



Riverside Educational Center
After School Tutoring and Enrichment

2020-2021 STUDENT REGISTRATION

Application Date:

Enrollment Date:

***PLEASE NOTE: APPLICATION MUST BE COMPLETE. INCOMPLETE OR MISSING INFORMATION MAY RESULT IN DELAY OR DENIAL OF ENROLLMENT.**

STUDENT GENERAL INFORMATION

First Name:		Middle:		Last Name:	
Birthdate: (must be 6-18 years old)		Student Cell Phone		<input type="checkbox"/> Staff may contact student	
Race: (Circle)	White Asian Other	Black or African American Native Hawaiian or Pacific Islander American Indian or Native Alaskan	Ethnicity (Circle):	Hispanic Non-Hispanic	Home Language:
			Circle One:	Female Male Other	
School:	<input type="checkbox"/> Enrolled in Online School <input type="checkbox"/> Enrolled in In-Person School		District Student ID #		Grade:
ParentVue/Schoolology Username:	ParentVue/Schoolology Password:		Homeroom Teacher:		
Student D51 Email Address:					
Preferred Method of Contact:	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Text Message	<input type="checkbox"/> Email	<input type="checkbox"/> Mail (Post)	<input type="checkbox"/> Any
Referred By:					

REC accepts students for enrollment who qualify. Program participation and acceptance are based on the following information provided.
*IT IS EXTREMELY IMPORTANT TO CHECK **ALL** THAT APPLY to assist us in meeting your student's needs.*

<input type="checkbox"/> Free/Reduced Lunch	<input type="checkbox"/> Poor Attendance	<input type="checkbox"/> Single Parent Home	<input type="checkbox"/> Limited or No Home Internet Access	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Below Grade Level in Reading	<input type="checkbox"/> Below Grade Level in Math	<input type="checkbox"/> Overall Poor Grades	<input type="checkbox"/> Low Motivation
<input type="checkbox"/> IEP- Individualized Education Plan	<input type="checkbox"/> ILP- Individualized Learning Plan	<input type="checkbox"/> ALP- Advanced Learning Plan	<input type="checkbox"/> ELL- English Language Learner	<input type="checkbox"/> Social/Emotional Issues
<input type="checkbox"/> Discipline Issues	<input type="checkbox"/> Low Self Esteem	<input type="checkbox"/> Homeless	<input type="checkbox"/> Transportation Issues	<input type="checkbox"/> Bullying
<input type="checkbox"/> Other (please explain):				

PARENT INFORMATION

STUDENT LIVES WITH:		<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Both
PARENT/GUARDIAN #1 INFO (Main Student Contact)				
First Name:		Last Name:		
Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian/Other (Please Specify):	
Street address:			Apt, Trailer, Unit, etc. #:	
City:	State:	Zip:	Email:	
Mailing Address (If different from above):				
Primary Phone:		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Employer:				
PARENT/GUARDIAN #2 INFO				
First Name:		Last Name:		
Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian/Other (Please Specify):	
Street address:			Apt, Trailer, Unit, etc. #:	
City:	State:	Zip:	Email:	
Mailing Address (If different from above):				
Primary Phone:		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Employer:				

EMERGENCY CONTACTS			
Emergency Contact #1- In the event of an emergency the person listed below will be the First-person REC will attempt to contact.			
First Name:		Last Name:	
Relationship to Student:		Address:	
Primary Phone:		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Emergency Contact #2- In the event of an emergency if the first contact cannot be reached, REC will attempt to contact the person below.			
First Name:		Last Name:	
Relationship to Student:		Address:	
Primary Phone:		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

STUDENT MEDICAL INFORMATION AND HISTORY	
Primary Doctor Name:	Primary Doctor Phone:
Primary Doctor Address:	
Hospital of Preference: (Check One)	<input type="checkbox"/> Community Hospital <input type="checkbox"/> St. Mary's Hospital <input type="checkbox"/> Other: _____
Chronic medical conditions, physical limitations, specific care plan, serious operations/injuries, dietary limitations, and/or other health conditions REC Staff should be aware of? Please explain:	
Food Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
Other Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
Diabetes: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
Asthma: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
Is your child fully immunized?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Medications (explain/describe):	

