



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Rosa Parks ExCEL ASP 2011

PM Care For Youth K-5th Grades  
BUCHANAN YMCA YOUTH PROGRAMS

August 15 2011 May 25 2012



ROSA PARKS ExCEL 1501 O'Farrell Street San Francisco, CA 94115 P415.749.3519

BUCHANAN YMCA 1530 Buchanan Street San Francisco CA 94115 P415.931.9622 F415.931.1746 [www.ymcasf.org/buchanan](http://www.ymcasf.org/buchanan)



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Thank you for allowing the Buchanan YMCA to be a part of your family. We understand the importance of your decision and will do everything we can to ensure that your child receives the most rewarding after-school experience possible. Our mission is for youth development, for healthy living, and for social responsibility. We strive towards our mission through our diligence in partnering with schools and other community organizations to guarantee that every opportunity is within you and your child's reach.

The Rosa Parks ExCEL ASP will operate August 15, 2011 through May 25, 2012. We will be available to assist you with all of your family's needs Monday through Friday of each week. We have our K-5<sup>th</sup> grade After-School Program from 1:50pm until 6:00pm. We also recognize the importance of family and adult services and work to serve the entire community.

Please note that all of our services are FREE. For these programs youth will be enrolled on a first come first serve basis. If space is not available for your child at this time, we will place them on a waiting list while we assist you in meeting their after school needs in the interim.

This coming year promises to be an exciting one as we work together to improve the educational outcomes for our youth and to promote healthy development practices within our community.

Thank you again.

In community,

Takija Gardner  
Associate Executive Director  
Buchanan YMCA

Verma Zapanta  
Site Coordinator  
Rosa Parks ExCEL Afterschool Program  
Buchanan YMCA

**PROGRAM HOURS: 1:50-6pm**



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REGISTRATION FORM			
Name: _____		Date Of Birth: _____	Grade: _____
(First Name)	(M.I)	(Last Name)	
Address: _____		School Attending: _____	
City: _____	State: _____	Zip: _____	Phone: _____
<b>Check All That Apply:</b> <u>RACE/ETHNICITY</u> African American Other: Black _____ Asian – Cambodian Asian – Chinese Asian – Indian Asian – Japanese Asian – Korean Asian – Laotian Asian – Thai Asian – Vietnamese Asian – Other: _____ Hispanic/Latino – Central American Hispanic/Latino – Caribbean Hispanic/Latino –Cuban Hispanic/Latino –Mexican/Mexican–American Hispanic/Latino –Puerto Rican Hispanic/Latino –South American Hispanic/Latino – Other: _____ Hispanic/Latino – Not of Hispanic or Latino Origin	Middle Eastern – Arab Middle Eastern – Iranian Middle Eastern – Other: _____ Native America/American Indian Native Alaskan Pacific Islander – Guamanian Pacific Islander –Hawaiian Pacific Islander –Samoan Pacific Islander –Tongan Pacific Islander –Other: _____ White – European American White – Other Multi-racial/Multi-ethnic Other: _____  <u>GENDER</u> Male Female Transgender Don't Know	<u>PRIMARY LANGUAGE</u> English Spanish Cantonese Japanese Korean Laotian Mandarin Toishanese Vietnamese Khmer/Cambodian Samoan Tagalog Arabic Russian American Sign Language Other: _____  <u>ENGLISH FLUENCY</u> Fluent Somewhat Not Fluent	<u>SEXUAL ORIENTATION</u> Heterosexual/Straight Lesbian Gay Bisexual Questioning Don't Know  <u>Other Demographics</u> Disability Homeless TANF (Receive Benefits) Teen Parent Public Housing Attend Public School Limited English Foster Care Receive Free or Reduced School Lunch
<b>Parent/Guardian</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home #: _____ Work #: _____ Cell/Pager #: _____ Relation: _____ Email: _____		<b>Other Emergency Contact</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home #: _____ Work #: _____ Cell/Pager #: _____ Relation: _____ Email: _____	

FOR OFFICE USE ONLY	
Participants Name _____	
Received Date _____	Received Time _____
Accepted By _____	
Enrolled # _____	Waitlist# _____



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### MEDICAL INFORMATION

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First Name) (M.I.) (Last Name)

#### Does Your Child have medical insurance?

Yes. Please complete insurance information:

Medical Provider \_\_\_\_\_ Medical Number \_\_\_\_\_

Primary Health Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Would you be interested in receiving information about low cost health insurance and/or free health care services? Yes: \_\_\_ No: \_\_\_

Does your child have any medical conditions (asthma, heart condition, seizures, diabetes, hearing or sight loss, allergies, etc) that we should know about? Yes: \_\_\_ No: \_\_\_

Please explain: \_\_\_\_\_

Does your child take any medication during the day? Yes: \_\_\_ No: \_\_\_

Please explain: \_\_\_\_\_

### WAIVER OF LIABILITY AND PERMISSION FORM

I, the undersigned, give permission for my child to participate in the activities offered by the Rosa Parks ExCEL Afterschool Program . I know of no physical disorder that could keep my child or ward from participating in this program. I waive any claim of liability against, and agree to hold harmless the YMCA of San Francisco, San Francisco Unified School District and any other officer, agent, and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by the Rosa Parks ExCEL Afterschool Program

Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgment, may be necessary.

