



Hello Chosen Family,

With the start of the new 2023-24 school year fast approaching, we are excited to provide our free, safe, and fun program for your child(ren). Our dedicated team has worked hard to prepare our exceptional, Chosen PODS After School Program, aimed at maintaining academic excellence while providing an enjoyable experience for your child.

Program Details:

Start Date: MONDAY, AUGUST 28th, 2023

Days: Every MONDAY through FRIDAY

Time: 2:30 pm to 6:00 pm (We will open at 12:00 on early dismissal days.)

Our program structure will begin with a focused homework session, followed by a nutritious snack to recharge their energy. We will wrap up each day with a range of engaging and fun activities, ensuring your child has a well-rounded and memorable experience.

PLEASE NOTE: You must pick up your child before 6:00 pm **! NO EXCEPTIONS !**

You will be charged a **\$25 late fee** for every 15 minutes that your child is picked up after our 6:00 pm closing time.

Priority will be given to children who are currently attending our summer camp. To secure your child(ren)'s spot in the Chosen PODS After School Program, you must **completely** fill out this application. You will be contacted regarding the status of the application.

If there are any available spaces, we will fill them on a **first-come, first-served basis**.

Additionally, open registration will be available for those interested in being placed on our waiting list.

For more information, please call anytime Monday - Thursday between 10 a.m. - 6 p.m.

PODS Program Manager-Misty Beck at 828-273-9269

Director of Resident Services Shaunda Jackson 828-239-3542

As always, thank you for allowing us to be the program you've CHOSEN to serve your children and family.

Sincerely,

Chosen P.O.D.S



Date: _____

High School Student YES NO

Child's Name: _____ Gender: _____ Birthdate: _____

Age: _____ School: _____ Grade level 2022-23 school year: _____

Address: _____ Apt. : _____

Student Phone: _____ Permission to text information: Yes No

Student Email: _____ T-Shirt Size: _____ Shoe Size: _____

#1 Guardian Name: _____

Address (if different) _____ Apt.: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____ Text: Yes No Email: _____

#2 Guardian Name _____

Address (if different) _____ Apt.: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____ Text: Yes No Email: _____

Name of two persons to contact if parent(s) / guardian(s) **CANNOT** be reached in case of an emergency:

Name: _____ Phone: _____

Allowed to pick up child? Yes No

Name: _____ Phone: _____

Allowed to pick up child? Yes No

Please list any other authorized members to pick up your child(ren):

Please list anyone **NOT** authorized to visit or pick up child(ren):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

**** (Appropriate legal paperwork MUST be submitted if the person listed is a parent.) ****



Medical Information Form

Does your child have any allergies or intolerance to medication, foods or any other substances?

Yes No If yes, list. _____

What actions need to be taken? _____

Name of Child's Physician: _____ Phone: _____

Does your child have a chronic illness? Yes No

If yes, please list: _____

Does your child take any medication? Yes No If yes, please list: _____

Please specify any other medical conditions, allergies, medications or disabilities:

List any medications that your child takes/dosage and reason:

Please list any special accommodations/assistance that your child requires to participate in the program activities:

Is there any other information regarding your child that you would like to share?

Medical Insurance Information:

Does your child have health insurance? Yes No

Insurance Carrier: _____ Phone: _____ Insurance

Group Number: _____ Policy: _____



Parent Permission to Walk Home

I _____ (guardian name), **hereby grant permission for my child, _____, to leave the premises of the Edington Center in order to walk home from Chosen PODS 2023-24 after-school program daily. I understand that my child will be walking home unsupervised. Acting on behalf of my child, I hereby waive any and all claims for damages of any kind against P.O.D.S. Inc., Chosen, and Asheville Housing Authority, and further agree to indemnify and hold harmless P.O.D.S. Inc, Chosen, Asheville Housing Authority, Western Carolina Rescue Mission, their officers, employees, and agents from and against any loss, claim, damage, or liability arising out of or related to my child walking home from after-school.**

Parent/Guardian Signature: _____ Date: _____



Transportation Request

Transportation is available for **residents of the Asheville Housing Authority ONLY**. This includes one of our public housing communities, and some areas for families who receive Section 8, if space permits. If space is available, and depending on the location, we may open this up to others. Please speak to a director if assistance is needed.

