Washington Elementary School
Creativity, Academics, Teamwork, for Success (C.A.T.S.)
Registration Form/Consent to Participate in C.A.T.S. Before & After School Program

For the 2023-24 after school program, students enrolling in the program need to commit to regular participation according to the school delivery plan in place (in-person or remote). More details are included in the Parent Handbook. Please complete the form below and return it to your son/daughter's classroom teacher. All students **must** return a completed consent form **before** participating in the C.A.T.S. program.

Student's Name: _____ Age_____/Birth Date_____/ Grade_____
Homeroom Teacher: _____
Home Address: _____
(Please exact street address for busing purposes) (Town/State/Zip Code)
Parent Name:_____Parent Address: (if different from the student)_____
Home Phone #: _____Parent Cell Phone #:_____ Work Phone #:_____
E-mail Address: _____
Check one or both program(s) that your child will be attending: ☐ morning Program ☐ evening program

Transportation Information/Early Dismissal Consent

☐ Please check if your son/daughter will be riding a bus home from C.A.T.S.
☐ Please check if your son/daughter will NOT be riding a bus home from C.A.T.S. because they live within a one mile walking distance of the school.
☐ Please check if your son/daughter will NOT be riding a bus home from C.A.T.S. because they will be picked up by: parent, guardian, or other designated person(s) listed on this form.

If you are picking up your son/daughter early from C.A.T.S., you (parent, guardian, or other designated person) must come in and sign him/her out.
Please list anyone who is allowed to pick up this student other than the parent or guardian. Include the names and phone numbers of people you trust to be responsible for your son/daughter after school in the event that C.A.T.S. is cancelled and you cannot be reached by phone.

Name: _____ Relationship: _____ Home Phone _____Cell Phone_____

Name: _____ Relationship: _____ Home Phone _____Cell Phone_____

Name: _____ Relationship: _____ Home Phone _____Cell Phone_____

Please list the student's current evening bus driver's name_____ and bus number_____

Field Trip Consent/Press Release Consent

Field trips are part of the before/after school educational program and part of the C.A.T.S. grant criteria. Adequate notice of field trips including destination, departure and return times will be provided for parents.

Photographs/video tapes of students participating in the C.A.T.S. program are used to promote the program through displays, press releases, newspaper articles, or television.

Please indicate if you give permission for your son/daughter to participate in these activities:
_____Can _____Cannot participate in field trips

_____Can _____Cannot be photographed for program promotion

Grant Assurances

The C.A.T.S. afterschool program is funded by a 21st Century Community Learning Center Grant. Whether in-person or remote programming is delivered, the grant guidelines require students to attend the program regularly (2-4 days per week) and parents are required to participate in 3 C.A.T.S. sponsored family events throughout the year. Please sign below to agree to these requirements and to verify the information provided on this form.

Parent/Guardian Signature _____Date _____

(Complete other side)

Emergency Medical Authorization

The purpose of this form is to enable parents to authorize emergency treatment for their son/daughter in the event he/she is ill or injured while under school authority, when parents cannot be reached. (For afterschool licensing purposes, 3 contacts are required)

People to be contacted in the event of an emergency if parent cannot be contacted:

1. Name: _____ Address: _____
Relationship_____ Phone:_____ Cell Phone:_____
2. Name: _____ Address: _____
Relationship_____ Phone:_____ Cell Phone:_____
3. Name: _____ Address: _____
Relationship_____ Phone:_____ Cell Phone:_____

Physician/Clinic_____ Address: _____
City, State_____ Phone: _____

Dentist/Clinic_____ Address: _____
City, State_____ Phone: _____

In the event reasonable attempts to contact parents have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by preferred physician/dentist as listed above; or, in the event the designated preferred practitioner is not available, by another licensed physician/dentist; and (2) the transfer of the child to _____
(Preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

I understand medical information may be shared with appropriate school personnel as deemed necessary by the school administration.

List all allergies (medicines, food, etc): _____

List medicines and who is to give the medicine: _____

List any additional facts concerning the student's medical history, and any physical impairment to which a physician should be alerted:

_____

_____

Refusal to Consent

☐ I do **NOT** give my consent for emergency medical treatment of my child. In the event of an illness or requiring emergency treatment, I wish the school authorities to take the following action:

_____

_____

Parent/Guardian signature _____ **Date**_____

Additional Information

Please list any additional information the after-school personnel may need to know concerning this student's health, safety, or general well-being.

_____

_____

The C.A.T.S. program is provided in partnership with the Gallipolis City School District, the Gallia-Vinton Educational Service Center, and the 21st Century Community Learning Center Grant.

In order to keep the After School Program safe and effective, class sizes will be limited.

