



Emergency Contact (name and number of someone we can contact in case you cannot be reached)

1. Name _____ Relationship _____ Phone No. _____
Permission to pick-up child? ___ Yes ___ No

2. Name _____ Relationship _____ Phone No. _____
Permission to pick-up child? ___ Yes ___ No

3. Name _____ Relationship _____ Phone No. _____
Permission to pick-up child? ___ Yes ___ No

Are there restrictions as to who can pick up your child? Yes No

If yes, please explain: _____

Please tell us your child's intended weekly schedule (3 day minimum): _____

Any information you would like us to know about your child?

Permission/Release Information: Please initial next to each statement.

_____ I release Blue River Services, Inc. (BRS) / North Harrison Community School Corp. (NHCS) from liability in case of accident during activities related to BRS/NHCS, as long as normal safety procedures have been taken.

_____ In the event that I cannot be reached in an emergency, I hereby give permission to the director of the program or the designee to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for my child as named above. Medical and accident insurance is the responsibility of the parent or guardian.

_____ I give Blue River Services, Inc. permission to have access to information regarding my child's report card, test scores, IEP, demographic information, student ID #, and any other information that may be needed for reporting.

_____ I give BRS permission to use my child's photograph and/or work internally and on program's Facebook page.

_____ I give permission for BRS to use my child's photograph and/or work in any media format.

_____ I have received and reviewed the parent handbook and agree to support the regulations communicated as well as to direct any questions to the Blue River Services, Children's Services Department **812-364-1142**.

By checking this box and typing my name below, I am electronically signing this document.

To the best of my knowledge, the information on this form is complete and accurate. I have read and agree to these terms and conditions.

Parent/Guardian Signature _____ **Date** _____



Blue River Services, Inc. Participant Profile

Student Name: _____ Parent/Guardian Name: _____
 Household Address: _____

Income Guidelines:

1. **Step 1** – Indicate the number of persons in your household : _____
2. **Step 2** - Indicate your household gross monthly income range: _____

**FAMILY & SOCIAL SERVICES ADMINISTRATION (FSSA)
 CHILD CARE INCOME ELIGIBILITY DETERMINATION AND FEE SCHEDULE 2019 (Gross Monthly Income)
 School Age Child Care Grant Fund - SACC**