Please list if your child will need transportation to and/or from summer camp at the Edington Center.

- Yes, my child will need a ride to after-school.**
(This is only available for certain schools.)
- Yes, my child will need a ride home from after-school.**
- No, my child will be picked up from after-school**

Child's Name: _____

Pickup Address: _____

Drop-off Address: _____

Please list two individuals, other than the primary guardian, that we may call if no one is home to receive your child.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

I _____ give my child permission to be transported by Chosen PODS/Asheville Housing Authority. Acting on behalf of my child, I hereby waive any and all claims for damages of any kind against P.O.D.S. Inc., Chosen, and Asheville Housing Authority, and further agree to indemnify and hold harmless P.O.D.S. Inc, Chosen, Asheville Housing Authority, Western Carolina Rescue Mission, their officers, employees, and agents from and against any loss, claim, damage, or liability arising out of or related to my child being transported.

Parent/Guardian Signature: _____ **Date:** _____



Parent Agreement for Staff Transportation of child(ren)

We appreciate your trust in the Chosen P.O.D.S. After-school & Summer Camp Program. This agreement outlines the terms and conditions of transportation services provided by our staff during the program duration.

By signing this agreement, you are acknowledging that your child(ren) may be transported in personal vehicles owned by the staff of Chosen P.O.D.S., P.O.D.S. Inc., Chosen, Asheville Housing Authority, Western Carolina Rescue Mission, their officers, employees and affiliates. These transportation services enable your child to attend various activities and locations related to the program's extracurricular activities.

In agreeing to these terms, you confirm that you will not hold the aforementioned parties responsible for any harm or damages that may occur during such transportation. You understand and agree that you are relinquishing all claims, demands, or actions against these parties in relation to any potential injuries, damages, or losses your child might experience during these transportation periods.

We would like to assure you that our staff will take every reasonable measure to ensure your child's safety and well-being during transportation. However, we also want to make it clear that unforeseen circumstances can arise. In such cases, our staff cannot be held accountable for any accidents, injuries, or damages.

By signing this document, I confirm that I have read, understand, and agree to the terms of this agreement.

Parent/Guardian

Signature: _____ Date: _____

Release and Indemnity



Agreement I: I (parent or guardian) agree to support the Chosen P.O.D.S rules and procedures as to ensure the health and safety of my child and other children participating in the program. **initial** _____

Agreement II: I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in Chosen P.O.D.S After School Program and do hereby release Chosen P.O.D.S at Arthur Edington Center, Asheville Housing Authority, and Western Carolina Rescue Ministries, Inc., and their employees, representatives, and volunteers from all liability and (2) that I (parent or guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above-named child. **initial** _____

Agreement III: In case of emergency, Chosen P.O.D.S has my (parent or guardian) permission to contact a physician. The staff is authorized to administer first aid or emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the well-being of my child. Additionally, I will provide written permission for any medication that must be distributed to my child by the Program Staff. I (parent or guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage, and doctor listed on the container. **initial** _____

Agreement IV: Chosen P.O.D.S After School Program will notify me (parent or guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification. **initial** _____

Agreement V: I (parent or guardian) give permission for my child to attend any field trips while in the Chosen P.O.D.S After School Program. I (parent or guardian) authorize the use of insect repellent when needed. **initial** _____

Agreement VI: I (parent or guardian) give my child permission to participate in swimming/water activities conducted on field trips. I (parent or guardian) authorize the use of sunscreen when needed. **initial** _____

Agreement VII: I (parent or guardian) will provide my child's mid-term reports and most recent report cards as they are given by the school to Chosen P.O.D.S After School Program. **initial** _____

Agreement VIII: I (parent or guardian) agree to inform the Chosen P.O.D.S After School Program within 24 hours or the next business day after my child or any member of the immediate household has developed COVID or any reportable communicable disease, as defined by the Board of Health, except for life-threatening diseases that must be reported immediately. **initial** _____

Parent /Guardian Name (Print) _____ **Date** _____

Parent Signature: _____

MEDIA RELEASE



I understand that CHOSEN P.O.D.S, Asheville Housing Authority and its partners have the right to obtain and/or use *my child's* photograph, digitized image, video and/or voice recording for educational and informational purposes.

