

Received By: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Copies Made: \_\_\_\_\_\_\_\_\_

Decatur PAL

1202-B 5th Ave. SW

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decatur, AL 35602

DYS

**After School/ Tutoring Program**

Phone: 256-341-4690

Fax: 256-341-4699

Confidentiality: This program is funded in part by the Community Development Block Grant (CDBG) Entitlement Funds from the U.S. Department of Housing and Urban Development (HUD) through the city of Decatur.

Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. The falsifying of any information may disqualify you from receiving any of our services.

**Household Information**:

**Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: \_\_\_ Male \_\_\_ Female

First Name Last Name **Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you the head of household**? \_\_\_ Yes \_\_\_ No If not, List head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Size**: \_\_\_\_\_\_\_\_\_\_ **# in Household**: Adults: \_\_\_\_\_\_ Children: \_\_\_\_\_\_

**Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Street Apt. #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**Phone**: **Home**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Job Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yearly Income**: \_\_\_\_ 0-$10,000 \_\_\_\_$10,000-$20,000 \_\_\_\_$20,000-$30,000 \_\_\_\_$30,000-$40,000 \_\_\_\_$40,000+

**Household Type**: \_\_\_\_ Single Parent \_\_\_\_Both Parents \_\_\_\_ Legal Guardian \_\_\_\_Other

**Do You Receive**: \_\_\_\_ Food Stamps \_\_\_\_General Assistance \_\_\_\_SSDI \_\_\_\_SSI \_\_\_\_Veterans Compensation

\_\_\_\_Reduced Lunch \_\_\_\_Free Lunch \_\_\_\_NA

**Member Information**:

**First Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial**: \_\_\_\_\_ **Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nick Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: \_\_\_\_Male \_\_\_\_ Female **Birthdate**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**:\_\_\_\_\_\_

**Ethnicity**: \_\_\_\_Asian \_\_\_\_Black \_\_\_\_Hispanic \_\_\_\_White \_\_\_\_Other (if other, please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_

**Programs of Interest:**

* After School Program
* Baseball
* Basketball
* Boxing
* Boys 2 Men
* Coach

Continue Application on Back

Revised August 2016

* Community Service
* Dance
* Day Program
* Drums
* Football
* Girls 2 Women
* Girl’s Elevate
* Martial Arts
* Men’s Life Night
* Mentoring
* Parenthood
* Scholarship (Amount $\_\_\_\_\_\_\_\_\_\_\_)
* Summer School
* \*Tutoring Only\*
* Youth Employment
* Volunteer
* Other

**Member Medical Information**:

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Insurance Policy Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Concerns/ Disabilities /Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Physician Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Hospital**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick Up Information**:

Two Adults authorized to pick the member up:

1. **First Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact**? \_\_\_\_ Yes \_\_\_\_No

1. **First Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact**? \_\_\_\_Yes \_\_\_\_No

Emergency Contact if different from the two names above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anyone restricted from picking the member up? \_\_no \_\_yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent**

I have read the complete application, understand the rules of the Decatur PALS and requested that my son/daughter (s) be admitted into membership. I have explained the rules to my son/daughter (s) and agree that the Decatur PALS will not be responsible for any accident to the boy/girl (s) while on the Decatur Youth Service’s premises or while engaged in any of its activities away from the Decatur PAL. I give my consent for photographs, in which my son/daughter (s) may appear, to be used by the Decatur Youth Services to promote their program.

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian **(Please Print)** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian **Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member **(Please Print)** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member **Signature**

Continue Application

Revised August 2016

 **INOW PERMISSION**

Parents, thank you for allowing your child to participate in our tutorial program. In an effort to better serve our students, we will need your STI (INow) username and password to monitor grades.

(STI) INow Username:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STI) INow Password:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have not received my username and password, or I am not sure what it is, so you have my permission to retrieve the information from the school.

**Tutorial Program Consent**

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby register for his/her participation in the After School/ Tutorial Program at Decatur Youth Services (DYS). I give my permission to DYS to make inquiries about academic behavior, school activities, make school observations, and academic grade inquiries from report cards and iNow on an ongoing basis as long as my child is enrolled in the Program. I am aware that all information is confidential and will only be used to support and encourage my child for DYS’s purposes only. I also give permission for my child to participate in DYS field trips. I understand that my child will be supervised by a professional at all times and that medical insurance is my responsibility.

**Signed: Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Sign 

Revised August 2016

Continue Application on Back

**VAN ASSIGNMENT**

Does your child play sports or participate in any extra-curricular activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, which ones, and at what times?