I understand that the Rosa Parks ExCEL Afterschool Program conducts evaluation to asses the quality of programs. I give permission for my child to be part of this program evaluation. I also understand that the information collected about my child will be kept confidential and that only the persons connected with the Rosa Parks ExCEL Afterschool Program and the evaluation will have access to this information.

I also give my permission for any photograph, videotape, film, audiotape, or writing of said participant, obtained during normal Rosa Parks ExCEL Afterschool Program activity hours, to be used in informational materials for the Rosa Parks ExCEL Afterschool Program and/or its affiliates.

I also give permission for my child to attend field trips organized by the Rosa Parks ExCEL Afterschool Program and to use transportation arranged for the purpose of field trips.

**THE UNDERSIGNED HEREBY GIVES PERMISSION for the Rosa Parks ExCEL Afterschool Program - Buchanan YMCA of San Francisco, or evaluation consultant to interview the undersigned's children and authorize the school and/or the San Francisco Unified School District to make his/her school records available (i.e., grades, test and achievement scores, attendance record, homework records, teacher comments, behavior).**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Birth date \_\_\_\_\_ Age as of Sept. 1<sup>st</sup> \_\_\_ Current Grade Level \_\_\_\_\_

**Family Information**

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Parent/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Parent/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Medical History & Allergy Information (Please check and give approximate dates when possible.)**

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Conditions/Diseases

Allergies

\_\_\_\_\_ Frequent Ear Infections

\_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Hay Fever

\_\_\_\_\_ Heart defect/disease

\_\_\_\_\_ Measles

\_\_\_\_\_ Poison Ivy/Oak

\_\_\_\_\_ Convulsions/Epilepsy

\_\_\_\_\_ German Measles

\_\_\_\_\_ Insect Stings

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Mumps

\_\_\_\_\_ Penicillin

\_\_\_\_\_ Bleeding/Clotting Disorder

\_\_\_\_\_ Whooping Cough

\_\_\_\_\_ Other Drugs

\_\_\_\_\_ Asthma

\_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Other (please specify)

\_\_\_\_\_ Polio

\_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Shots (give dates) \_\_\_\_\_

\_\_\_\_\_ Tetanus \_\_\_\_\_ TB

Are there any other fears, disabilities or other special needs that your child's counselor should know about?

\_\_\_\_\_

The Buchanan YMCA invites children with cognitive, affective, social and/or physical disabilities to participate in inclusive settings at our programs. Inclusion is made possible through individualized support systems. Would you like to be contacted by a specialist?

(Initial here) \_\_\_\_\_

**Emergency Contact/Authorized to Pick-up Child (Minimum of two emergency contacts other than parents required.)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_, Work phone, \_\_\_\_\_ Cell, \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_, Work phone, \_\_\_\_\_ Cell, \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_, Work phone, \_\_\_\_\_ Cell, \_\_\_\_\_



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# **Rosa Parks ExCEL ASP 2011**

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### **YMCA of San Francisco Membership Application Release and Waiver of Liability and Indemnity Agreement**

**IN CONSIDERATION** of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

**IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

**THE UNDERSIGNED ON HIS OR HER BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

**THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by negligence of the releasees or otherwise.

**THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

**THE UNDERSIGNED HEREBY GIVES PERMISSION** for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes without additional release or authorization.

**THE UNDERSIGNED** further expressly agrees that the foregoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE.**

Signature of applicant/parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of applicant/parent: \_\_\_\_\_

Print name(s) of child(ren) in program: \_\_\_\_\_



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### ROSA PARKS RULES

- 1 Rosa Parks ExCEL Afterschool Program expects all staff and participants to act with respect toward each other, and to the established rules. With the help of the young participants of our program, we designed a basic set of guidelines that guide conduct at Rosa Parks.
- 2 Be respectful to
  - 1 Peers
  - 1 Staff
  - 2 Property of Rosa Parks and of peers
2. Resolve conflicts through talking and listening – NO FIGHTING!
3. No weapons or anything that looks like a weapon is allowed. We reserve the right to search personal property if deemed necessary.
4. Rosa Parks is a DRUG-FREE ZONE.
5. All participants must remain in programs or in the supervised “hang out” area.
6. Use respectful language and no cursing.
7. Wear Rosa Parks ID/Badge
8. No scooters, bicycles, or skateboards allowed. There are no exceptions. Rosa Parks ExCEL Afterschool Program is not responsible for any possessions of participants.
9. The phone may only be used to call parents/guardians. The use of the office phone is a privilege and can be taken away if participants are not respectful to the office or use of the phone.

#### Pick- Up Procedures

The Rosa Parks ExCEL Afterschool Program ends at 6:00 PM. Students may be picked up any time between 5:30pm and 6:00pm.

