



Keystone to Discovery Enrichment Program

“Building the Archway to Success”

2018-2019

STUDENT DATA FORM

Student First Name: _____ MI: _____ Last: _____

Gender (M/F) _____ Age: _____ Ethnicity: _____

Grade: _____ School: _____ Teacher: _____

- **Keystone requires at least 3 current contacts in case of emergency!**
- **Please notify Keystone staff ASAP if any of your contacts change!**

Please list in the order in which you would like to be contacted.

(1) Name: _____ Phone 1: _____ Phone 2: _____

Relationship: _____

Address: _____

Legal Custody	Lives With	Ok to Pick Up	Receives Mailings

➤ **Email:** _____ *(so we can contact you with info and changes in program)*

(2) Name: _____ Phone 1: _____ Phone 2: _____

Relationship: _____

Address: _____

Legal Custody	Lives With	Ok to Pick Up	Receives Mailings

(3) Name: _____ Phone 1: _____ Phone 2: _____

Relationship: _____

Address: _____

Legal Custody	Lives With	Ok to Pick Up	Receives Mailings

(4) Name: _____ Phone 1: _____ Phone 2: _____

Relationship: _____

Address: _____

Legal Custody	Lives With	Ok to Pick Up	Receives Mailings

(5) Name: _____ Phone 1: _____ Phone 2: _____

Relationship: _____

Address: _____

Legal Custody	Lives With	Ok to Pick Up	Receives Mailings

Incomplete applications will not be accepted and your child will not be registered!



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MEDICAL INFORMATION

Participants in the Keystone to Discovery Enrichment Program will be involved in physical activities, activities outdoors, and activities with art supplies. They will also be provided with snacks. It is important that we be aware of any allergies or medical conditions that may affect your child’s participation.

Doctor Name: _____ Phone: _____

Serious Health Issues: No _____ Yes _____
If Yes, explain _____

Medications: No _____ Yes _____
If Yes, explain _____

Allergies: No _____ Yes _____
If Yes, explain _____

FEES

We have created a fee schedule that allows for differences in family income. Please mark what status your family qualifies for in the school system. Proper paper work must be completed and turned in to the District Office. If you are unsure, contact the HSD3 District Office.

These funds go to pay for our field trips, transportation, and activity expenses, with no additional cost to you!

Do not qualify for subsidized lunches (\$4 per day)

Qualify for Reduced Lunch (\$2 per day)

Qualify for Free Lunch (Free)

➤ **Billing Address:** _____



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PARENT PERMISSION FORM

As the parent or legal guardian of _____, I hereby give permission for my child to participate in the Keystone to Discovery Program sponsored by the Hamilton School District. In consideration of the district’s agreement to allow my child to participate in the referenced program, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child’s participation in this program that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Keystone to Discovery Program.

By signing below, I am stating that I have read and understand the above.

Signature

Date

Medical Release

I hereby authorize the staff of the Keystone Program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

Initial: _____

Data Release

The Keystone to Discovery Program is funded by a federal grant. In order to fulfill the requirements of that grant, it is necessary for information to be provided to the Montana Office of Public Instruction through a secure web site. This information is used to track the effectiveness of the Program. Information required by OPI includes: student name, grade level, ethnicity and teacher, afterschool program attendance records, academic achievement, student enrollment in Free/Reduced Lunch Program.

I hereby authorize for this information to be posted on the secure OPI website for the purposes of grant management.

Initial: _____

Picture Release

For internal and external use, I acknowledge that the Keystone Program and/or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the Keystone Program activities. I consent to such uses & hereby waive all rights to compensation.

Initial: _____

Transportation

I hereby give my child permission to travel in school district busses or vehicles for field trips.

Initial: _____



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STUDENT CONTRACT

Please read the following contract with your child and have them sign it so we know they understand.

I understand that participating in the Keystone Program is a privilege. Even though it is not exactly the same as being in my classroom at school, I know that I have to show the same good behavior. I understand that while at Keystone I need to have respect in three main areas:

- Respect for the teachers: this means that I have to listen while they are talking, follow their directions the first time I am asked, and look for ways that I can help them.
- Respect for each other: this means that I am going to be kind to the other students at the program, thinking about how my words or actions might hurt them or make it less fun for them to be at Keystone.
- Respect for the space: I know that we are very lucky to get to have our program in the school and I know how hard the custodians have to work to keep it clean. So I will do everything I can to make their job easier. I also know that we will be out on field trips a lot and it will be very important for me to listen to the instructions of the teacher so that I can treat those spaces with respect.

I know that if my behavior hurts the other students or keeps them from having a good time at the program I will not be allowed to come anymore. So I will talk with the teachers if I have problems and let them help me fix them. I will come to the program every day with my best attitude, ready to have fun and learn!

Student Signature

Date

PARENT CONTRACT

I understand the following things about my child's participation in the Keystone Program:

- It is a privilege for my child to participate in the Keystone Program and not a requirement. If my child's behavior becomes disruptive or destructive, I realize that they may no longer be allowed to participate.
- If I am going to be late in picking my child up I will contact the program to make arrangements. **I understand that any child may be asked to take a break or may be removed from the program if I am habitually or excessively late.**
- I understand that the program staff will be taking the children on excursions and outdoors as much as possible. If I need to pick my child up earlier than the normal time I will call in advance to arrange for my child to be at the Center.
- Knowing that the program staff are going to be engaging my child in as many activities as possible, I will send my child in clothing that is comfortable and appropriate for the weather.
- If at anytime I have concerns or questions about any aspect of the program I know that I can contact program staff and they will be happy to talk with me.

Parent Signature

Date



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PARTICIPATION

The Keystone Program will take place on the South end of the Middle School Campus
(On the corner of 6th and Madison) every Monday – Thursday.

- Fun Friday and “No School Day” Field Trips will begin November 9th
(There is NO BUS service home on Fridays!)
- All students will be bused from Washington and Daily to Keystone.
(Bus #1 Mickey and Bus #6 Rudolph)
- Program activities begin at 4:00 and pick-up is no later than 5:30!

Attendance: *(Please mark the days your child will be attending and contact us if there are changes)*

Mon	Tues	Wed	Thurs	Fri

Will there be variations in attendance (i.e. sports or other commitments)?

Transportation Home: *(Please mark the one that applies and contact us if there are changes)*

_____ My child has permission to walk home

_____ I will be picking my child up between 5:00-5:30

_____ My child will ride the bus home to the following address: _____

Middle School Only:

_____ My child will be attending the CASH Program first and then coming to the Keystone Middle School Program when finished.

1ST - 8TH GRADE KEYSTONE WILL BEGIN

MONDAY SEPTEMBER 10TH