



Washington Middle School Community Learning Center Huskies Out of School Time (HOST) Semester 1 Session



* October 8, 2018-January 24, 2019 * Monday, Tuesday, Thursday * 3:45-5:30pm
*Wednesday*2:30-4:30pm

Return forms to the purple box in the WMS Main Office!
Students will receive their approved HOST schedule the week of October 3rd!
Please allow 2-3 days for HOST staff to process registration forms.

Step 1. Student Information

Student First Name:		Student Last Name:	
STUDENT ID #		Current Grade:	
Gender:		Birth Date:	
Current Mailing Address:			

Step 2. Parent, Guardian and Emergency Contact Information

Parents/Guardians First Name:			
Parents/Guardians Last Name:			
Relationship to student:			
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
Emergency Contact: (Other than Parent/Guardian)	Name:	Phone:	

Step 3. Transportation Requests

How will your child get home? WALK ACTIVITY BUS METRO PARENT PICK-UP

Students may ride the Activity Bus on days that they are registered for a HOST or Athletic team activity ONLY. Activity bus assignments are NOT guaranteed. Assignments are issues by the district according to location and the number of students assigned in your area. The bus is scheduled to depart at 5:30pm M, T, TH and 4:30pm W. If you have a different drop-off location than the address given above, please list it here:

Activity Bus Drop-Off Address: _____

Important Information

- * **There is NO HOST on: Nov 21, 22, Jan 14**
- * **Join us for HOST Family Night on Thursday, January 24th 5:30-7:30pm**

Huskies Out of School Time Expectations:

- Participation in HOST is a privilege; students should attend **ready to learn**
- Students will be removed from HOST programs if they make poor behavior decisions
- Students must pre-register and be listed on the Club Roster to participate
- Classes have limited space; Students are placed on a first come, first serve basis
- Students are expected to arrive on time, and to stay until M, T, TH 5:30pm and W 4:30pm

- School time rules apply – Learn, Engage, & Focus! No cell phones or disruptive behavior allowed
- Snack is provided
- If students attend HOST, they may not leave the WMS campus for any reason until M, T, TH 5:30pm and W 4:30pm
- Students are NOT allowed to remain after school or use district transportation if they leave campus or engage in an activity outside of a school-sponsored program

Class Cancellation Policy

- When a class is cancelled, parents will receive an email from the CLC Coordinator
- Students will contact and notify parents from the HOST office
- An announcement will be posted to our Facebook page: www.facebook.com/wmsclc
- If a student’s club is cancelled, they must go home

Step 4. Parent Signature

I hereby give my consent for (write child’s name)_____ to participate in Washington Middle School's HOST/CLC Programs being cosponsored by the Seattle Public Schools and the Seattle Department of Parks and Recreation. I will not hold the City of Seattle, the Department of Parks and Recreation, the Department employees, the Seattle School District and employees, or any other volunteer or staff associated with the above listed program responsible for any injuries, damage, or personal loss incurred while participating in the OST/CLC activities. I give permission to the Seattle School District and/or the City of Seattle to use photographs or the name of my student in its public displays or media releases. I understand that these photographs will not be sold or used for commercial purposes. I have discussed appropriate behavior with my child and I understand that my child must follow all school rules while in the program, as well as on the bus, or he/she will face discipline under normal school policy. **STUDENTS WILL NOT BE ALLOWED TO LEAVE SCHOOL GROUNDS AND RETURN TO TAKE THE BUS FOR ANY REASON. OST/CLC IS ADULT SUPERVISED.**

Parent/Guardian Signature

Date

Address: _____

Parent or Guardian Signature: _____

We are so glad that you signed up for HOST!

For more information about WMS Community Learning Center programs,
Contact the Bakahri Thornton, CLC Coordinator
Office: 206-252-2655 Cell: 206-849-9203 Email: bdthornton@seattleschools.org



www.facebook.com/wmsclc

Step 7. HOST Program Selection

Rank your top 3 club choices for each day of the week. 1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice

MONDAY

- _____ **RAMP 6th grade – Redhawks Academic Mentoring Program:** Join Seattle Univ students for homework help and fun projects & activities. MUST ATTEND MONDAY & WEDNESDAY.
- _____ **RAMP 7th grade – Redhawks Academic Mentoring Program:** Join Seattle Univ students for homework help and fun projects & activities. MUST ATTEND MONDAY & WEDNESDAY.
- _____ **Jr. Jazz:** Music Club- see Step 6 for payment/scholarship info Develop musicians' skills, learn multiple pieces and participate in school performance.
- _____ **Bridge:** Learn the sport of bridge. Develop critical thinking, logic, and problem-solving skills as you prepare for city-wide competitions, build teamwork, and good sportsmanship.
- _____ **Building STEAM: Putting the ARTs in Science, Technology, Engineering and Math:** Students will be exploring some of the ways that Art can be expressed through STEM. They will have the opportunity to learn about electronics by developing wearable tech and additive technologies and design through 3d printing.
- _____ **Speculative Fiction Club:** You love Science? This class will primarily focus on scientific issues such as climate change, genetic engineering, and human rights. There will be short stories and films for reference.
- _____ **Pinterest Club:** The goal of this class is to reach students creativity, cooperative work, and commitment. D.I.Y. projects will be constructed individually and in groups.
- _____ **From Books to Ball:** Come and enjoy open gym basketball and Literature help from Mr. Milne. Students will enjoy playing basketball and receive copies of a book that relates to the game of basketball.

TUESDAY

- _____ **Amy Yee Tennis:** (Ends October 19th) What to learn the sport of tennis? Do you worship Serena Williams but have no idea how to keep score? Join Coach Craig for fun, fitness, and tennis!
- _____ **Next Level Sports Martial Arts and Fitness Training:** Workout with the Austin Foundation! The class will include sports training, fitness elements and components of health and wellness.
- _____ **My Sister's Keeper:** MUST ATTEND TUESDAY & THURSDAY. For Black female students of African descent in need of academic support and motivation. Join this sisterhood for mentoring, girl talk, and special events!
- _____ **My Brother's Keeper:** MUST ATTEND TUESDAY & THURSDAY. For Black male students of African descent in need of academic support and motivation. Join this brotherhood for positive male mentoring and special events!
- _____ **Taste International:** Prepare inter-cultural foods and learn sustainable gardening techniques. Explore food anthropology and culinary careers!
- _____ **Book Club:** Join Seattle Univ students in reading and discussion favorite books!
- _____ **Vocal Jazz:** Music Club- see Step 6 for payment/scholarship info MUST ATTEND TUESDAY & THURSDAY. Join Mr. Saunders and your classmates to sing and harmonize with style.
- _____ **Jr. Fiddlers:** Music Club- see Step 6 for payment/scholarship info MUST ATTEND TUESDAY & THURSDAY. Join Ben & Joe to learn about the history and culture of early American roots music. Play music using stringed instruments (guitar, banjo, fiddle) with optional singing training while having fun.
- _____ **Designing Seattle: Architectural Model Building:** Students will explore the world of architecture in design, through the lenses of changes happening in their own neighborhood!
- _____ **H2P-Hip Hop 2 Prevent Substance Use and HIV/AIDS:** program using the positive history of hip hop to decrease risky behaviors and increase healthy choices and positive empowerment and social

competence skills (i.e. refusal skills, communication, decision-making, problem solving, etc.)

WEDNESDAY

Creative Arts Digital Media Academy: Students will receive hands-on instruction on basic photography and video production, and uploading content from camera to computer. Students will practice storytelling through photos.

Garden & Cooking Club: *5 out of 10 sessions are field trips to the Green Plate Special kitchen, parent/guardian pick-up is required on these dates at 5:00/6:00pm. Learn about seed planting, vegetable garden maintenance, harvest foods at the WMS garden, and practice basic cooking & knife skills at the GPS kitchen!

Jr. Jazz: Music Club- see Step 6 for payment/scholarship info Develop musicians' skills, learn multiple pieces and participate in school performance.

CLC Youth Council - Join Parks Recreation Leader, Kirsten Bystrom, to plan Parks events and complete community service projects for the WMS community.

RAMP 6th grade – Redhawks Academic Mentoring Program: Join Seattle Univ students for homework help and fun projects & activities. MUST ATTEND MONDAY & WEDNESDAY.

RAMP 7th grade – Redhawks Academic Mentoring Program: Join Seattle Univ students for homework help and fun projects & activities. MUST ATTEND MONDAY & WEDNESDAY.

Students Unite – This program will create a space in which students from all over the school can feel safe, welcomed, belonged, and have a voice. We would also talk about problems that affect us as youth in our school, neighborhood, and city and what we can do to create change.

THURSDAY

Amy Yee Tennis: (Ends October 19th) What to learn the sport of tennis? Do you worship Serena Williams but have no idea how to keep score? Join Coach Craig for fun, fitness, and tennis!

My Sister's Keeper: MUST ATTEND TUESDAY & THURSDAY. For Black female students of African descent in need of academic support and motivation. Join this sisterhood for mentoring, girl talk, and special events!

Next Level Sports Martial Arts and Fitness Training: Workout with the Austin Foundation! The class will include sports training, fitness elements and components of health and wellness.

Robotic Arts!: Learn electronic theory, safe tool usage, workshop practices, and explore contemporary art, engineering, and technology. Work individually and collaboratively to create projects for a showcase exhibition.

My Brother's Keeper: MUST ATTEND TUESDAY & THURSDAY. For Black male students of African descent in need of academic support and motivation. Join this brotherhood for positive male mentoring and special events!

Get R.E.A.L.: Hang with friends and talk about current events, your middle school experience, and life. Learn about healthy friendships, develop skills to be a successful student, & play games!

Vocal Jazz: Music Club- see Step 6 for payment/scholarship info MUST ATTEND TUESDAY & THURSDAY. Join Mr. Saunders and your classmates to sing and harmonize with style.

Jr. Fiddlers: Music Club- see Step 6 for payment/scholarship info MUST ATTEND TUESDAY & THURSDAY. Join Ben & Joe to learn about the history and culture of early American roots music. Play music using stringed instruments (guitar, banjo, fiddle) with optional singing training while having fun.

Taste International: Prepare inter-cultural foods and learn sustainable gardening techniques. Explore food anthropology and culinary careers!

Math Club: Are you looking for assistance in math? Come join our math team as we meet to discuss and solve math problems.

H2P-Hip Hop 2 Prevent Substance Use and HIV/AIDS: program using the positive history of hip hop to decrease risky behaviors and increase healthy choices and positive empowerment and social competence skills (i.e. refusal skills, communication, decision-making, problem solving, etc.)

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First and Last)		Age	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	<input type="checkbox"/> _____
Birthdate		School		Grade	
Address			City		Zip Code
Parent/Guardian Name (First and Last)				Signature	
Cell Phone		Other Phone		Email	
Address (if different than above)			City		Zip Code
Relationship to Child		<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	Language(s) Spoken at Home

GENERAL AUTHORIZATIONS AND INFORMATION

- My child has previously attended a Seattle Parks and Recreation School Age Care Program. No Yes - Location: _____
- My child has permission to attend field trips as posted in activity schedule, by means of walking, public bus, department van, yellow bus.
(YES) Initial Here _____ (NO) Initial Here _____
- My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. Swimming Ability: Non Swimmer Beginner Intermediate Advanced (YES) Initial Here _____ (NO) Initial Here _____
- I will provide sunscreen and my child may apply it _____ times during the day. (YES) Initial Here _____ (NO) Initial Here _____
- Photographs (stills and video) of your child may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications. If you **DO NOT** agree Initial Here _____ (Do NOT use photographs of my child)

My child has the following behavioral issues which staff should be aware:	I handle these behaviors in the following way:
---	--

EMERGENCY CONTACTS (Also authorized for participant pick-up)
Please list secondary contacts if we cannot reach you.

1) Contact Name (First and Last)			Relationship
Cell Phone	Other Phone	Email	
Address		City	Zip Code
2) Contact Name (First and Last)			Relationship
Cell Phone	Other Phone	Email	
Address		City	Zip Code

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

List all individuals authorized to pick up your child. If an individual is not listed, your child will not be released. No voice authorization for pick-up accepted.

1) Name	Relationship	Cell Phone	Other Phone
Address			
2) Name	Relationship	Cell Phone	Other Phone
Address			
3) Name	Relationship	Cell Phone	Other Phone
Address			

Child Sign In and Sign Out Procedures (WAC 170-297-2125)

The parent or authorized person to take the child to and from the program site shall sign-in the child on arrival and sign-out the child at departure using a full, legal signature. When the child leaves the program site to attend school or other off-site activities as authorized by the parent, staff shall sign-out the child and sign-in the child upon return to the program.

MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please **CHECK** all that apply or 'None'. **Additional forms are required prior to your child attending if medical conditions are checked.** Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Seizures |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dev. Disability |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Other: _____ | | | |

Currently taking Medication at: <input type="checkbox"/> Program <input type="checkbox"/> School <input type="checkbox"/> Home

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Child's Name (First and Last)		Age	Birth Date
Medical Provider (First and Last)		Dental Provider (First and Last)	
Address, City, Zip Code		Address, City, Zip Code	
Phone		Phone	
Date of Last Physical Exam: Month _____ Year _____		Date of Last Dental Exam: Month _____ Year _____	
If you do not have a medical provider, in case of injury or incident, what is your plan:		If you do not have a dental provider, in case of injury or incident, what is your plan:	
Preferred Hospital for Treatment:			

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I also assume full financial responsibility for emergency treatment for my child.**

Initial Here _____

LEGAL DOCUMENTATION INFORMATION

Provide information below pertaining to your child regarding documentation about a parenting plan or current restraining order issued by a legal authority in the State of Washington:

Parenting Plan	Restraining Order
<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file.	<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file.

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date