GALLIA COUNTY QUICK REFERENCE GUIDE TO LOCAL RESOURCES

Please keep this Reference Guide for your records at home.

FOOD RESOURCES

- Vinton Baptist Church – 740-388-8454 (Mondays)
- Nazarene Church – 740-446-1772 (Thursdays)
- Kingdom Ministries – 740-388-8980 (last 3 Mondays)
- Cheshire Baptist Church – 740-367-7801 (3rd Monday)
- New Life Lutheran Church – 1-877-704-3663 (1st Tuesdays)
- Grace United Methodist Church – 1-877-704-3663 (3rd Tues)
- Outreach Center – 740-446-7555 (Tues/Thurs. -1st week/mo.)
- God's Hands At Work – 740-645-7609 (application necessary)
- Simpson Chapel United Methodist –740-245-9140-3rd Wed

DEVELOPMENTAL DISABILITIES

- Gallia County Board of DD – 740-446-6902
- Early Intervention – 740-446-6902
- Early Intervention **Referral** Contact – 1-740-371-3322
- Ohio Coalition for Children with Disabilities – 1-844-226-0535
- HOPE Intervention – facebook.com/hopeintervention
- OCALI – 614-410-0321 (or www.ocali.org)
- Area Agency on Aging - 1-740-245-5306 or aaa7.org
- Gallipolis Developmental Center – 740-446-1642
- Opportunities for Ohioans with Disabilities – 1-800-637-9341

TRANSPORTATION

- Need A Lift – 740-709-0177 (Medicaid)
- On The Go – 740-645-2268 (Medicaid)
- Community Action Agency – 740-367-7341(Medicaid)
- Senior Resource Center (wheelchair) – 740-446-7000

SCHOOL DISTRICTS/SCHOOLS

- Gallia County Local School Board Office – 740-379-9085
- Gallipolis City School Board Office – 740-446-3211
- Ohio Valley Christian School – 740-446-0374
- Buckeye Hills Career Center – 740-245-5334
- Gallipolis Career College – 740-446-4367
- URG/Community College - 1 (800) 282-7201
- Guiding Hand School – 740-446-6903
- Gallia-Vinton Educational Service Center – 740-245-0593

HOUSING RESOURCES

- Integrated Services Non-Emergency Assistance–(John) 800-321-8293
- Gallia Housing Authority (HUDD) -740-446-0251
- Hopewell Health Centers – 740-446-5500
- Serenity House (Women's DV Shelter) – 740-446-6752

HEALTH CARE

- Holzer Hospital/Clinic – 740-446-5937
- Jeanne Ingalls Family Practice – 740-446-7393
- Canaday Care – 740-446-2929
- Ohio Valley Physicians – 740-446-4600
- Gallia County Health Department – 740-441-2950

DRUG/ALCOHOL ADDICTION TREATMENT

- Health Recovery Services – 740-446-7010
- Field of Hope Community Campus – 740-245-3051
- TASC of Southeast Ohio – 740-446-6471
- Spectrum Outreach Services – 740-446-2085
- Woodland/Hopewell Health Centers – 740-446-5500
- STEPS of Recovery – 740-441-9800

MENTAL HEALTH TREATMENT

- Woodland/Hopewell Health Centers – 740-446-5500
- Wing Haven – 740-388-8567
- Integrated Services – 740-208-0138
- Mental Health Board – 740-446-3022

SOCIAL SERVICES

- Child Protective Services – 740-446-4963
- Adult Protective Services – 740-446-7000
- Gallia County Courthouse – 740-446-4612
- Municipal Court – 740-446-9400
- Senior Resource Center – 740-446-7000
- Job & Family Services – 740-446-3222
- Community Action Agency – 740-367-7341
- Social Security Administration – 888-397-6343
- Gallia County Health Department – 740-441-2018
- Women, Infant, Child Clinic – 740-441-2977
- BCMH – 740-441-2039
- Legal Aid of Southeastern Ohio – 1-800-686-3669
- Family & Children First Council – 740-446-3022

SAFETY/EMERGENCY SERVICES

- 911 Non-Emergency – 740-446-0025
- City Police – 740-441-6015 or 740-446-1313
- Sheriff's Office – 740-446-1221
- Gallipolis Fire Department – 740-446-1234
- State Highway Patrol – 1-740-446-2433
- Red Cross – 740-446-8555
- Crime Watch – 740-446-1242
- Coroner – 740-446-7711
- Portsmouth Ambulance – 740-354-3122

MISCELLANEOUS

- Bossard Memorial Library – 740-446-7323
- License Bureau – 740-446-8510
- Extension Office – 740-446-7007
- Fairgrounds – 740-446-4120
- Landfill – 740-388-9740
- COAD/RSVP of the Ohio Valley- 740-286-4918

2/2018