



1000 Townsend Drive • Pine Bluff, AR 71601
Office: (870)850-6011 FAX: (870)850-7377

AFTERSCHOOL PROGRAMS - 2021-2022 APPLICATION

Start Date: _____

Student's Name: _____
(First, Middle Initial, Last)

DOB: _____
(mm/dd/yyyy)

Address: _____

Age: _____ Gender M F Race B W OTHER Grade: _____

School Attending: _____ **Student 10 digit Abscan #: _____**

Areas of Difficulty: _____ Reading Math Science English History

Parent/Guardian Information:

Family Size: _____

Name: _____

Head of Household: (Yes/No)

Address: _____
(Street Address)

(City, State, Zip)

Home #: _____

Cell #: _____

Work #: _____

Employer: _____

Job Title: _____

Work Hours: _____ Email: _____

Please notify administrators if work hours' changes

Military Branch: _____

Status: Active

Reserve

Retired

Family Income 0-\$19,999

20,000-\$39,999

40,000-\$59,999

60,000-\$79,999

80,000-\$99,999

100,000-above

Assistance Program (Check all that apply)

TANF Food Stamps Veterans Compensation SSDI SSI Medicaid School Lunch Prog.

In accordance with Federal civil rights law and U. S. department of Agriculture (USDA) civil rights regulations and policies, the USDA, it's Agencies, offices, and employees and institutions participating in or administering USDA programs are prohibited from discrimination based on race, color, national origin, sex disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USAD.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

Please check all that apply to your child:

Free/Reduce Lunch Single-Parent Household Teenage Parent Probation with Juvenile
 School Suspension Referred by _____

Please provide a copy of the following documents:

Medical Emergency Information (Please provide full name and number)

Physician: _____ Physician #: _____

Hospital: _____ Hospital #: _____

(Disabilities: check all that apply) ADHA Asthma Cancer Other

(Explain procedures needed to be taken) _____

List all allergies: _____

In case of an accident or illness, I hereby authorize a representative of TOPPS, Inc., to use his/her judgement in obtaining immediate medical care.

(Parent/Legal Guardian will be notified in case of serious illness or injury as quickly as possible)

Emergency Contact

Name _____ Relation _____

Home Phone _____ Cell Phone _____

List person(s) that has permission to pick up

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

Parent/Guardian Agreement

I, _____, the parent/guardian of _____ have initialed each line indicating that I have read and accepted the term of this accepted the term of this application.

1. ___ I have read and explained the rules, regulations and guidelines to my Son/daughter.
2. ___ I also agree that neither TOPPS nor the staff of TOPPS' will be held liable for any injury occurred by or to my child on the premises as a result of Self-indulgence, misconduct and/or disobedience.
3. ___ I give TOPPS permission to test my child for progress.
4. ___ I give TOPPS permission to take and use photographs in which my son/daughter may appear. (Website, Social Media, Grants and Collaborative Partners).
5. ___ I understand that upon enrollment of my child that children may be subject to Interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)

SIGNATURE OF PARENT/GUARDIAN

DATE

LATE PICK-UP FEE: TOPPS Afterschool Program ends at 5:30 p.m. If a child is not picked up by 5:45 p.m. a late fee of \$2.00 per minute will be assessed according to the school clock. If a child has not been picked up by 6:30 p.m., and attempts to contact the child's parents and emergency contacts have been unsuccessful, the police and/or county children's services may be called. Recurrent late pick-ups may result in suspension or termination of enrollment.

SIGNATURE OF PARENT/GUARDIAN

DATE

TOPPS, INC.

CHILD ABUSE AND NEGLECT REPORTING POLICY

Reason this policy is important: Besides being illegal, child abuse and neglect interfere with healthy child development and later achievement in life. State requirements may differ, but those in which reporting requirements and procedures for handling report of child abuse and neglect. Information on where to call and how to report abuse and neglect should be posted, so it is readily available to parents and staff.

Procedures and Practices, including responsible person(s): All observations or suspicions of child abuse or neglect will be immediately reported to the Child Protective Services hotline: 1-800-482-5964, no matter where the abuse might have occurred. TOPPS' Executive Director, Annette Dove will call to report suspected abuse or neglect.

All staff involved in the reported incident will follow the direction of Child Protective Services regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of Child Protective Services regarding notification of the child's parent or legal guardian. Reporters of suspected child abuse will not be discharged for making a report; unless it is proven that, a false report was knowingly made.

Signs of suspected child abuse or neglect will be recorded on the Student Injury report, which will be kept in a confidential file located in TOPPS' Executive Director Office.

If a staff member is suspected of abuse, parent or legal guardians of suspected abused children will be notified by TOPPS' executive Director, Annette Dove within 24 hours of contact with Child Protective Services, so that they may share any concerns they have.

Staff who are accused of child abuse may be suspended or given leave (with/without) pay, pending investigation of the accusation. Such staff may also be removed from the classroom and given a job that does not require interaction with children. However, no accusation or affirmation of guilt will be made until the Child Protective Services investigation is complete. Caregivers found guilty of child abuse will be immediately dismissed.