REC PROGRAMS		
Please Note: Excessive unexcused absences can result in being dropped from REC to make space for students on our waitlist who need our services. A staff/parent meeting with REC Staff is required for reactivation.		
<input type="checkbox"/> Elementary Tutoring & Enrichment Dual Immersion Academy (DIA) (K-5 th) Monday-Thursday 4:00-5:30pm <input type="checkbox"/> Elementary Tutoring & Enrichment Dos Rios Elementary (DRE) (K-5 th) Tuesday-Thursday 4:00-6:00pm Friday 2:00pm-6:00pm <input type="checkbox"/> Elementary Tutoring & Enrichment Rocky Mountain Elementary (RME) (K-5 th) Tuesday-Thursday 4:00-6:15pm Friday 2:00pm-6:00pm <input type="checkbox"/> Elementary Tutoring & Enrichment Fruitvale Elementary (FVE) (K-5 th) Tuesday-Thursday 4:00-5:45pm Friday 2:00pm-5:45pm	<input type="checkbox"/> Middle School Tutoring & Enrichment Orchard Mesa Middle School (OMMS) (6-8 th) Monday-Thursday 3:15-5:30pm <input type="checkbox"/> Middle School Tutoring & Enrichment Bookcliff Middle School (BMS) (6-8 th) Monday-Thursday 3:15-5:30pm <input type="checkbox"/> Middle School Tutoring & Enrichment Grand Mesa Middle School (GMMS) (6-8 th) Monday-Thursday 3:15-5:30pm <input type="checkbox"/> Middle School Tutoring & Enrichment Mount Garfield Middle School (MGMS) (6-8 th) Monday-Thursday 3:15-5:30pm	<input type="checkbox"/> High School Tutoring & Enrichment Grand Junction High School (GJHS) (9-12 th) Monday-Thursday 3:15-5:30pm <input type="checkbox"/> High School Tutoring & Enrichment Central High School (CHS) (9-12 th) Monday-Thursday 3:15-5:30pm

TRANSPORTATION

 (Initials)	(Optional): I grant my permission to walk home after dismissal and authorize R.E.C. to release my child without a parent/guardian or person listed below present. <i>Be advised that if you grant your child permission to walk home all responsibility is released from R.E.C. once your child leaves the building.</i>
 (Initials)	(Optional): I grant permission and authorize R.E.C. to release my child to exit the building out to meet their ride without a staff or parent/guardian or person listed below present. <i>Be advised that if you grant your child permission to leave the building without an adult signing out all responsibility is released from R.E.C. once your child leaves the building.</i>

Please note: If none of the above is signed, a parent/guardian or one of the persons listed below **must come in and sign out** the student after each tutoring/enrichment session and must show ID if requested.

LIST THE NAMES OF THE PEOPLE THAT MAY PICK UP YOUR CHILD BELOW:

1.) Name:		Relationship to student:	
Primary Phone:		Alternate Phone:	
2.) Name:		Relationship to student:	
Primary Phone:		Alternate Phone:	
3.) Name:		Relationship to student:	
Primary Phone:		Alternate Phone:	
4.) Name:		Relationship to student:	
Primary Phone:		Alternate Phone:	
5.) Name:		Relationship to student:	
Primary Phone:		Alternate Phone:	
6.) Name:		Relationship to student:	
Primary Phone:		Alternate Phone:	

Any Custody Issues or someone who should NOT pick up your student:

☐ YES ☐ NO

If "YES", please list:

REC will need reason, documentation, and/or court order. Please provide with application.

SUGGESTED DONATION

There is a suggested donation of \$20 per child and \$5 per child thereafter (max \$30). However, this is NOT required for participation in programming.

This helps covers costs for tutoring, enrichment, most field trips, and our summer program. **Alternatively, we ask if possible, for 4-6 volunteer hours at REC.** See our Parent Volunteer Opportunities form for more information and available opportunities.

