



1852 ENOCH STREET •  
PITTSBURGH, PA 15219 •  
412-26-CARES or 412-621-  
9612 412-621-9613 (fax)

August 1, 2016

Dear CARES Families,

Summer is quickly approaching its end and soon school will begin. Center That CARES is now accepting afterschool applications for the upcoming 2016 - 2017 school year. The CARES Afterschool Enrichment Program will begin Tuesday, September 6, 2016. The program operates Monday through Thursday from 2:30pm to 6:00pm and our offices are open until 2pm on Friday. There is no cost per child.

CARES offers each child a healthy snack and dinner, daily. The participants will benefit from our educational services and homework assistance in a safe, caring, and nurturing environment. They will also be able to enjoy a variety of activities such as Venture Outdoors, Club Scouts, the Story Mobile, as well multiple field trips to the movies, Carnegie Libraries and Museums just to name a few. There are also electives that focus on further academic enrichment, cultural exploration, and technology. Participants can choose from all, while developing lasting friendships and so much more!

Please find enclosed the 2016 - 2017 Fall/Spring Application along with the Venture Outdoors waiver. Please complete both and return to Wesley Center, CARES 2701 Centre Avenue, Pittsburgh, PA 15219. Feel free to call our offices with any questions or concerns that you may have.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rev. Glenn G. Grayson, Sr.", is written over a circular blue stamp or seal.

Rev. Glenn G. Grayson, Sr - *President & CEO*

**Please Print Legibly.**

The completion of all fields is optional but will help us obtain funding to continue offering free, low-cost, or subsidized programming.

**Hill Youth Partnership for Enrichment (HYPE) at The Center that CARES**  
**FALL/SPRING 2016-2017 APPLICATION**  
 ADDITIONAL INFORMATION MAY BE REQUIRED.

<b>CHILD INFORMATION</b>		NEW <input type="checkbox"/> RETURNING <input type="checkbox"/>	DATE:
Name (First, MI, Last):		SSN:	
Address:			
City:		State:	ZIP Code:
Primary Phone:		Email:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other:	
School:	Grade:	Child has IEP at his/her school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child receives free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FIRST PARENT/GUARDIAN INFORMATION</b>			
Full Name:		SSN:	Date of birth:
Mailing Address:		Estimated household income:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No
City:		State:	Zip Code:
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:		Home Phone:	
Email:		Cell Phone:	
Employer:		Work Phone:	
<b>SECOND PARENT/GUARDIAN INFORMATION</b>			
Full Name:		SSN:	Date of birth:
Mailing Address:		Estimated household income:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No
City:		State:	Zip Code:
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:		Home Phone:	
Email:		Cell Phone:	
Employer:		Work Phone:	
<b>EMERGENCY CONTACT INFORMATION (must be at least 18 years of age)</b>			
Name:		Relationship to Child:	
Home Phone:	Mobile Phone:	Work Phone:	
Name:		Relationship to Child:	
Home Phone:	Mobile Phone:	Work Phone:	
<b>DISMISSAL INFORMATION</b>			
<b>Child may be released to the following individuals only:</b> Name, Relationship and Phone Number (attach a separate sheet if needed)			
_____			
_____			
Permission to walk home alone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>HEALTH INFORMATION OF CHILD</b>			
Health Insurance Carrier:		Policy Number:	

**Please Print Legibly.**

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Current Medial Conditions (check all that apply):  Heart Trouble  Epilepsy/Seizures  Asthma  Diabetes  
 Glasses/Contacts  Hearing Aid  TSS  Other:

Current Medications your child is taking:

List Allergies to Medication:	List Food Allergies:	List General Allergies:	Can your child participate in physical activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check all the support services your child is receiving:  Autistic  Behavioral Health  Emotional  Hearing  
 Learning  Life Skills  Multiple Disability  Speech & Language  Visual  Other:

**PHOTO RELEASE**

I, being parent/guardian of **(Name of child)** \_\_\_\_\_, hereby consent that videotapes, photographs and/or audio recordings made of my child may be used by the Hill District AfterZone partners which includes Allegheny Partners for Out-of-School Time (APOST), Higher Achievement, Hill House Association, Center that CARES, Schenley Heights Community Development Program and Thelma Lovette YMCA. Furthermore, I hereby consent that such photographs, and/or tapes from which they are made shall be the property of partners named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FIELD TRIP PERMISSION SLIP**

I give my child **(Name of child)** \_\_\_\_\_, permission to participate in all off-site activities provided there will be proper adult supervision at all times. This permission allows attendance at off-site activities as well as allows CARES to transport children to and from events. The program and partners are hereby released from all legal responsibility and liability for the child named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**The Family Rights and Privacy Act (FERPA)** protects you and your child's right to privacy and confidentiality of educational records. FERPA requires prior consent to share personally identifiable information.

I, **(Your name)** \_\_\_\_\_  **Do authorize**  **Do not authorize** and release **(Name of School or School District)** \_\_\_\_\_ to provide information concerning the education of my child, **(Name of child)** \_\_\_\_\_, to the Hill District AfterZone Partners which includes Allegheny Partners for Out-of-School Time (APOST), Higher Achievement, Hill House Association, Center that CARES, Schenley Heights Community Development Program and Thelma Lovette YMCA. I further authorize the school or school district to release educational records of my child to the providers above that include the following information: Student ID Numbers, Attendance, Discipline, Grades, 4sight & Assessment Test Scores, Citizenship Marks, Progress Notes, and Graduation Attainment (12<sup>th</sup> grade only). This Authorization and Release shall remain in effect for one calendar year from the date of my signature.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**DISCIPLINARY ACTION POLICY.** CARES has a zero tolerance for violence both physical and verbal.

I have spoken to my child **(Name of child)** \_\_\_\_\_, and we understand that at any time for inappropriate behavior, CARES reserves the right to suspend or terminated your child from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\* PLEASE BE ADVISED \*\*\*

Students must assume responsibility for personal property and other items brought to afterschool. We strongly advise that parents not send large amounts of money or valuable personal items, electronics, or other expensive property with their children. Center That CARES is not responsible for any damaged, lost, or stolen personal items.