When this policy applies: Whenever any staff member has reason to suspect that, any child on the premises of this childcare facility may have been abused or neglected by anyone.

Communication plan for staff and parents: Staff and volunteers will receive a written copy of this policy in their Orientation Packets before beginning work. All parent will receive a written copy of this policy upon their child's enrollment.

Reviewed by: _____
Executive Director

Staff Member

Health Professional
(Physician, Nurse, Health Department, EMS and Health Consultant)

Signature: _____
Parent

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**REQUEST FOR PERMISSION TO RELEASE
PERMANENT SCHOOL RECORDS**

Dear Parent/Guardian:

We are requesting from (_____) to have access to _____
(Print school name) (Print student name)

students' records. The reason for this is to track the effective participation that our program has had on our students. The information we are requesting includes, but is not limited to:

Test Scores

Attendance

Discipline

Grades

TOPPS, Inc. May have a copy of or access to the above stated parts of _____ School District's records

Parent Signature

Date

TOPPS, Inc. MAY NOT have a copy of a access to the above state parts of _____

Parent Signature

Date

**TOPPS
2021-2022
TOPPS Afterschool Program
Rules and Regulations**

- 1). Afterschool hours of operation are from 3:30 p.m. until 5:30 p.m. Monday through Thursday.
- 2). All students **MUST** sign in. However, parents' guardians and minors 16 years old or older **MUST** sign the student out each day. **If you sign a student out, your name must be on file.**
- 3). **NO** student dropped off may leave the premises walking without a parent permission form.
- 4). No student may bring a friend to TOPPS afterschool program without being enrolled.
- 5). If the student is sick, they must stay at home.
- 6). When a student misses five (5) consecutive days, they will be dropped or placed on a waiting list unless a valid excuse is provided. Parents are required to call-in if your child(ren) will not attend that day.
- 7). No standing outside the building.
- 8). Cell phones, iPods, mp3 players, and other electronic devices will not be allowed during academics or group activities.
- 9). Students are responsible for their own possessions. TOPPS will not be liable for any lost, stolen, or damaged electronics.
- 10). TOPPS will not tolerate: Hitting, sexual comments, name calling, kicking, screaming, stealing, and being disrespectful to Staff members.
- 11). Items used must be put back in its place before leaving the building.
- 12). **THE COMPUTERS WILL BE USED FOR THE FOLLOWING:**
a). homework b). Reinforcement of subjects (reading, math, etc.) c). Research
- 13). **THE COMPUTERS WILL NOT BE USED FOR THE FOLLOWING:**
a) Chat rooms b) video game codes c) sexual sites d) e-mailing e) social networking sites.
- 14). Students are **NOT** to bring food to the center; food must be eaten before entering the building.

Consequences:

- | | |
|-----------------------------|---|
| 1 st Occurrence: | Student will be given a verbal/documented warning. |
| 2 nd Occurrence: | Staff member will contact a parent/guardian for a conference. |
| 3 rd Occurrence: | Student will be suspended from the program. |

***** ANY WEAPONS OR DRUGS BROUGHT INTO THE BUILDING WILL BE A CAUSE FOR
AUTOMATIC SUSPENSION *****

Student Signature _____ Date _____

Parent Signature _____ Date _____



Student transportation Release Form
TOPPS, Inc. Afterschool Program 2021 - 2022
1000 Townsend Dr.
Pine Bluff, AR 71601

TRANSPORTATION FORM

Name: _____

Address: _____

Date of Birth: _____ **Age:** ____ **Grade:** _____

Parent(s) or Guardian(s): _____

Phone: _____ **Cell:** _____ **Email:** _____

This form acknowledges that my child(ren) may ride the TOPPS, Inc. afterschool van.

If and when the behavior of my child(ren) becomes too distracting for the others on or the driver of the van, I acknowledge that she or he will be asked to find other transportation.

In consideration of the opportunity for my child to participate and fully recognizing that such as undertaking involves an element of risk, as a parent I assume all risks and hazards incidental to such participation and do hereby release, absolve, and indemnify, and agree to hold harmless TOPPS, Inc. Nor any of said persons shall be held financial responsible for any injury, illness as a direct or indirect result of this activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. We understand that there is no medical insurance provided by the TOPPS, INC.

Signature of Parent(s) or Guardian(s)

Date

TOPPS PROGRAMS

MENTORING

- MCH II Moving Forward (**Boys ages 7 - 18**)
- Beginning Step (**Girls ages 7 – 12**)
- Changing Steps (**Girls ages 13 - 18**)
- DREAMS (**Grades 10th – 12th**)

Other Programs

- Afterschool (4th – 12th)
- Afterschool (K – 3rd)
- Summer Program

Extension Program

- Reading In the Neighborhood
- Physical Fitness
- Drop-In Computer Lab
- Community Class (_____)
- TOPPS Volunteer