☐ **Donation** Donation Amount \$ _____

☐ **Volunteer**

☐ **Both**

☐ **Other:** _____

REC staff initials: _____

PARENT/GUARDIAN SIGNATURE

Name:		Signature:		Date:	
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FOR REC STAFF ONLY

Initial when COMPLETE:

☐ Application **Complete**
☐ Manager Copy Made
☐ Parent Contacted
 If "Yes" Start Date given _____

Staff Initial: _____

Date: _____

If you should have any questions or concerns, please contact:

Dixie Wilkinson

DIA Site Manager
Dixie@rec4kids.com
970-239-1892

Amy Ashcraft

DRE Site Manager
amy@rec4kids.com
970-812-3588

Jan Meister

RME Site Manager
jan@rec4kids.com
724-897-7133

Alex Fuentes

FVE Site Manager
alex@rec4kids.com
970-462-9741

Deanna Swetnam

BMS Site Manager
deanna@rec4kids.com
719-204-5072

Andrea Stanton

OMMS Site Manager
andrea@rec4kids.com
970-462-7253

Rachel McCarthy

GMMS Site Manager
rachelmccarthy@rec4kids.com
970-773-7967

Vivian LyBarger

MGMS Site Manager
vivian@rec4kids.com
970-589-5014

Edgar Corona-Enriquez

GJHS Site Manager
edgar@rec4kids.com
970-639-0079

Brant McConnell

CHS Site Manager
brant@rec4kids.com
318-933-3253



Riverside Educational Center
After School Tutoring and Enrichment

REC 2020/21 Field Trip Permission

REC will notify you in advance of upcoming field trips and provide additional information. If you **do not** want your child to participate in any of the field trips and enrichment activities offered by REC, please let the site manager know as soon as possible before the activity/trip.

Permission and Release for Participation in REC Field Trips and Enrichment Activities for the 2020/21 school year

Please initial and sign below to grant your permission in activities associated with the Riverside Educational Center (REC).

First Name	Last Name
Emergency Contact Name	Emergency Phone Number

I am the parent/legal guardian of the child named above. I grant my permission for my child to participate in the Riverside Educational Center's enrichment activities and field trips for the 2020/2021 school year.

I hereby hold harmless, release and fully discharge the REC, their agents, Boards of Directors, officers, volunteers, or employees from any and all liability, claims, and causes of action, cost and expenses which may arise from or are in any way related to my child's participation in the REC.

I give my permission for my child to be transported by a Riverside Educational Center either by van, REC Staff Member vehicle, REC Activity Bus or STA Student Bus.

I grant permission to the Riverside Educational Center to use photographs, video/audio tape, TV, and use of my child's name for any event at the REC to be used for public relations or recruitment purposes.

_____(initials) I authorize and appoint, as my agent, the Riverside Educational Center or its agents or employees to secure necessary emergency medical/dental care for my child. I authorize the administration of first aid and over the counter medications to carry out the necessary emergency treatment and the release of medical information to the REC and the treating institution. I further authorize the REC to release information necessary for treatment. I will be responsible for costs of such emergency treatment. In giving the authorization for emergency treatment, I agree to hold harmless and indemnify the REC, its agents, and employees any and all claims, including costs, of any kind from such treatment.

_____(initials) I grant my child permission to walk home after dismissal. I authorize the REC to release my child home alone without a parent present.

I have been informed of the rules for the REC. I acknowledge that my child will be expected to abide by the REC rules and regulations. The REC has the right to expel students from the program if rules are not followed. Parents will be notified in the event of major behaviors. This shall be binding on my successors, heirs, personal representatives, and assigns.

Printed Name

Signature of Parent/Guardian

Date

Permission and Release for Participation in the 2020-21 R.E.C. Tutoring, Enrichment, and Summer Programs

Please initial and sign below to grant your permission in the following activities associated with the Riverside Educational Center (REC).

I grant my permission for

First Name	Last Name	
School	Grade	Home Room Teacher(s)

to participate in Riverside Educational Center's 2020-2021 tutoring, enrichment, and summer programs.

I am the parent/legal guardian of the child named above. I have been informed regarding the Riverside Educational Center's need to obtain information about my child's academic record and performance in school in order to tailor tutoring and enrichment services to meet his/her academic needs, and advise you as follows:

INITIAL:

I grant permission to the Riverside Educational Center to use photographs, video/audio tape, TV, and use of my child's name for any event at the REC to be used for public relations or recruitment purposes and share with any relevant third party REC partner organizations.