I understand that such media and all subsequent uses of that media, including publications, presentations, websites, videos and multimedia productions, become the property of Positive Opportunities to Develop Success and may be disseminated to the public via appropriate media channels.

I understand that photographs or videos of my child appearing on the approved CHOSEN P.O.D.S and partner's homepages on the World Wide Web will not identify my child by full name except as part of participation in sports and other extracurricular activities.

The media release agreement for anyone under the age of 18 must include the signature of a parent or guardian every year.

Student Name (please print clearly)	Age
Parent/Guardian Name (please print clearly)	
Signature of Parent/Guardian	Date



[Please print]

Child's Name: _____ **Date of Birth:** _____

Child's School: _____ **Grade:** _____

Parent/Guardian Full Name: _____ **Phone No:** _____

I give permission for the school to share my child's education record information (*attendance, behavior, academic grades, academic assessment scores, end of grade testing scores, and Social Emotional Learning data*), demographics, and contact information with Chosen P.O.D.S. After-School & Summer Program and for approved representatives of Chosen P.O.D.S. to discuss this information with school officials and approved representatives of other programs for which I have also consented.

I understand that this means the **CHOSSEN P.O.D.S. After-School Program** can communicate with my child's teachers, tutors, and other school personnel about my child's grades, classroom test scores, end-of-grade test results, district and state assessment scores, behavior, support services, an Individual Education Plan, 504, and attendance, and provide ways to support his/her academic progress.

I understand that this information will **only** be shared as long as my child is enrolled in the program(s), only with relevant program staff who have received confidentiality training and who have signed confidentiality agreements, and only for the 1-year duration of this parental permission or until I, the parent/guardian, revoke this permission in writing to Victoria.roberts@unitedwayabc.org.

I have read and understood the information provided in this Parent Consent Form, and I hereby give my consent.

[Please Sign]

Parent/Guardian Signature: _____ **Date:** _____

PLEASE NOTE:(This information is provided in other languages on the BACK of this form if needed)

Spanish:

Yo doy permiso a la escuela para compartir información sobre la educación del estudiante (asistencia, comportamiento, los grados académicos, los puntajes de evaluación académicas, final de resultados en las pruebas de grado EOG, etc.) con Chosen PODS After-School & Summer Program y para los representantes



авторизованных Chosen PODS для обсуждения этой информации с образовательными учреждениями и представителями аккредитованных других программ, для которых я также дал (а) согласие.

Например, программа продленного дня, которую я одобряю, может общаться с преподавателем математики и преподавателем частных уроков (тьютором) по математике, относительно математических оценок студента, экзаменационных баллов в классе, о результатах тестов по окончании класса, оценок тестов района и штата и о способах, поддержки его/ее академического прогресса.

Эта информация будет доступна только в том случае, если студент зарегистрирован в программе (ах), только с соответствующим персоналом программы, получившим обучение по вопросам конфиденциальности и подписавшим соглашения о конфиденциальности, и только в течение 1 года этого родительского разрешения или до тех пор, пока я, родитель/опекун, не отзову это разрешение в письменной форме, обратившись к Заку Голдману, по эл. почте victoria.roberts@unitedwayabc.org.

Russian:

Я даю разрешение на то, чтобы школа делилась записями образовательной информации студента (посещаемость, поведение, академические оценки, оценки академических тестов, оценки тестов по окончании класса и т. д.) с Chosen PODS After-School & Summer Program и с одобренными представителями Chosen PODS, чтобы обсудить эту информацию со школьными чиновниками и одобренными представителями других программ, для которых я также дал (а) согласие.

Например, программа продленного дня, которую я одобряю, может общаться с преподавателем математики и преподавателем частных уроков (тьютором) по математике, относительно математических оценок студента, экзаменационных баллов в классе, о результатах тестов по окончании класса, оценок тестов района и штата и о способах, поддержки его/ее академического прогресса.

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