participant an English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> With one of the following authorized individuals:	

Please let us know the program(s) you would like your child placed for 2016-17.

Sí Se Puede - Grades TK - 2nd (TK offered only at OP)		
<input type="checkbox"/> Mon. – Fri.	<input type="checkbox"/> Mon. /Wed. /Fri.	<input type="checkbox"/> Tue. /Thu. /Fri.
Brain Soup - Grades 3rd - 5th		
<input type="checkbox"/> Mon. – Fri.	<input type="checkbox"/> Mon. /Wed. /Fri.	<input type="checkbox"/> Tue. /Thu. /Fri.
After School Explorations (ASE) - Grades 6th – 8th		
<input type="checkbox"/> Mon. – Fri.	<input type="checkbox"/> Mon. /Wed. /Fri.	<input type="checkbox"/> Tue. /Thu. /Fri.
Phoenix Risers – Grades K-5th (only offered at BVHM at this time)		
<input type="checkbox"/> Mon. – Fri. 7-9:30am	<input type="checkbox"/> Specific Day(s) _____	<input type="checkbox"/> Drop-in
High School Programs -Grades 9th – 12th		
<input type="checkbox"/> Youth Apprenticeship Program <input type="checkbox"/> Youth in Charge (Youth will receive an application through the mail)		

To best serve your child's needs, please give us a little Medical Information:

- Is there any medical information we should have about your child? (e.g. allergies, asthma, epilepsy, diabetes, etc.)
 Yes No

If yes, please specify: _____

- Does your child regularly take any prescribed medication? Yes No

If yes, please specify name of medication, dosage and any other detail you believe we should know:

- Do you need Jamestown employees to administer this medication during program hours? Yes No N/A

If yes, you will need to provide the program coordinator the medication and detailed instructions for administration of the medication.

4. Does your child need special accommodations? Yes No

If you answer yes, you will be asked to fill out a supplemental information packet. Examples of special accommodations includes, but is not limited to, the following: Autism, Developmental Disability, Attention Deficit, Mental Health Issues, Hearing/Vision/Speech Impairment, Learning Disabilities, IEPs, etc.

5. **(Optional) My child has health insurance:** Yes No

Conflicting Programming

Does your child participate in any other extracurricular activities (sports teams, dance classes, etc.) that you anticipate may conflict with his/her participation in Jamestown's program(s)? Yes No

If yes, please explain: _____

Parent Engagement

Jamestown deeply values the participation of parents and guardians in our programs. Would you be interested in volunteering in your child's program? Yes No

Release and Permission to Participate in Jamestown Programs

By enrolling my child, _____, in programs at the Jamestown Community Center, I hereby release Jamestown Community Center and San Francisco Unified School District, their officers, staff, and volunteers from all responsibility in connection with any accident or injury related to my child's participation in these programs. I authorize Jamestown access to my child's academic information and contact my child's teacher to discuss his/her progress through the school, which will not determine placement in the program.

In addition, by enrolling my child in Jamestown programs, I give my child permission:

- (a) to attend field trips in Jamestown programs, including to leave campus with his/her teacher to walk within a 6-block radius of the school without an additional field trip form;
- (b) to be photographed, videotaped, and/or audio taped for the purposes of the students' learning and/or publicity for the program and for Jamestown to use my child's first and last name in publications, material, or website; and
- (c) to participate in Jamestown's assessments and surveys for purposes of gathering student and program data to measure and evaluate program success.

In addition, I certify that I have read and agree to Jamestown's General Program Policies. If my child is receiving a full or partial scholarship, I further understand that he/she is expected to attend the program in its entirety every day he/she is enrolled and that frequent lateness, absences and/or leaving program early may result in my child being removed from the program.

Parent or Guardian's Signature

Date

(Optional)

I give permission for my child to receive *emergency medical treatment if necessary*. I understand that Jamestown cannot assume responsibility for injury or death and I agree to hold harmless Jamestown, their directors, officers, employees, and volunteers from any liabilities, demands, or claims for damage.