Activity Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If van services are needed, what school will your child be picked up from and where will your child be dropped off?

|  |  |
| --- | --- |
| School | Drop Off Address |
|  |  |
|  |  |

I understand that if my child misses the van/bus and is left at school, it is my responsibility to get my child proper transportation home or to DYS. I do not expect the van to come back if my child misses the van/bus. Also, in the event of a medical emergency, I understand that I am responsible for all expenses accrued thereof and DYS holds no liability and has my permission to take my child to the nearest medical facility.

**PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_**

 Please Sign 

Parents,

Welcome to the 2016-2017 DYS After-School Program! We are very excited to have your child this year and are looking forward to a wonderful, fun-filled, and educational experience.

To help our programs run smoothly and keep parents/guardians informed of what is going on, we will use email, and send text messages through an app called “Remind101”.

Please complete the form below and return it as soon as possible indicating if you would like to receive these updates.

---------------------------------------------------------------------------------------------------------------------

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IF A STUDENT LIVES WITH SOMEONE OTHER THAN MOTHER/FATHER, YOU MAY SUBSTITUTE YOUR NAME, RELATIONSHIP, AND NUMBER IN PLACE OF PARENTS)

Father/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you receive texts? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

Mother’s /Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you receive texts? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

Best email to send updates, newsletters, etc.

Father/Guardian’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and return to Decatur Youth Services

Revised August 2016

**Decatur City Schools**

**Bus-Rider Registration**

**2016-2017**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Numbers (during busing hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Student Have Allergy or Medical Condition the Bus Driver Should Know About?

\_\_\_\_\_No \_\_\_\_\_Yes (explain) Student Will Be Riding: \_\_\_\_\_\_A.M. \_\_\_\_\_P.M.

Bus-Stop Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus Number\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

**For Student to Continue Riding Parent Must Complete and Sign Within Three Days of Beginning to Ride Bus**

**Student May Return Registration Directly to Bus Driver**

The Decatur City Board of Education is vitally concerned about the safety and welfare of the students riding buses. In an effort to inform students and parents

or guardians of acts that can threaten safety and welfare, bus rules and regulations have been adopted. The driver, together with the transportation supervisor

and the school principal, shall have full responsibility for discipline on buses. Questions regarding bus discipline should be directed to the administrator of the

school in which the student is enrolled. Bus discipline rules, bus disciplinary action, and the Code of Student Conduct apply to all students while they are on the

way to and from the bus stop, while at the bus stop, and while on the school bus. Students should pre-register before assuming transportation services.

In accordance with Act No. 2013-347, it is unlawful for a person to enter a public school bus without authorization or after being forbidden to do so or to refuse

to leave the bus when demanded by a bus driver or duly authorized official. It is also unlawful to damage a public school bus or to stop, impede, delay, or detain

a public school bus. The commission of any of these acts my result in a charge of trespass on a school bus in the first degree.

If there is an emergency or issue, any person wishing to speak with the bus driver shall communicate through the driver’s side window on the driver’s side of the

bus.

Students in violation of the bus rules are subject to disciplinary action.

**Bus Rules**

1. Students will obey the driver and all other school board employees willingly and promptly at all times. The driver is in full charge of the bus and students.

2. Students will behave in an appropriate and orderly manner.

3. Students must ride the bus on which they have been assigned.

4. Students may be assigned seats.

5. Students will remain seated facing forward with feet on the floor and legs out of the aisle.

6. Students will keep their feet on the floor at all times while riding the bus. Students cannot put feet on seats or back of seats.

7. Students will not stand or move from their assigned seat while the bus is in motion.

8. Students will not throw trash or litter.

9. Students will not open windows without permission. Students will not throw any items on the bus or out the windows.

10. Students will not extend head, hands, arms, or any part of their body out the window.

11. Food, drinks, gum, or candy will not be consumed on the bus at any time. No glass containers will be allowed on the bus.

12. There will be no loud talking, singing, or laughing on the bus. There will be no yelling or raising of voice on the bus.

**Bus Disciplinary Action**

The principal shall administer sanctions for non-compliance with bus rules and regulations. The bus is considered an extension of the school and therefore, the

principal or designee has the authority to assign disciplinary action as outlined in the Code of Student Conduct. This shall include removing a student from the

privilege of riding a school bus for a reasonable and specified period of time. The person(s) causing damage to a bus or equipment must pay for or make

arrangements for payment of damage prior to regaining bus privileges.