

The Lighthouse Community Center

Student Registration Form
Fall Program 2014-2015

Student Information:

Student's Name _____

Grade ___ Date of Birth _____ Race _____ Sex _____

Free/Reduced Lunch Yes _____ No (Circle one)

School Attending _____ Homeroom Teacher _____

*****Additional Students in the household attending Lighthouse (Attach additional sheet if more)*

Student's Name _____

Grade ___ Date of Birth _____ Race _____ Sex _____

Free/Reduced Lunch Yes _____ No (Circle one)

School Attending _____ Homeroom Teacher _____

Student's Name _____

Grade ___ Date of Birth _____ Race _____ Sex _____

Free/Reduced Lunch Yes _____ No (Circle one)

School Attending _____ Homeroom Teacher _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Home Phone _____

Primary Language(s) Spoken at Home _____

Parent/Guardian Information:

Mother/Guardian Name _____

Mailing Address if different than student _____

City _____ State _____ ZIP Code _____

Home Phone _____ Work Phone _____

Cell Phone or Pager _____ E-Mail _____

Please circle the best way to contact above.

Father/Other Guardian Name _____

Mailing Address if different than student _____

City _____ State _____ ZIP Code _____

Home Phone _____ Work Phone _____

Cell Phone or Pager _____ E-Mail _____

Please circle the best way to contact above.

Emergency Contacts:

May pick up
"Yes or No"
(circle one)

Name _____ Phone Number _____ Yes No

Name _____ Phone Number _____ Yes No

Name _____ Phone Number _____ Yes No

Name _____ Phone Number _____ Yes No

Student Registration Form
(FALL 2014 Session)

Is your student a returning Lighthouse student? Yes No

PLEASE NOTE: Hours of operation ARE:

2:30 PM – 5:30 PM for middle school students;

3:30 - 6:30 PM for elementary students. Please be sure to have your child picked up **ON TIME!!!!**

Please check any day(s) your student will not attend on a regular basis (No program on Fridays).

_____ Mon. _____ Tues. _____ Wed. _____ Thurs.

How will your child get home from the program?

Walk Will pick up Other (describe) _____

(Mark Yes or NO)

Will your child participate in:

KARATE (THIS IS A SEMESTER COMMITMENT) _____

CHOIR: _____ GYM ACTIVITIES _____

Please let us know if your child has any physical limitations and/or food allergies.

Please Note: In order for your child to participate in the activities here at the Lighthouse, parent/guardian consent is required. Your signature not only gives permission for your child to participate, but also authorizes the director and/or chaperone to take emergency action (medical attention) should a situation occur requiring such action. Your signature **also gives approval** for your child to be photographed for our newsletters or for our brochures/handouts.

Guardian Signature of Parent or
Date

Please complete form and return to: The Lighthouse Community Center
5312 Shepherdsville, Rd.
Louisville, Ky. 40228

Dr. Ophelia T. Scott, Program Director

ROAR AGREEMENT

Dear parents and students, this document serves as a contract between the Lighthouse 21st Century Program and you and your child. ROAR describes our behavior expectations. Both parent and student signatures are required. Below are our expectations for the Lighthouse’s Program:

RESPECT- To treat others like you would want to be treated, with dignity and polite regard or consideration for their feelings, property, or possessions.

If a student is disrespectful to peers and adults, that student is subject to suspension or dismissal. Fighting, hitting, kicking, or unwanted physical contact by a will result in suspension or dismissal.

ON TASK- To be doing what is expected of you, especially your work/activity that is to be completed, without delay or distracting others.

APPROPRIATE ATTITUDE- Students shall have positive interactions with others, including peers and adults, using positive facial expressions and body language, as well as with verbal responses that are not hurtful or threatening.

When a student is asked a question by an adult, he or she must respond to the adult with a positive tone and in a timely manner. Cursing or profanity is unacceptable either written, orally, in text or in hand gestures. Inappropriate attitudes will result in suspension or dismissal from the program.

RESPONSIBLE BEHAVIOR- To be dependable, reliable, trustworthy and safe in your actions while completing the duties or tasks you are expected to do.

Noise levels should fit the activity and should be at a level where study and learning can take place. This includes the classroom, the library, while eating, doing homework, walking in the halls, and in the restrooms. Shouting is only OK in the gym and outdoors. Littering, destroying or marking up furniture, floors, equipment, walls or tables can result in immediate suspension or dismissal from the program. Students must leave personal items (such as cell phones, games) either in their pockets, or with an adult. Unnecessary items will be confiscated and returned to parent upon their arrival.