Parent or Guardian's Signature

Date



Jamestown Community Center

3382 - 26th Street
San Francisco, CA 94110
(415) 647-4709

Family Intake Form
2016-17

Intake Number/s:

DB: Init:

OFFICIAL USE ONLY — Returning New Date received: _____ Time received: _____ Received by: _____

Parent/Guardian 1 Name: _____ Date of Birth: ____/____/____ (mm/dd/yy)

Email 1: _____ Cell 1: _____ Okay to text? Yes No

Home Phone No. 1: _____ Address 1: _____

Apt. No.: _____ City: _____ Zip Code: _____

Parent/Guardian 2 Name: _____ Date of Birth: ____/____/____ (mm/dd/yy)

Email 2: _____ Cell 2: _____ Okay to text? Yes No

Home Phone No. 2: _____ Address 2: _____

Apt. No.: _____ City: _____ Zip Code: _____

Preferred Mailing: Address 1 Address 2 Preferred Number: Cell 1 Cell 2 Home 1 Home 2

Reduced Lunch Eligible? Yes No Free Lunch Eligible? Yes No

Does your family receive a childcare subsidy from the Children's Council? Yes No Not Sure

Has/have your child(ren) or another family member participated in a Jamestown program before? Yes No

If yes, who? _____ Relation to applicant: _____

Ethnicity/Race (check one):

Mexican Central American South American Other Latino: _____

Chinese Filipino Vietnamese Other Asian: _____ Native American

African American Other Black: _____ White-European American

Other White: _____ Pacific Islander-Samoan/Other Pacific Islander: _____

Mixed Race: _____ Other Race: _____

English Fluency: Fluent Somewhat Fluent Not Fluent

Preferred Home Language (check ONLY one): English Spanish Cantonese Mandarin/Putonghua

Khmer/Cambodian Vietnamese Pilipino/Tagalog Other (specify): _____

Emergency Contacts (other than parent(s)/guardian(s) listed above):

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Please provide the following information of additional children (0 - 24 years old) who are not participants but who live in the home.

<i>Name</i>	<i>Date of Birth (mm/dd/yy)</i>	<i>Gender</i>	<i>Grade</i>	<i>School</i>
_____	____/____/____	M / F	_____	_____
_____	____/____/____	M / F	_____	_____
_____	____/____/____	M / F	_____	_____

FAMILY INFORMATION



Jamestown Community Center

FAMILY SURVEY

Thank you for taking the time to fill out this survey. Jamestown is always looking for ways to provide additional services to our families and/or connect them to other agencies that can satisfy their needs. In addition, this survey will help us fulfill the request of some of our funders, and to seek out new funders that tend to request this information (we will only provide aggregate numbers and percentages, and not personal information). **The information provided will NOT affect your child's/children's eligibility for our program.** Again, thank you for your time and commitment to help Jamestown further its impact in the community and have the ability to offer a robust program to youth and families.

Family Information

Tell us your household access to the following: A Computer Internet Both Neither

Household's main means of transportation: Muni/Bart Family Vehicle Carpool Other: _____

Parent/Guardian Work Schedules (Check all that apply):

Full-Time Part-Time

M-F Weekends Morning Shift Swing/Afternoon Shift Graveyard/Night Shift

Both Parents/Guardians Work Only One Parent/Guardian Works In Transition of Employment

Mother's Education Level – Completed:

Elementary Middle School High School

Some College 2 Yr. College Degree Bachelor's Degree Master's Degree (or Higher)

Does your household receive any of the following?

TANF (Temporary Assistance to Needy Families) Food Stamps Medi-Cal All Three None

Has anyone in the household been incarcerated? Yes No

Please check the number of people in your household. 2 3 4 5 6 other _____

Pick the corresponding household annual income range based on the number of household members.

	2	3	4	5	6 +
A.	<input type="checkbox"/> \$28,150 or Less	<input type="checkbox"/> \$31,650 or Less	<input type="checkbox"/> \$35,150 or Less	<input type="checkbox"/> \$38,000 or Less	<input type="checkbox"/> \$40,800 or Less
B.	<input type="checkbox"/> \$28,200 – 46,900	<input type="checkbox"/> \$31,700 – 52,750	<input type="checkbox"/> \$35,200 – 58,600	<input type="checkbox"/> \$38,050 – 63,300	<input type="checkbox"/> \$40,850 – 68,000
C.	<input type="checkbox"/> \$46,950 – 75,100	<input type="checkbox"/> \$52,800 – 84,500	<input type="checkbox"/> \$58,650 – 93,850	<input type="checkbox"/> \$63,350 – 101,400	<input type="checkbox"/> \$68,050 – 108,900
D.	<input type="checkbox"/> \$75,150 – 82,400	<input type="checkbox"/> \$84,550 – 92,700	<input type="checkbox"/> \$98,900 – 103,000	<input type="checkbox"/> \$101,450 – 111,250	<input type="checkbox"/> \$108,950 – 119,500
E.	<input type="checkbox"/> \$82,450 – 98,900	<input type="checkbox"/> \$92,750 – 111,250	<input type="checkbox"/> \$103,000 – 123,600	<input type="checkbox"/> \$111,300 – 133,500	<input type="checkbox"/> \$119,550 – 143,400
F.	<input type="checkbox"/> \$98,950 or above	<input type="checkbox"/> \$111,300 or above	<input type="checkbox"/> \$123,650 or above	<input type="checkbox"/> \$133,550 or above	<input type="checkbox"/> \$143,450 or above

