

Banks County High School
Connect After-school Participant Registration Form 2019-20
(form must be signed and dated)

Student's Name: _____
First Middle Last

Home Room Teacher's Name: _____ Grade: _____

Address: _____
Street City GA _____
 State ZIP

Home Phone: _____

Student lives with: parents/mother/father/other

Special Needs: (allergies, medications, diet, restricted pick-up, etc.)

Transportation From After-school Program: School Bus _____ (if bus, please select which stop below) Parent Pick-up _____

Randy Krumnow	PM	✓	Preston Krumnow	PM	✓	Comments:
Maysville Park	5:40PM		Irvin's Hunting Store	5:45PM		
Home Depot	5:50PM		Alto CH Church	5:55PM		
New Salem UMC	6:05PM		Homer's Pool Room	6:10PM		
Charity Baptist	6:15PM		Mt. Carmel Baptist	6:20PM		

Parent/Guardian	Relationship	Home Number	Work Number	Cell Number
Emergency Contact/Pick Up	Relationship	Home Number	Work Number	Cell Number

Accept	Decline	
		I agree to participate in the Connect programs and activities and I hereby give permission for the participant(s) listed to take part in the Banks County Connect Programs activities, which may include off-site events, academic assistance, continuing education, and recreational programs.
		If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.
		I agree that if a health condition exists now or in the future that would impact the participation of those listed, I will notify the Connect Program.
		I hereby give my consent to the Connect programs to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the Connect Program.
		I understand that the Connect Program will maintain records on my child's academic, disciplinary, guidance, permanent and/or cumulative records (i.e. grades or attendance records) and/or qualification for free/reduced lunch. I also understand that information reported using these confidential records will not include personal identifiable information such as my child's address, phone number, or social security number.
		I understand that the program will use surveys, interview, and student records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.
		I have read and agree to comply with the acceptable use and internet safety policy of Banks County as described in the student handbook.
		By signing below, I understand the youth who participate in the Banks County School System afterschool/summer program may participate in various fieldtrips throughout the contract period from 10/01/2019 ending 10/01/2020 funded by the DFCS Afterschool Care Program. In consideration of the youth for the opportunity to participate in field trips, Banks County School System hereby releases, indemnify and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand I am to mail a signed copy of this form to the DFCS Afterschool Care Program at the address provided below. I further understand this form must also be kept on file at the afterschool/summer site indicated above at all times.

Print Parent/Guardian Name _____

Sign Parent/Guardian Name _____

Date _____



**Georgia Division of Family and Children Services
Community Programs Unit
Afterschool Care Program
Youth Participation Eligibility Form**

Page 1 of 3 - DFCS Afterschool Care Program Eligibility Form

Banks County School System, and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): _____ / _____ / _____

Is the youth named above in Foster Care within the state of Georgia Yes No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth applicant a Georgia resident? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: Yes No
 - _____ Youth applicant is between the age of 5 and 17 years old; **OR**
 - _____ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
 - _____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) (<i>also known as Food Stamps</i>)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Afterschool Care Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Afterschool Care Program Annual Household Income Guidelines **	DFCS Afterschool Care Program Monthly Household Income Guidelines
1	\$12,140.00	\$36,420.00	\$3,035.00
2	\$16,460.00	\$49,380.00	\$4,115.00
3	\$20,780.00	\$62,340.00	\$5,195.00
4	\$25,100.00	\$75,300.00	\$6,275.00
5	\$29,420.00	\$88,260.00	\$7,355.00
6	\$33,740.00	\$101,320.00	\$8,443.00
7	\$38,060.00	\$114,180.00	\$9,515.00
8	\$42,380.00	\$127,140.00	\$10,595.00
Each additional person, add	\$4,320	\$12,960	\$1,080

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 83 FR , Page 2642-2644, Document Number: 2018-00814)

** 300 % of the federal poverty level released January 18, 2018.

Family Unit Size* _____
 Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

Official Use Only Section for DFCS Funded Afterschool/Summer Service Provider:

Total Income: \$ _____ Per: Week Every 2 Weeks Twice monthly Monthly Household Size: _____

Annual Income Conversion: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1

Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DFCS Afterschool Care Program Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant's file in a confidential and secured location.

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources