



Pathways Registration Form 2010-2011



**Program Start Dates:
September 7th, 2010**

Program Fees

Site	AM Program	PM Program	Fee Rates	Actual Cost	Non-Subsidized Cost	Partial Scholarship	Full Scholarship
JB Young	7:30— 8:30AM	3:40— 5:45PM					
Smart	7:30— 8:30AM	3:40— 5:45PM	Registration Fee	\$15 per family	\$15 per family	\$15 per family	\$15 per family
Williams	No Program	3:40— 5:45PM	Program Rates	\$50 per week	\$25 per week	\$10 per week	\$0 per week
Wood	No Program	3:40— 5:45PM					

Parents- Please pick the rate that applies to you. All requests for a full scholarship will be evaluated on a per family basis. Bills will be sent monthly to your home, and are due on the 1st of each month. If you are requesting a full scholarship please contact our office at 563-336-3808.

About the Pathways Program:

- Certified teachers on staff
- Daily homework help
- Field trips
- Career exploration in the Pathways Career Clubs
- Healthy Snack
- Recreation

Registration Procedure:

1. Fill out registration & information form
2. Mail or drop off forms and registration fee plus 1 month payment to:
1606 Brady Street
Davenport, IA 52803
3. 24hr notice is required for student to start in the Pathways Program.

Student's Name	Date of Birth	Grade	School	AM Program	PM Program

Parent Name: _____ Parent Signature _____
Signature indicates you have read and understand the above information and all information in the parent guidelines book.

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email Address: _____

Information/Authorization Form

Pathways

SITE:

This information will be kept confidential. Most of the information is needed for the health and safety of your youth. Other information is requested for eligibility for federal funding. Thank you for your cooperation.

Current Date: _____

A. Primary Information

1. Youth's Name _____
2. Birth date: _____ Male ____ Female ____
3. Address: _____
4. Home Phone: _____
5. Work Phone: _____
6. Cell Phone: _____
7. Home School: _____
8. Grade: _____
9. Parent/Guardian Name: _____
10. Employer: _____

B. Medical/Emergency Information

Please give us any information which you believe will be helpful in understanding and working with your child. (e.g. diabetes, asthma, hyperactivity, allergies, other medical information, etc.)

1. Allergies: _____
2. Medication: _____
3. Dietary Restrictions: _____
4. Special Conditions: _____
5. Physical or behavioral conditions that may affect or limit full participation in classroom and outdoor activities: _____
6. Other: _____
7. Emergency Contact Person(s): (Other than Parent/Guardian)
 - a. Name: _____ Relationship: _____ Phone: _____
 - b. Name: _____ Relationship: _____ Phone: _____

C. Authorizations

1. My child **Does/Does Not** (Circle one.) have permission to walk home from the program.
2. Are there any orders of protection or custody agreements in place for this child? Yes ____ No ____
3. Name of persons other than parents/guardians noted above who **MAY** pick up the youth (promptly at end of program): _____
4. Name of persons who **MAY NOT** pick up the youth: _____
5. **(FIELD TRIPS)** I **DO/DO NOT** give permission for my child to leave the program for trips in a school bus, public transportation, walks to the park on community outings. The program will contact parents in advance to let them know of the nature of the trip or activity.
6. In the event that my child may require emergency medical and/or surgical care while I am unable to be reached, I hereby give my consent to medical and/or surgical treatment to the hospital and doctor _____, or his or her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.
7. By registering for this program, each registrant consents to the unrestricted use of their name and/or likeness (including photographs, videotapes, electronic, and other depictions by the program management committee.) YES ____ NO ____

The undersigned hereby grants the Pathways program permission to exchange information concerning said child on application between Davenport Community Schools, Davenport Police Department, Department of Human Services, Iowa State University Extension and City of Davenport Park & Recreation. This program is identified as a helping profession. All employees are mandated reporters. Therefore, if an employee knows or has reason to believe that a child has been or is being physically or sexually abused, or neglected, this information must be reported to the Department of Human Services.

I certify the above information is correct and understand I may be required to supply documentation to verify the information. The above consent will be in effect for the duration of the program.

Signature _____

Date _____

For further information, please call 563-336-3808