

ALL CARE COMMUNITY CENTER

4434 Cane Run Road, Louisville, KY 40216

Phone (502) 447-1612 Fax (502) 447-1666

Joyce Korfhage Rhea, Director

www.AllCareCC.org

Dear Parent/Guardian:

The new school year is just around the corner, and it is time to enroll your child in the **After-School Enrichment Program** at **All Care Community Center**. We are accepting registrations now for the **2009-2010 school year**. It is important that we all work together to help our young people become the best that they can be. We are offering a number of programs at All Care this year that we think will be interesting for your children and also help them succeed in school and in their future lives.

We are asking that parents or guardians come to the Center to register their children this year. Only children who have been registered are allowed to come to the Center. You may come in when the Center is open, or call Ms. Joyce or Ms. Tiffany to set up an appointment to register your children.

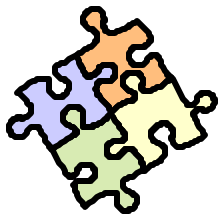
We are planning a more structured schedule this school year. Some things you should know about the Center include:

- **After-school hours** are from **2:00 to 6:00, Monday - Friday**.
- **Snacks** will be served at designated times after the children arrive from school.
- After snack, children shall **write in their journal**, do **homework**, **read a book** or participate in individual activities.
- Our **computer lab** is open, yet the rules must be followed in order to be allowed to participate.
- **Regular attendance** at the Center has shown to be an important factor in the success of helping your child attain their goals and improve their grades.

All Care relies year-round on donations and money from grants to fund the Center's programs and operations. In 2008, we received grant funds from Louisville Metro Government, Rohm and Haas and an emergency grant from the Louisville Community Foundation. In addition, this year the Center was awarded a Louisville Metro Family Services Fund as well as a grant from Kosair Charities, Inc. In order to receive funding from some sources, we are required to keep very complete records showing the successful results of our programs. It is important for us to keep the businesses and agencies in our community informed about the Center to encourage their support. It is for these reasons that we are requesting your permission to use your child's photograph and also to receive information from your child's school about his/her progress; **therefore, the Center requests that your child show us his/her regular Report Cards/Progress Reports as soon as they are distributed.** Having access to your child's school records for attendance, grades and behavior is very helpful to **All Care Community Center**. This information helps us to evaluate the effectiveness of our programs in helping your child to do and be the best he/she can.

Please be certain that we always have a phone number where we can contact you during the time your child is at the Center. *If your number changes, please give us another working contact number as soon as possible.*

The board of directors and staff of All Care welcome your comments and suggestions about the Center, and, as always, we invite you to volunteer a few hours each week or month at the Center. Call Ms. Joyce or Ms. Tiffany at 447-1612 to set up a convenient time for you to volunteer here at the Center.



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FALL 2009-SPRING 2010

FAMILY INFORMATION (Please Print)

Name _____ Name called _____ Male _____ Female _____

Address _____

Phone _____ Birth date _____ **Street/Apt. No./City/State/Zip** Age _____ School _____ Grade _____

Any medical conditions (physical/behavioral/learning) that staff should be aware of? Yes _____ No _____

Any allergies (airborne/food/skin, etc.) that staff should be aware of? Yes _____ No _____

If YES to either, please list: _____

Physician/Health Care Center Name & Phone: _____

List any medications that your child is currently taking _____

How many people live in your household? _____ Brothers/Sisters Names and Ages: _____

Parent/Guardian name(s) _____ Relationship _____
(Please circle one)

Address (if different) _____

Street/Apt. No./City/State/Zip

Home phone _____ Cell phone or pager _____ Email _____

Parent/Guardian employer _____ Work phone _____

Parent/Guardian employer _____ Work phone _____

EMERGENCY INFORMATION

Person(s) to be contacted in case of emergency, if parent/guardian cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

IMPORTANT: How will your child get home from the Center?

____ My child, _____, has my permission to walk home from All Care Community Center.

____ My child will be picked up by one of the following:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is your child eligible for Free Lunch _____ or Reduced Lunch _____ at school?

Who referred you to the Center? School _____ Counselor/Social Worker _____ Other: _____

What does your child need help with? _____

I understand that my child is expected to abide by the rules of All Care Community Center, and that ACCC staff will contact me if needed to discuss behavioral problems.

Parent/Guardian (Please circle one) _____ Date _____

PHOTO RELEASE

I give permission for my child, _____, to be photographed during activities at All Care Community Center, and for the child's photo to be used in brochures, newsletters, videos, photo displays and in any other purpose related to the programs and activities of All Care Community Center, Inc. I understand that this permission will remain in effect until All Care Community Center receives written notice from me withdrawing permission to use my child's photo.

_____ Date _____

Signature

Parent/Guardian
(Please circle one)

RELEASE OF INFORMATION CONSENT FORM

I, _____, am participating in the programs at All Care Community Center, hereafter referred to as the Organization. By signing this form, I am giving the Organization staff permission to communicate regarding services offered to me and/or my family to the Jefferson County Public Schools (JCPS). I understand that all records and information regarding services will be protected by regulations that govern the exchange of confidential information.

It is understood that by authorizing the release of such information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Organization and JCPS.

I have read and understand the contents of this form; I have received a copy, and I agree to its provisions.

This authorization to receive services from the above Organization and to exchange confidential information shall remain in effect for the period of my participation in the Organization or JCPS. I understand that this release may be revoked by me at any time if requested in writing.

Signature for Self or Children _____ **Date** _____

Witness Signature _____ **Date** _____

IMMUNIZATION AND MEDICAL RECORDS

I, _____, certify that my child, _____, has received the required immunizations to date and is submitting a copy of my child's *Immunization Certificate* to All Care Community Center, stipulated by the Kentucky Division of Child Care under 922 KAR 2:110. I understand that I have 15 days from the date of my child's enrollment to submit a copy of their *Immunization Certificate* to the Center. I also understand that I am required to submit my child's *medical history*, along with *my signed authorization for emergency medical care*. I further understand that such information and records given to this Organization **a)** will be protected by regulations that govern the exchange of confidential information; and **b)** the disclosure of this information will be limited to staff within All Care Community Center.

Parental Signature _____ **Date** _____