



# Keystone Program

## 2019-2020 STUDENT APPLICATION

Student First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Male / Female Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ IEP/504 Plan: Yes / No

- **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!**



# Keystone Program

## MEDICAL INFORMATION

Participants in the Keystone Program will be involved in physical activities, outdoor activities, and activities involving 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's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious Health Issues: No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Medications: No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, explain \_\_\_\_\_

(\*Medication may be securely stored on-site but may not be administered by our staff)

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, explain \_\_\_\_\_

## FEES

We have established a monthly, pre-pay 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 submitted to the District Office. If you are unsure, contact the HSD3 District Office. These fees cover our staffing costs, field trips and program supplies and are a flat rate for a full month of service (including six "no school" Fridays).

**\*Fees are due by the 25<sup>th</sup> of each month to cover services offered in the upcoming month.**

Do not qualify for subsidized lunches (\$146 per month)

Qualify for Reduced Lunch (\$73 per month)

Qualify for Free Lunch (\$37 per month)

➤ **Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

### PREVIOUS KEYSTONE BALANCES

I hereby acknowledge that I am completely up-to-date with any previous Keystone fee balances. Ask the Program Director or contact the District Office if you are unsure. **This application is NOT considered complete until all outstanding balances are paid.**

Initial: \_\_\_\_\_



# Keystone Program

## PARENT PERMISSION FORM

As the parent or legal guardian of \_\_\_\_\_, I hereby give permission for my child to participate in the Keystone 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 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 Program is a district-sponsored program. In order to remain compliant with school district policies, 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.

**YES** or **NO**

Initial: \_\_\_\_\_

### **Transportation**

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

Initial: \_\_\_\_\_



# Keystone Program

## 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 in the Keystone space.
- 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

## ATTENDANCE

*(Please mark the days your child will attend and contact us with any changes)*

Mon	Tues	Wed	Thurs

*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 5:15-5:30

\_\_\_\_\_ My child will ride the bus home to the following address: \_\_\_\_\_

**CASH Program Participants Only:**

\_\_\_\_\_ My child will be attending the CASH Program first and then coming to the Keystone Program when finished.



# Keystone Program

## KEEP FOR YOUR RECORDS!

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

- Keystone will offer full-day programming from 8:00am-5:30pm on the following dates: September 20<sup>th</sup>, November 1<sup>st</sup>, January 17<sup>th</sup>, February 14<sup>th</sup>, March 13<sup>th</sup> and May 15<sup>th</sup>.  
**There is NO BUS service (pick-up or drop-off) on these Fridays!**
  - All students will be bussed from Washington and Daly to Keystone.
  - Keystone begins at 3:15 and pick-up is between 5:15-5:30pm!

## **KEYSTONE BEGINS MONDAY SEPTEMBER 16<sup>TH</sup>**

### Questions? Contact us!

Matt Watts, Keystone Director

(406) 361-0538, [wattsm@hsd3.org](mailto:wattsm@hsd3.org)

Keystone Phone number: (406) 375-9999

**\*Please visit the Hamilton School District website for more information and access to our program calendar.**