



**FOR OFFICE USE ONLY**

Registration Rec'd: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Secure ID Number: \_\_\_\_\_

**STUDENT APPLICATION**

**ALL FIELDS MUST BE COMPLETED**

**STUDENT INFORMATION**

School Attending in 2026-2027:

Student's Name: \_\_\_\_\_ Does student have access to a computer? Internet?  
 Yes  No  Yes  No

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level in 2026-2027 \_\_\_\_\_ Gender:  Male  Female

Ethnicity: (Please select  American Indian/Alaskan Native  Asian/Pacific Islander  Black/African American  Hispanic/Latino  
 ONLY one)  White/Caucasian  Two or More Races

Student Eligible for:  Free Lunch  Reduced Lunch  Neither Free or Reduced Lunch

What days are your child attending the program? A minimum of 3 days is required, unless approved by the Program Director  
 Mon.  Tues.  Wed.  Thurs.

**STUDENT MEDICAL HISTORY**

It is extremely important that you provide details about any medical history and existing conditions that may affect your child if he/she requires treatment due to a medical emergency.

**My child experiences (check all that apply)**  Asthma  Epilepsy  Bleeding Disorder  Migraines  Diabetes  
 Kidney Disease  Allergies (please list): \_\_\_\_\_  
 Other physical or behavioral conditions that a medical professional handling your child should be aware of (please describe): \_\_\_\_\_

**Special Needs/Disabilities:**  Learning Difficulties  Emotional Support  
 Behavioral Problems  Physical Disabilities  
 None  
 Please Describe: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION: Preferred Mode of Communication:** Text Call Email

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Cell Home Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Preferred Mode of Communication:** Text Call Email

Parent/Guardian Name: \_\_\_\_\_

Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Cell Home Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Should your address or phone change please contact the PIC office**

## STUDENT APPLICATION CONTINUED

**How will your children get to and from the program?** (We offer FREE transportation.)

Our Transportation (Bus)

Drop off address if different than the student information section:

Pick up

(Specify by whom below)

Please list the name of the individuals below who are allowed to pick up your child:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Safety is priority for the PIC Enrichment Program; therefore, no child enrolled in this program will be released from the program without a parent/guardian signature or that of one the three individuals above. Photo identification should be provided at time of pick up. (Note: the names above must be of someone 18 years or older.)*

## EMERGENCY CONTACT INFORMATION

*In the event of illness, injury or emergency evacuation when I cannot be reached by phone, student may be released to any of the following persons (in a medical emergency, the Enrichment Program will call 911 and the parent is responsible for the expense):*

**1. Person to Contact in Case of Emergency:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**2. Person to Contact in Case of Emergency:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone Number:** \_\_\_\_\_

**Any Allergies:** \_\_\_\_\_

**Please list any medication your child takes regularly:** \_\_\_\_\_

**Please Describe any Medical Conditions that we Should Know About Your Child:** \_\_\_\_\_

## PROGRAM CANCELLATION

*Notification of a cancellation will be via a phone call either from the Program Instructor or the Program Director. If you would like to check and see if the program is cancelled, please call 724-836-2600 ext. 2207 (Cindy) or 412-554-2521*

## DISCLAIMER

*Funding for the Enrichment Program requires that statistical information for participating students is collected and reported. Evaluators keep the information confidential and no information is reported on individual children. Your name, your child's name or identifying information will be kept anonymous and will not appear in any printed report from the study.*

## PRESS RELEASE

*I give my permission for the Private Industry Council of Westmoreland/Fayette, Inc. (PIC) and its partnering organizations to use my name and/or photograph(s) for purposes of publication in newspapers, magazines, or other print media, as well as in radio, television and on the internet on their company website, as may be appropriate for publicizing their programs.*

*I release PIC of any liability which may involve the publicizing of my name and/or photograph(s).*

Yes, I give permission to use my child photo and name.

No, I do not give my permission to use my child's photo or name.



## AFTERSCHOOL ENRICHMENT PROGRAM Student Data Permission Form

Private Industry Council of Westmoreland/Fayette, Inc.