SIZE OF FAMILY	100% OR UNDER	101% thru 109%	110% thru 118%	119% thru 127%	128% thru 136%	137% thru 145%	146% thru 154%	155% thru 163%	164% thru 172%	173% thru 181%	182% thru 190%
1	\$1,041 OR thru UNDER	\$1,042 thru \$1,135	\$1,136 thru \$1,228	\$1,229 thru \$1,322	\$1,323 thru \$1,416	\$1,417 thru \$1,509	\$1,510 thru \$1,603	\$1,604 thru \$1,697	\$1,698 thru \$1,790	\$1,791 thru \$1,884	\$1,885 thru \$1,978
2	\$1,409 OR thru UNDER	\$1,410 thru \$1,536	\$1,537 thru \$1,663	\$1,664 thru \$1,790	\$1,791 thru \$1,916	\$1,917 thru \$2,043	\$2,044 thru \$2,170	\$2,171 thru \$2,297	\$2,298 thru \$2,424	\$2,425 thru \$2,551	\$2,552 thru \$2,677
3	\$1,778 OR thru UNDER	\$1,779 thru \$1,937	\$1,938 thru \$2,097	\$2,098 thru \$2,257	\$2,258 thru \$2,417	\$2,418 thru \$2,577	\$2,578 thru \$2,737	\$2,738 thru \$2,897	\$2,898 thru \$3,057	\$3,058 thru \$3,217	\$3,218 thru \$3,377
4	\$2,146 OR thru UNDER	\$2,147 thru \$2,339	\$2,340 thru \$2,532	\$2,533 thru \$2,725	\$2,726 thru \$2,918	\$2,919 thru \$3,111	\$3,112 thru \$3,305	\$3,306 thru \$3,498	\$3,499 thru \$3,691	\$3,692 thru \$3,884	\$3,885 thru \$4,077
5	\$2,514 OR thru UNDER	\$2,515 thru \$2,740	\$2,741 thru \$2,967	\$2,968 thru \$3,193	\$3,194 thru \$3,419	\$3,420 thru \$3,646	\$3,647 thru \$3,872	\$3,873 thru \$4,098	\$4,099 thru \$4,324	\$4,325 thru \$4,551	\$4,552 thru \$4,777
6	\$2,883 OR thru UNDER	\$2,884 thru \$3,142	\$3,143 thru \$3,401	\$3,402 thru \$3,661	\$3,662 thru \$3,920	\$3,921 thru \$4,180	\$4,181 thru \$4,439	\$4,440 thru \$4,698	\$4,699 thru \$4,958	\$4,959 thru \$5,217	\$5,218 thru \$5,477
7	\$3,251 OR thru UNDER	\$3,252 thru \$3,543	\$3,544 thru \$3,836	\$3,837 thru \$4,129	\$4,130 thru \$4,421	\$4,422 thru \$4,714	\$4,715 thru \$5,006	\$5,007 thru \$5,299	\$5,300 thru \$5,591	\$5,592 thru \$5,884	\$5,885 thru \$6,177
8	\$3,619 OR thru UNDER	\$3,620 thru \$3,945	\$3,946 thru \$4,271	\$4,272 thru \$4,596	\$4,597 thru \$4,922	\$4,923 thru \$5,248	\$5,249 thru \$5,574	\$5,575 thru \$5,899	\$5,900 thru \$6,225	\$6,226 thru \$6,551	\$6,552 thru \$6,876
9	\$3,988 OR thru UNDER	\$3,989 thru \$4,346	\$4,347 thru \$4,705	\$4,706 thru \$5,064	\$5,065 thru \$5,423	\$5,424 thru \$5,782	\$5,783 thru \$6,141	\$6,142 thru \$6,500	\$6,501 thru \$6,859	\$6,860 thru \$7,217	\$7,218 thru \$7,576
10	\$4,356 OR thru UNDER	\$4,357 thru \$4,748	\$4,749 thru \$5,140	\$5,141 thru \$5,532	\$5,533 thru \$5,924	\$5,925 thru \$6,316	\$6,317 thru \$6,708	\$6,709 thru \$7,100	\$7,101 thru \$7,492	\$7,493 thru \$7,758	\$7,759 thru \$8,146

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of Blue River Services, Inc. and/or FSSA for purposes of meeting the state requirements of the 21st Century Community Learning Center / School Age Child Care grant.
 BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED TO IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.

By checking this box and typing my name below, I am electronically signing this document.

Parent/Guardian Signature: _____ Date: _____



21st Century Community Learning Centers Parent Release of Records and Information Consent Form

The Indiana Department of Education (“IDOE”) would like to collect data on activities and events taking place in classrooms, schools, and school related programs throughout the state. The Family Educational Rights and Privacy Act (“FERPA”) requires the IDOE and 21st Century Community Learning Center (“21st CCLC”) to obtain prior written consent from the parent, guardian, or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

The 21st CCLC Reach For A Star Afterschool Program at North Harrison Community Schools is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students pursue post-secondary education.

I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act (“FERPA”), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student’s consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.

1. **Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data
2. **Disclosure Parties:** 21st CCLC
3. **21st CCLC Re-disclosure Parties:**
 - a. Indiana Department of Education
 - b. IDOE contracted statewide evaluator
 - c. United States Department of Education
4. **Purpose of Each Disclosure:** Collect data to calculate the impact 21st CCLC has on student performance.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.



This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to:

Blue River Services
Attn: Julia Baylor, Director of Children Services
21st CCLC Reach For A Star
14495 Huff St. NE
Palmyra, IN 47164
812-364-1142

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

By checking this box and typing my name below, I am electronically signing this document.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) _____

Parent/Guardian Name/Eligible Student: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____