If your child is not picked- up by 6:00 PM, it is considered a LATE PICK- UP.

Parents will be charged a \$1.00 fee for every minute that they are late. In addition,

**A ONE (1) DAY SUSPENSION FROM THE PROGRAM WILL RESULT IF:**

**Two (2) Consecutive days of late pick- up (two days in a row)**

**OR**

**Three (3) incidents of late pick- up in a month's span (three times per month)**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



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### Rosa Parks ExCEL Afterschool Program Attendance Agreement

The Rosa Parks ExCEL Afterschool Program operates Monday through Friday from 1:50pm until 6:00pm. The **minimum** attendance requirement for all participants is Monday through Friday 1:50pm until 6pm. These are the requirements that have been mandated by the San Francisco Unified School District. Failure to comply with these requirements will result in the following:

**1<sup>st</sup> warning-** Letter sent home to parent

**2<sup>nd</sup> warning-** Program Coordinator to meet with parent. Participant will be placed on one month probation

**3<sup>rd</sup> and final warning** - participant will be removed from the program

Please understand that these policies are set in place to ensure that your child receives the full program offerings, which include academic support, recreational programming and enrichment programming.

If you have any questions or concerns regarding this policy or foresee that you will have difficulty in meeting these requirements please contact Verma Zapanta immediately.

I have read and agree to the attendance requirements as stated. I understand that my child will be removed from the program if I fail to comply with this policy.

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Signature of Parent or Guardian

---

Date

## 2011-2012 Instructional Calendar

	M	T	W	T	F	Instructional Days	Significant Dates and Holidays
July 2011	4	5	6	7	8	0	Jul 4 – Independence Day Holiday
	11	12	13	14	15		
	18	19	20	21	22		
	25	26	27	28	29		
	1	2	3	4	5		
August 2011	8	9	10	11	12	13	Aug. 10-11 – Professional Development Days (K-12)
	15	16	17	18	19		Aug. 12 – Teacher Work Day
	22	23	24	25	26		Aug. 15 – First Day of Instruction – Students Report
	29	30	31				
September 2011		6	7	8	9	21	Sept. 5 – Labor Day (Holiday)
	12	13	14	15	16		
	19	20	21	22	23		
	26	27	28	29	30		
October 2011		11	12	13	14	20	Oct. 10 – Columbus/Indigenous People’s Day/El Dia de la Raza (Holiday)
	17	18	19	20	21		
	24	25	26	27	28		
	31						
November 2011		1	2	3	4	18	Nov. 11 – Veterans Day (Holiday)
	7	8	9	10	11		Nov. 23-25 – Thanksgiving Recess (No School)
	14	15	16	17	18		
	21	22	23	24	25		
	28	29	30				
December 2011				1	2	12	Dec. 16 – End of the Fall Semester
	5	6	7	8	9		Dec. 19 – 30 – Winter Break
	12	13	14	15	16		
	19	20	21	22	23		
	26	27	28	29	30		
January 2012		3	4	5	6	19	Jan. 2 – New Year Day Observance (Holiday)
	9	10	11	12	13		Jan. 16 – Martin Luther King Day (Holiday)
	17	18	19	20	21		Jan. 23 – Lunar New Year Observance (School Sites and CDP Ctrs Closed – District Offices Open)
	24	25	26	27	28		
	30	31					
February 2012			1	2	3	19	Feb. 17 – Furlough Day (Schools, CDP Centers, and District Offices Closed)
	6	7	8	9	10		Feb. 20 – President’s Day Observance (Holiday)
	13	14	15	16	17		
	20	21	22	23	24		
	27	28	29				
March 2012				1	2	16	Mar. 16 – Furlough Day (Schools, CDP Centers, and District Offices Closed)
	5	6	7	8	9		Mar. 26 – 29 – Spring Break (K-12)
	12	13	14	15	16		Mar. 30 – Cesar Chavez Day Observance (Schools and CDP Centers Closed – District Offices Open)
	19	20	21	22	23		
	26	27	28	29	30		
April 2012		3	4	5	6	19	Apr. 6 – Furlough Day (Schools, CDP Centers, and District Offices Closed)
	9	10	11	12	13		Apr. 23 – Professional Development Day (K-12) (No School K-12)
	16	17	18	19	20		
	23	24	25	26	27		
	30						
May 2012		1	2	3	4	19	May 25 – End of the Spring Semester
	7	8	9	10	11		May 28 – Memorial Day (Holiday)
	14	15	16	17	18		May 29 – Furlough Day (Schools, CDP Centers, and District Offices Closed)
	21	22	23	24	25		
	28	29	30	31			
June 2012					1	0	
	4	5	6	7	8		
	11	12	13	14	15		
	18	19	20	21	22		
	25	26	27	28	29		

### Service Days by Month

Fall Semester – 84  
 Spring Semester – 92  
 Total Instructional Days - 176  
 Teacher Work Day - 1  
 Professional Development Days – 3  
 Total Service Days - 180

July	0	January	19
August	16	February	19
September	21	March	16
October	20	April	19
November	18	May	19
December	12	June	0