For our children’s SAFETY and SECURITY,

- Students and parents may only enter through the front entrance.
- Students are not allowed in the storage areas, the kitchen, and the garage.
- Students may not enter the offices and conference room in the administrative area unless permitted by a Lighthouse adult.

I, the parent/guardian of _____ do understand and support the Lighthouse Center’s expectations and rules.

I, the student, _____, do understand and agree to abide by the Lighthouse center’s expectations and rules.

Date:

**Community Partner Learning Place
Authorization to Release Education Records and Consent Form**

The students listed below are participating in the programs at Lighthouse Promise, Inc, located at 5312 Shepherdsville Rd. Louisville, KY 40228 hereafter referred to as the Organization. By signing this form, I am giving the Organization staff permission to communicate regarding services offered to me and/or my family, with the Jefferson County Public Schools (JCPS). I hereby authorize JCPS to release the education records of the students listed below to the Organization. **The records to be released are the student's name, student ID number, school, address, grade level, State required assessment scores, classroom test scores, grades, attendance, suspensions, SuccessMaker student ID and password, Study Island student ID and password, and all information and intervention data contained in SuccessMaker and Study Island.** I understand that the Organization has agreed to keep these records confidential.

I understand that by authorizing the release of this information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Organization and JCPS.

The students listed below will will not participate in the eLearn Olympics sponsored by the Louisville Central Community Center (LCCC), 1300 West Muhammad Ali Blvd, Louisville, KY 40203. If the students listed below will participate in the LCCC eLearn Olympics, I authorize LCCC to communicate with JCPS regarding the participation of the students in eLearn Olympics. I hereby authorize JCPS to release the following education records of the students listed below to LCCC: **SuccessMaker student ID and password, Study Island student ID and password, and all information and intervention data contained in SuccessMaker and Study Island.** I understand that LCCC has agreed to keep these records confidential except to the extent required to award prizes in eLearn Olympics and to publicly recognize the students for prizes won.

There may be times when JCPS, the Organization, LCCC or the news media may take photographs (or other digital images) of students participating in activities or may publicly recognize the students for prizes won in eLearn Olympics. Those images may appear in JCPS's, the Organization's or LCCC's publications including electronic publications or in the news media for education related stories. By signing this form, I authorize JCPS, the Organization and LCCC to use the name and image of the students listed below for these purposes and for the purpose of providing community recognition for prizes won in eLearn Olympics.

I understand that JCPS, the Organization and LCCC are independent parties. I understand and agree that JCPS shall have no liability for the acts or omissions of the Organization or LCCC, their employees and volunteers. I have read and understand the contents of this form. I have received a copy, and I agree to its provisions. I understand that I may revoke this authorization at any time by written request.

Name of Parent/Guardian or Eligible Student: _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

List students' names and schools attended:

Original must be sent to Dr. Allene Gold, Volunteer Talent Center, Waggener High School, 330 S. Hubbards Lane, Louisville, KY 40207, copy kept on file at organization/agency and copy given to parent/guardian.

Family & Children's Place Client Rights and Responsibilities

Following is a summary of client rights and responsibilities of Family & Children's Place (F&CP). It is the policy of the F&CP Board of Directors that this document be displayed in a public place and distributed to all clients. Normal office hours are scheduled 8:30a.m–5:00p.m., Monday through Friday. For added convenience to clients, evening counseling/therapy appointments may be scheduled on request. F&CP counseling /therapy service maintains 24/7 coverage via telephone. Family and School Services and Children's Program services times are specific to service needs.

