



BEFORE/AFTER SCHOOL and FRIDAYS On-Site for R.I.S.E Students

Dates: June 28 - July 30

Before and after school care will be offered on Monday - Thursday. Full day care will be provided on Fridays.

Where: On-site at Summer R.I.S.E. Schools operated by Imprints Cares (North Hills, Smith Farm, Walkertown, & Cook Elementaries)

Times: Mornings 6:30am - Start of school
Afternoons - School dismissal until 6:00 pm
Fridays 6:30 am – 6:00 pm

Weekly Pricing:

Mornings Only

Mon - Thurs

\$20/week

Fridays Included

\$55/week

Afternoons Only

\$50/week

\$85/week

Mornings & Afternoons

\$60/week

\$95/week

Fridays Only

\$35/day

FINANCIAL ASSISTANCE IS AVAILABLE

REGISTRATION NOW OPEN
For more information or to register, please visit imprintscares.org or call 336-722-6296 exts. 218 or 223

During the program, your child will:

- Receive homework help
- Join other students in enrichment opportunities
- Play with friends
- Social & Emotional Development
- Participate in STEAM activities



All CDC guidelines followed to reduce virus exposure risk. All students will be required to wear a mask.





R.I.S.E. Before/After School Program

* Required Fields

Please complete one form per student.

*Child's Name _____ *Male or Female
*Birthdate _____ *Grade 21/22 _____ ~~*Student Number _____~~

*Parent/Guardian Name _____ *Relationship _____
*Mailing Address _____
*Parent/Guardian Email Address _____
*Parent/Guardian Cell Phone Number _____

Authorized Pick-up/Emergency Name's (Other than parent/guardian)

*Name _____ *Relationship _____ *Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Other Child Information:

*Photo Permission Y YES NO
*Field Trip Permission YES NO
*Allergies YES NO Describe Allergy _____
* Medications YES NO List _____
* Other Issues or information you would like for us to know _____

Mission: To enrich children's development while supporting their families through the journey of parenthood.



Reservation Form for Imprints Cares Rise Morning and Afterschool Programs

Child's Name _____ Current School _____

Current Grade _____ Student Number _____

Parent's Name _____ Cell Phone _____

Signature: _____

Rise Program Locations

Please choose one:

Cook Elementary

Smith Farm Elementary

North Hills Elementary

Walkertown Elementary

Please choose a service level:

	Mon - Thursday	Fridays Included
Mornings Only:	\$20/week	\$55/week
Afternoons Only:	\$50/week	\$85/week
Mornings & Afternoons:	\$60/week	\$95/week
Friday's Only:		\$35

Please choose your weeks of service:

June 28 - July 2

July 19 - July 23

July 5 - July 9

July 26 - July 30

July 12 - July 16

During the online registration, I read and agreed to the Handbook and Financial Agreement.

Agreement Signature _____ Date _____

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ATTACHMENT D:

**CONSENT TO DISCLOSE STUDENT’S PERSONALLY IDENTIFIABLE INFORMATION WITHIN
WINSTON-SALEM/FORSYTH COUNTY SCHOOLS EDUCATION RECORDS FOR RESEARCH PURPOSES**

I/We _____ are the Parents/Legal Guardians of Winston-Salem/Forsyth County Schools Student (First/Middle/Last): _____.

Student information:

Student Number: _____ Date of Birth (MM/DD/YYYY): _____
 School: _____ Gender (Circle One): Male Female
 Grade: _____ Race/Ethnicity: _____

Consent Agreement	Initials
I/We agree and consent to the release of personally identifiable information from the education records of my son/daughter (hereinafter “Student”) by WS/FCS, subject to the terms of this consent agreement.	
I/We understand that the records to be disclosed by WS/FCS include, but are not limited to, grade reports, testing data, enrollment information, English language learner status, transcripts, classroom performance/behavior, and other personally identifiable information from the education records of my Student.	
I/We agree and consent to the WS/FCS to disclose personally identifiable information from the education records of my Student to the following entities: (_____); and Forsyth Futures.	
I/We understand that the purpose of disclosing my Student’s information is to study ways to improve Student’s learning and school performance, and to study ways to improve the impact of after school programs in which my Student is enrolled.	
I/We understand that this information is used solely for research purposes and to improve Student’s learning and school performance and shall not be further re-disclosed to third parties not named on this consent form without my/our prior written consent.	
I/We understand that student registration in the above mentioned service provider programming will be available to other agencies participating in this data sharing project.	
I/We understand that this consent is valid for so long as my Student participates with the above-mentioned program or unless revoked in writing.	

Parent(s)/Guardian(s)/Other Signature

Organization Representative:

Date: _____

Date: _____

Original Copy – Organization Record;
Photocopy – WS/FCS Record;
Photocopy – Parent/Guardian

Site use only – Program information: Please include program participation information on the line below:
