



AFTERSCHOOL *program*



INSPIRING YOUTH
EMPOWERING FAMILIES

2021-22

www.themixlancaster.org | 717-393-1523



The Mix After School Program Application

Student Information:

Child's Full Name: _____ Birthdate: _____

Complete Address: _____

School Attending: _____ Grade: _____

Student ID: _____

List any medications your child is currently taking: _____

List any allergies or dietary restrictions: _____

List any other information that will help us understand your child (I.E.P., Behavior Plan, etc): _____

Primary Physician/Medical Provider:

Name: _____ Phone #: _____

Complete Address: _____

Preferred Hospital: _____

T-Shirt Size: ☐ Youth S (6-8) ☐ Youth M (10-12) ☐ Youth L (14-16)

☐ Adult S

☐ Adult M

☐ Adult L

Child's Race (Please mark all that apply):

☐ American Indian ☐ Asian ☐ Black/African American ☐ Middle Eastern

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Child's Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Parent/Guardian Information:

Primary Parent/Guardian Full Name: _____

Relationship to child: _____ Email: _____

Complete Address: _____ Phone #: _____

Work Name: _____ Phone #: _____

Work Address: _____

Please return this application to The Mix 520 North Street Lancaster, Pa 17602 or email it to office@themixlanaster.org

Secondary Parent/Guardian Full Name: _____

Relationship to child: _____

Complete Address: _____ Phone #: _____

Work Name: _____ Phone #: _____

Work Address: _____

Emergency Contact Information: (2 people MUST be listed that are NOT listed as a Parent/Guardian):

Full Name: _____ Phone #: _____

Complete Address: _____

Relationship to child: _____

Full Name: _____ Phone #: _____

Complete Address: _____

Relationship to Child: _____

Dinner Option (Please choose one):

☐ I would like for my child to receive dinner from The Mix.

☐ I would not like for my child to receive dinner from The Mix.

Dismissal (Please choose one):

☐ I would like for my child to walk home at the end of the Program.

☐ I will pick my child up and I do not want them to walk home alone.

Authorizations & Releases (Please initial next to each one):

- I hereby affirm that my child is in good health and physically capable of performing the required activities while at The Mix. I hereby release and forever discharge The Mix and employees from all claims of liability for any damage or injuries which may be sustained while my child is at The Mix. _____
- I hereby give permission for my child to be transported to any activities outside of The Mix' building including field trips, special events & emergencies. _____
- I hereby release and discharge The Mix, its' employees, and volunteers from all liability arising out of, or in connection with daily activities. I will not hold The Mix liable for any damaged, lost, or stolen property. _____

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- In case of medical emergency, my child will be transported to the nearest hospital for treatment. _____
- The Mix can include my child in photos, videos or articles that may be released in the media. _____

Student Code of Conduct:

The staff & supporters of The Mix strive to make our environment safe and welcoming. We seek to enrich the educational, physical, and spiritual development of all students. Students play a key role in making our community welcoming, so we ask that every student agree to following the code of conduct.

- Students will treat each other and staff members with respect.
- Students will not be physically or verbally abusive to others.
- Students will not intentionally damage The Mix property.
- Students will not curse or use abusive language.
- Students may be removed from The Mix immediately if they are especially violent or disrespectful to students or staff.

Consequences:

1st Student will receive a verbal warning.

2nd Parent/Guardian will be contacted to pick up the student.

3rd If a student is continually uncooperative, we reserve the right to withdraw them from the After School Program.

I have read the Student Code of Conduct and agree to have my student participate in The Mix' After School Program.

Parent/Guardian Signature: _____ Date: _____



Cell Phone & Electronics Memo

The Mix strives to help youth thrive in all areas of development. While the students are in our care, we are responsible for their safety and well-being. We are unable to monitor every device that a student may bring. For this reason, The Mix will adhere to the same rules and guidelines as the School District of Lancaster, which is as follows:

"Students are prohibited from the unauthorized use of electronic devices during the school day in district buildings; on district property; on district buses and vehicles; during the time students are under the supervision of the district; while students are attending school-sponsored activities, and in locker rooms, bathrooms, health suites, and other changing areas at any time. Electronic devices shall include all devices that can take photographs; record audio or video data; store, transmit or receive messages or images; or provide wireless, unfiltered connections to the internet. Examples of these electronic devices include, but shall not be limited to: laser pointers, radios, handheld games consoles, Personal Digital Assistants (PDA's), cellular telephones, mobile devices, and laptop computers, as well as any new technology developed within similar capabilities.

Students are prohibited from taking, storing, disseminating, transferring, viewing, or sharing of obscene, pornographic, lewd, or otherwise illegal images or photographs, whether by electronic data transfer or other means, including but not limited to texting and emailing" (p. 21 Standards & Expectations of Behavior for Students-SDOL).

The Mix will not be responsible for lost, damaged, or stolen devices.

If your child brings an electronic device, it must be kept in their bag. The first time it is seen, they will receive a verbal warning. The second time it is seen, staff will ask them to hand it in until the end of the day. If an issue would arise where the student does not want to turn it in, the Parent/Guardian will be called to either pick up the device or their child.

Please sign that you have read and understood our guidelines on electronics.

Parent/Guardian Signature

Child's Signature

Date

Date

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Family Strengths & Needs Assessment

Student's Name: _____

Parent/Guardian Name: _____

We support your whole family, not just your enrolled child. Please help us to get to know your family better and ways we can support your needs and interests.

REQUIRED:

Does your family have any emergency or need immediate assistance in the following areas?

☐ Food ☐ Housing/Shelter ☐ Clothing ☐ Utilities/Assistance ☐ Counseling

☐ Domestic Violence ☐ Health Concerns ☐ Child Abuse

☐ Drug/Alcohol Abuse ☐ Other Needs: _____

REQUIRED: Household Size: (Please check one)

☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other _____

Gross Annual Income: (Please check off your TOTAL family income)

☐ \$0-\$10,000 ☐ \$10,000-\$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000-\$40,000

☐ Other

PARENT SIGNATURE _____

DATE _____

STAFF SIGNATURE _____

DATE _____

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School District of Lancaster

Consent for Release of Student Records

Instructions: This form authorizes the School District of Lancaster to disclose and/or receive identifiable information from the student record. Complete the form, sign where indicated and return the completed form to the requesting office or individual.

Student Information

Student's Last Name	Student's First Name	Student's DOB
Mailing Address	City/State/Zip	School

Student Record(s) Authorized to be Released (mark all that apply)

<input checked="" type="checkbox"/> Cumulative	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Psychological	<input checked="" type="checkbox"/> Special Education
<input type="checkbox"/> Other, please specify: _____				

Office/Individual to Whom Records are to be Released

Name MARISOL SANTOS GLORIA LOPEZ	Business/Company Name The Mix AT ARBOR PLACE
Mailing Address 520 NORTH STREET	City/State/Zip LANCASTER, PA 17602

Authorization and Certification

I certify that I am the parent and legal guardian of the student, or eligible student if age 18* or older.

I hereby authorize the School District of Lancaster to release the student record(s) identified above. I understand that the recipient of the student record(s) will use the record(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of the Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Parent/Guardian Name (Please Print)

Eligible (18+) Student Name (Please Print)

Parent/Guardian Signature

Date

Eligible Student Signature

Date

**Note: Student signature is required for release of mental health records for a student over age 14.*