Client Rights

1. You are a partner in developing your service plan or child's education plan and will need to indicate approval of the service plan or education plan and any revisions in the plan. Evidence of your approval will be your signature on the education plan. You have the right to receive individualized treatment. You have the right to refuse treatment recommendations and discontinue service at any time unless mandated by law and to be informed of the consequences.
2. You have the right to protection of confidential information in accordance with F&CP policies on confidentiality and privacy of health information. You are guaranteed confidential service according to the following principles: You are the primary source of information. Within the organization, information about you will be shared only with those who have a need to know and only when sharing of information is necessary for service delivery. Other organizations will be given information only with your expressed permission. **Exceptions include professionals conducting audit reviews, field supervisors from accredited academic programs, representatives from accrediting bodies, and authorities where a legal report is mandated by law as in cases of suspected child abuse, domestic violence, elder abuse or threats of violence to self or others.**
3. You have the right to refuse observation and/or videotaping of your clinical interviews or child's time in services without jeopardizing your opportunity to receive service.
4. You have the right to an accounting of your Private Health Information (PHI) and to object and to restrict the use of your PHI.
5. You have the right to revoke any authorization of your Private Health Information.
6. You have the right to have access to your child's records unless deemed harmful or prohibited by law and to add additional information and statements according to F&CP policies and procedures. These policies are available upon request.
7. You have the right to be informed in advance of F&CP discontinuance of service and the reasons for the decision. Generally, F&CP would discontinue services if you consistently fail to keep appointments or your child's attendance is consistently poor, fail to negotiate a satisfactory fee agreement, and fail to maintain regular payments or if F&CP determines services are inappropriate.
8. You have the right to a qualified service provider. Counselors possess masters in social work or equivalent degree with post-graduate training in marriage and family therapy. Trainees in accredited programs are supervised closely by qualified staff. Teachers in the Children's Program meet at least the minimal state requirements for STAR credentials (CDA).
9. You have the right to fair treatment and not to be discriminated against by reason of race, color, religion, national origin, sex, age, sexual orientation, or disability.

10. You have the right to be fully informed of all charges and payment procedures for services rendered.
11. You have the right to register complaints about any aspect of service provided by F&CP. Any complaints should be first discussed with your service provider or their supervisor and if necessary, the Program Manager. If you are dissatisfied with the response, you may file a formal written grievance. The procedure for filing a formal grievance is available upon request from the Program Manager. (This is also located in the Parent Handbook for Children's Program service recipients). Should you make a complaint, you have the right to a copy of the grievance procedure and a written response to the complaint.
12. In the event that your services are financially supported through the Kentucky Cabinet for Health and Family Services, you have the right to file a grievance with the Commonwealth of Kentucky using Form DSS-154. If you are currently receiving services through JAG funding, you have the right to file a grievance with the Office of the Inspector General, US Department of Justice. Information on how to contact these organizations is available through the Client Complaint Process in the agency Operation's Manual.
13. In order to improve our services to clients, Family & Children's Place may conduct research on our treatment methods and outcomes. When records are used to gather information, no identifying information will be published or disclosed. If the research involves direct client participation, you will have the right to refuse to participate. Refusal to participate will in no way effect the quality or continuation of service to you.
14. You have the right to a presentation of these rights and responsibilities, F&CP policies and procedures, and your service plan communicated to you in your primary language in either oral or written format, whichever is most appropriate.
15. You have the right along with other family members to participate in decisions regarding services provided.
16. It is the policy of F&CP that all individuals have the right to be treated with dignity and positive approaches in addressing behavioral and mental health difficulties. F&CP prohibits the use of any physical restraint interventions unless the person is showing behavior that could immediately harm themselves or others. A physical restraint will only be used as an emergency intervention and only be used by staff that have completed and mastered techniques in safe behavioral management.

Client Responsibilities

1. You are asked to collaborate in treatment planning and to provide a signature indicating your agreement with plans made. Services cannot be provided without such an agreement.
2. You are asked to cooperate in and follow through with your service plan or child's education plan.
3. You have the responsibility to attend all appointments as scheduled /ensure your child attends regularly. It is your responsibility to provide cancellation notice **at least 24 hours** prior to the appointment or you will be charged. If receiving Children's Program services, it is your responsibility to notify staff each morning your child is not able to attend. It is also your responsibility to provide doctor's notes regarding your child's absences if illness could have been contagious. (See Children's Program Parent Handbook for more information.)
4. You have the responsibility to pay a fee according to F&CP fee policy and to do so prior to your appointment unless payment is provided under a special arrangement. Should you miss three payments, your services may be terminated unless satisfactory arrangements can be made.
5. You are required to conduct yourself in a safe manner, which includes not bringing weapons on the premises.
6. You are required to keep confidential any Protected Health Information you may encounter within the operations of F&CP.
7. You may be asked to participate in F&CP evaluation of services which includes an analysis of statistical information and follow-up contact with you regarding the effectiveness of services provided. Information is summarized in order to protect your identity. Your refusal will not affect the quality of services offered to you. Should you decline, please notify program staff.

Consent: I give permission to receive services provided by F&CP and acknowledge that I have read and understand Client Rights and Responsibilities and have received a copy of the F&CP Privacy Notice. I understand that if I do not sign this document I cannot receive any services from F&CP.

Client's Signature _____ Date _____

Client's Signature _____ Date _____

Witness _____ Date _____

I give permission for services to be delivered to my children by Family & Children's Place.
Parent/Guardian Signature _____ Date _____

Witness _____ Date _____