Please read this information carefully; then sign and date below.

IDO give consent for Mesa County Valley School District No. 51 (District) and other service providers to release to Riverside Educational Center or its authorized representatives the following educational records concerning my child for the purpose of delivering and enhancing the delivery of appropriate after-school tutoring and enrichment programs to my child: CoAlt, PARCC, CMAS, NWEA, Dibels and other assessment data, Grades and Attendance, Educational information posted to or available from the District's ParentVUE/Schoology website under my child's account

IDO authorize and give consent for my child's teachers, counselors, and administrators and any staff of other service providers to freely discuss student's information and needs, academic or otherwise, as needed with Riverside Educational Center employees or volunteers assigned to provide tutoring, social/emotional, and enrichment services to my child .

IDO authorize and permit Riverside Educational Center and its authorized employees and volunteers to obtain and use my child's StudentVUE or ParentVUE or Schoology user name and password to access my child's account on the District's ParentVUE/Schoology website, and to view, print or download the educational information posted to or available from such website under such account.

IDO I give my permission for my child to be transported either by a REC Staff Member vehicle, rented vehicle, or bus.

IDO I give my permission for my child to participate in online remote programming should it be deemed necessary by REC, and understand the same rules, regulations and permissions apply to online remote programming as it does to in-person programming.

I understand that the information and data obtained from the District pursuant to this Consent and Authorization will be used for educational purposes only and will not be released or disclosed to third parties without my further written consent.

I hereby hold harmless, release and fully discharge the REC, their agents, Boards of Directors, officers, volunteers, or employees from any and all liability, claims, and causes of action, cost and expenses, which may arise from or are in any way related to my child's participation in all of **RECs tutoring, enrichment, and summer programs**. This shall be binding on my successors, heirs, personal representatives, and assignees.

I authorize and appoint, as my agent, the Riverside Educational Center or its agents or employees to secure necessary emergency medical/dental care for my child. I authorize the administration of first aid and over the counter medications to carry out the necessary emergency treatment and the release of medical information to the REC and the treating institution. I further authorize REC to release information necessary for treatment. I will be responsible for costs of such emergency treatment. In giving the authorization for emergency treatment, I agree to hold harmless and indemnify the REC, its agents, and employees any and all claims, including costs, of any kind from such treatment.

I have been informed of the rules for REC. I acknowledge that my child will be expected to abide by the REC rules and regulations **during the school year and summer programs, both at the facility, in online remote programming, and on field trips**. REC has the right to expel students from the program if rules are not followed. Parents will be notified in the event of major behavior issues. This shall be binding on my successors, heirs, personal representatives, and assignees.

Printed Name of Parent/Guardian:			
Signature of Parent/Guardian:		Date:	



Riverside Educational Center
After School Tutoring and Enrichment

Permission and Release for Student IEP Snapshot and/or 504 plan Records Release for **2020-2021 R.E.C. Tutoring, Enrichment, and Summer Programs**

Please initial and sign below to grant your permission in the following activities associated with the Riverside Educational Center (REC).

I grant my permission for School District 51 to release to REC IEP Snapshot and/or 504 plan accommodations records for the following student:

First Name	Last Name	
School	Grade	Teacher(s)

IEP Snapshot Explanation: A special education snapshot is intended to share a shortened version of a student's Individual Education Plan (IEP). The snapshot provides general information regarding the students current curricular and instructional accommodations/ modifications, accommodations, and modifications for participation in state and district assessments, special education services and goals/objectives.

504 Plan Explanation: is a plan developed and intended to give an overview of accommodations to help ensure academic success and access to the learning environment.

I am the parent/legal guardian of the child named above. I have been informed regarding the Riverside Educational Center's need to obtain information about my child's accommodations, academic record and performance in school in order to tailor tutoring and enrichment services to meet his/her academic needs, and advise you as follows:

Please read this information carefully; then sign and date below.

I DO give consent for Mesa County Valley School District No. 51 (District) and other service providers to release to Riverside Educational Center or its authorized representatives the following educational records concerning my child for the purpose of delivering and enhancing the delivery of appropriate after-school tutoring and enrichment programs to my child: **IEP Snapshot Record and/or 504 plan accommodations**

I DO authorize and give consent for my child's teachers, counselors, and administrators and any staff of other service providers to freely discuss the IEP Snapshot and/or 504 plan accommodations provided with Riverside Educational Center employees or volunteers assigned to provide tutoring and enrichment services to my child.

I understand that the information and data obtained from the IEP Snapshot and/or 504 plan accommodations from the District pursuant to this Consent and Authorization will be used for educational purposes only, and will not be released or disclosed to third parties without my further written consent.

I hereby hold harmless, release and fully discharge the REC, their agents, Boards of Directors, officers, volunteers, or employees from any and all liability, claims, and causes of action, cost and expenses, which may arise from or are in any way related to my child's participation in all of **RECs tutoring, enrichment, and summer programs**. This shall be binding on my successors, heirs, personal representatives, and assignees.



Riverside Educational Center
After School Tutoring and Enrichment

Student Name

Commitment to Excellence 2020-2021

Staff Agreement- We fully commit to the Riverside Educational Center in the following ways:

- We will arrive at REC on time and be ready to serve students.
- We will always teach in the best way we know how, and we will do whatever it takes for our students to learn.
- We will always make ourselves available to students and families with any concerns they might have.
- We will always protect the safety, interests, and rights of all individuals.

Signature of REC Staff		Date:	
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Parent Agreement- We fully commit to the Riverside Educational Center in the following ways:

- We will make sure our child arrives for tutoring every day by their assigned time.
- We will pick up our child every day at the assigned time and sign them out.
- We will take responsibility for our child if they are walking home after tutoring.
- If our child is going to miss a tutoring session, we will notify a REC staff member before the tutoring session.
- If our child will no longer be attending REC, we are responsible for notifying REC of this.
- If our child has three unexcused absences, then they can potentially lose their position in tutoring.
- We are responsible for replacing any lost or damaged materials.
- We will communicate with the staff at the REC regarding any academic needs that our child has.
- We will review our student's homework with them to ensure that all assignments are complete.
- We understand our child must follow the REC rules so as to protect the safety, interests, rights, and learning opportunities of all individuals at the REC. We will support the REC's disciplinary actions.
- We will volunteer time/attend at REC at least one REC event.

Signature of Parent/Guardian		Date:	
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PLEASE LEAVE BLANK, STUDENTS WILL SIGN AT PROGRAMMING

Student Agreement- We fully commit to the Riverside Educational Center in the following ways:

- I agree to do my homework without disrupting the rights of other students to learn.
- I agree to respect myself by working to the best of my ability.
- I agree to respect others in the way I talk and in the way I act, because REC is a safe zone for every person.
- I agree to be proud of myself because I am working to become a better student.
- I am responsible for my own behavior, and I will follow the directions of the REC staff.

Signature of Student		Date:	
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REC COVID-19 Procedures Acknowledgement

To keep our students and staff safe, REC is committed to following all Health Department and School District guidelines. Here are the most important changes to our program this year:

- All students will **stay in** their **cohorts** for tutoring and enrichment. Students who are not part of the same cohort must practice social distancing at all times.
- All students and staff must always wear masks inside the building (following the state-wide mandate). **Students who do not comply cannot participate in REC.** We will have additional masks available if needed.
- Students and staff will **practice social distancing** (at least 6ft) when outside.
- There will be **daily health checks** for students and staff. Students who are not healthy/symptomatic will be isolated and need to be picked up by parents or emergency contacts as soon as possible.
- **Please let us know if your contact information changes.**
- **Pick up:**
 - **Students need to be picked up outside.** (Parents are not allowed to enter the school building. Please check with your site manager on exact pick up locations.)
 - If you need to **pick up** your child **early**, please **contact your site manager** and a REC staff will walk your child outside.

Please sign below to assure that you will follow all of REC's COVID-19 Procedures.

Student Name	Parent/Guardian Name
Student Signature	Parent/Guardian Signature