You have enrolled your student in the Monessen Afterschool Enrichment program. Operation of the program requires that we report certain results including academics, attendance, discipline, behavior, activity participation, and classroom performance. In addition to compliance with reporting requirements, use of these data assists program managers to make informed decisions about program adjustments and improvements, matching students with needs, program sustainability, and program replication in other sites. Our reporting of positive student results may increase our chances of securing continued and additional funding to operate this program. While the program will collect and maintain information about your student’s participation and attendance at our program, there are certain data that the Private Industry Council must collect from your child’s school. These data include:

- PA Secure ID**
- Behavior Concerns**
- Student Assessment Data (i.e. IEP, PSSA, Keystone, etc.)**
- Report Card Grades and Attendance/Tardiness Data**
- Feedback and Communication from School Teachers and Administrators**

PIC’s Afterschool Enrichment Program’s plan to safeguard student, teacher, and school data can be obtained from Programs Supervisor Cindy Barber at 724-836-2600 ext. 2207

All information collected will be restricted and used solely for serving student needs and approved program evaluation purposes. Each staff member who has access to data receives proper training and ongoing updates on the importance of confidentiality of the data, including the specifics of the Family Educational Rights and Privacy Act **(FERPA)**. Information can be found at USDE's FERPA page: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

The Private Industry Council of Westmoreland/Fayette, Inc. will not release under any circumstances, identifiable information to any other person or organization without written consent from the student, parent, or individual. According to FERPA, the following information is considered “directory” information and may be disclosed without consent: students’ name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

With my signature, I authorize the Private Industry Council to collect and maintain data for my student named below for the purposes of matching my student to services and for program evaluation and reporting. I understand that my student will not be identifiable in any reports to entities or individuals outside of the Private Industry Council.

\_\_\_\_\_

Parent Name (please print)

\_\_\_\_\_

Student Name (please print)

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

# AFTERSCHOOL ENRICHMENT PROGRAM

## Program Policies

For Your Records

### Program Rules

- Bullying will not be tolerated.
- Treat each other as you would want to be treated. Teasing, name calling, and fighting will not be tolerated.
- Respect school and personal property.
- Make sure to have your personal belongings with you at all times.
- All supplies and materials must be put away and all garbage thrown away in the appropriate place.
- The same school rules for the bus apply to the program.
- Students must follow the directives from teachers and aides to ensure the safety of all students.
- Cell phones, iPods, MP3 players, and all other electronic equipment will not be permitted during program hours. PIC will not be responsible for lost, damaged, or stolen items.
- Chromebooks/Laptops must ONLY be used for educational purposes.

### Policy Violation Procedures

- **1st Offense** - A verbal warning (documented)
- **2nd Offense** - Parents/guardians will be contacted by phone to inform them of the violation and ensure they receive documentation of the offense.
- **3rd Offense** - Suspension from the program. The length of the suspension will be at the discretion of the Lead Instructor, PIC Youth Specialist, and the Program Director.
- **4th Offense** – Program Termination

If at any time the violation is severe in nature, immediate termination may occur. Examples of serious offenses would be but not limited to; threats, acts of violence, possessing any items that are prohibited during regular school day and/or destruction or damage to school or personal.

### Attendance Policy

- Students who do not attend within the first week of initial enrollment will be automatically terminated;
- While daily attendance is encouraged, students must attend at least 3 days per week and a minimum of 30 days in three consecutive months. Modifications can be made with the approval of the Program's Director, Cindy Barber, Youth Programs Supervisor, 724-836-2600, ext. 2207
- Students need to attend at least 30 days in order to fully benefit from our program and workshops.

### General Notes

- After School Enrichment Program staff is not allowed to dispense any medication to children, except basic first aid. The child is responsible for taking his/her own medicine.
- Parent/Guardian must notify the Afterschool staff of child taking the medicine.
- We consider attending our Afterschool Program a privilege and will not tolerate any unruly or disruptive behavior from any of its children.
- Our program is open to ALL children who benefit from our type of program regardless of race, creed, sex, religion, or nationality.