Do you know about the reclassification process for English Language Learners? Yes No NA

Are you interested in learning more about resources in the community? (check all that apply)

Child Care Early Education Financial Aid for College Free Muni for Youth and Seniors

Health/Nutrition/Exercise Housing Immigration LGBT Services

Opening Bank Accounts or Credit Cards Welfare Programs Work Force Support Not Interested

Mission Promise Neighborhood (MPN)
Consent Agreement for Data Disclosure and Sharing

By signing this agreement, you give your consent to disclose and share personally identifiable information on the person listed below with authorized partners in the Mission Promise Neighborhood.

The purpose of sharing this information is to allow the MPN to provide well-informed, coordinated services to participants and their families, to conduct ongoing evaluation and improvement of programs to better serve the community, and to report results of programs and activities to residents, partners, and funders.

The Mission Promise Neighborhood takes every precaution to protect personally identifiable information from unauthorized use or disclosure. Information obtained on persons shall not be published in a manner that will lead to the identification of any individual. This information is used solely for service provision and program evaluation purposes and identified information shall not be further re-disclosed to third parties not covered by this Consent Agreement without your prior written consent.

I understand that the records to be disclosed and shared with Mission *Promise Neighborhood* may include but are not limited to

Education records from San Francisco Unified School District:

- Enrollment information
- Grade reports and transcripts
- Attendance
- English learner status
- performance on state assessments

Records from Mission Promise Neighborhood service providers, including

- Intake information collected on participants (such as name, address, and date of birth)
- Participation data (such as services received, attendance dates, and length of time participating)
- Program results and assessments (such as tests results and observations by program staff)

I consent to the disclosure of the personally identifiable information described above to the following *Mission Promise Neighborhood* entities and partners:

MEDA, CABC, CJ:JC, CCSFF, FSA, Good Samaritan, IFR, JCC, Juma Ventures, LRCL, Mission Graduates, MLVS, MNC, MNHC, Mission SF, PPS, Raising a Reader, Refugee Transitions, Seven Tepees, Streetside Stories, Support for Families, DCYF, First 5, UCSF, Mission Promise Neighborhood research partners at John W. Gardner Center for Youth and their Communities at Stanford University

Furthermore, I consent that the following parties may obtain the information described above stripped of any and all direct identifiers:

- The U.S. Department of Education and its authorized contractor(s)

This entity list is subject to change. For up to date information and questions, please go to <http://missionpromise.org/> or contact the *Mission Promise Neighborhood* Interim Director of Evaluation, Monica Lopez at 415-282-3334 ext. 107 or Advisory Board chair Leigh Philips at 415-282-3334 ext. 127. Signing this agreement constitutes the granting of consent for disclosure of protected education information under the *Family Educational Rights and Privacy Act (FERPA)*.

For parent/guardian of child(ren) 18 years old and under (please print clearly)

I, _____, as the Parent/Guardian of:
[Print Parent/Guardian First and Last Name]

Child's Full Name	Date of Birth	Gender (circle one)	Grade in School	Name of School Attending (note PreK or daycare for infants)
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

consent to the release of personally identifiable information of the child(ren) named above, subject to the terms of this Consent Agreement.

For adults 18 years or older (please print clearly)

I, _____
First Last

consent to the release of my personally identifiable information, subject to the terms of this Consent Agreement.

By signing this Consent Agreement, I agree that I have read and understood the above and consent to all of the above statements. I understand that signing this Consent Agreement is voluntary and is not a condition for receiving services from the *Mission Promise Neighborhood*. This Consent Agreement is valid for the duration of the *Mission Promise Neighborhood* initiative. I maintain the right to discontinue this permission at any time by contacting *Mission Promise Neighborhood* at 415-282-3334 ext. 107.

Signature _____ Date _____

For Mission Promise Neighborhood Use Only

Partner Agency collecting this Consent Agreement: _____

Consent recorded in Promise Neighborhood case management system on (date) _____

Promise Neighborhood case management ID number: _____