



A Program of:

Youth Alternatives



- ❖ Daily tutoring, homework assistance and STEM (Science, Technology, Engineering and Math) project-based learning, and a variety of activities to enhance learning.
- ❖ Providing a safe, fun and educational environment for youth to succeed.
- ❖ Providing an afterschool snack to your students at no cost through LCSD#1 Nutrition Services.
- ❖ Working to build healthy social relationships with and between students, improve academic performance and improve attendance.



ACCISS STUDENT RULES AND DISCIPLINARY PROCEDURES

While attending ACCISS, all students are asked to comply with existing school rules, as well as the ACCISS rules and procedures. To maintain a safe environment, we ask that you review these rules and procedures with your child. After review please complete the signature page with your child and return it to an ACCISS staff member.

1. Check in on the computer at the beginning of the day.
2. Follow all directions given by the ACCISS staff the first time they are given.
3. Be respectful to other students, staff members, yourself, the classroom, and the equipment provided.
4. Be responsible for your own belongings and respect property that belongs to others
5. Stay in the area assigned to ACCISS, you are only allowed to leave the assigned area if escorted by an ACCISS staff member.
6. Use respectful language at all times.
7. Keep your body, inappropriate comments, and objects to yourself
8. At the end of any activity please clean up after yourself.
9. Check out on the computer when leaving for the day.
10. ACCISS After School hours are from 2:45 pm to 5:00 pm.

ACCISS Summer hours are from 12:00 pm to 5:00 pm with early drop off starting at 11:15am.

You are not permitted to enter or leave the ACCISS area without staff approval. If your ride arrives and you are ready to leave, you must notify a staff member before you leave the ACCISS area. If you are leaving early for any reason, please notify a staff member at the beginning of the day.

The ACCISS program is a means to provide additional educational and enrichment activities during and beyond the normal school year. Therefore, it must be recognized that inappropriate behavior by students does not promote a favorable program environment and will not be tolerated. As with any disciplinary policy there will be consequences for not following the rules and procedures in regard to safe, respectful, responsible behavior. The following disciplinary procedures will be used in a general capacity, on a case by case nature, dependent on the severity of the misconduct by the student:

FIRST OFFENSE – Verbal warning.

SECOND OFFENSE – Students will be spoken to apart from others about expected behavior.

THIRD OFFENSE – Call home to parent/guardian

FOURTH OFFENSE – Call home to parent/guardian and possibly a 1-day suspension from ACCISS.

FIFTH OFFENSE – Call home to parent/guardian and case by case disciplinary measures will be implemented.

INTAKE QUESTIONNAIRE

Please provide the following information so we continue to provide the necessary services to you and your family. Services are funded through the City of Cheyenne, Laramie County, School District Number One, and various grants. Certain information is necessary to continue to provide these services free of charge. This information is confidential and will remain part of your confidential file. Thank you for your assistance.

Today's Date: _____

PROGRAM/GROUP: **ACCISS** _____

CLIENT'S NAME: _____

DOB: _____

ADDRESS: _____

CITY: _____ ZIP: _____

EMAIL ADDRESS: _____

AGE: _____ SEX: _____

REFERRED BY: _____

SCHOOL: _____

PRIMARY PHONE NUMBER: _____

GRADE: _____ IEP _____ 504 _____

ALTERNATE PHONE NUMBER: _____

PLEASE LIST ALL INDIVIDUALS LIVING IN THE HOME

Name	Relationship	Age	Birthdate	Sex	School	IEP	504

Father's Name: _____ **Employer:** _____

Work #: _____

Mother's Name: _____ **Employer:** _____

Work #: _____

Insurance:

Policy Holder: _____ **Provider:** _____ **Policy Number:** _____

Does your child receive a free or reduced lunch at school? _____ Yes _____ No

Does your child have any kind of emotional, physical or mental disability? _____ Yes _____ No

Is he/she receiving special services at school because of his/her disability? _____ Yes _____ No

Is English your child's second language? _____ Yes _____ No

Your child lives with:

- _____ 1. A Single Biological Parent
- _____ 2. Two Biological Parents
- _____ 3. A Biological and a Step Parent
- _____ 4. Grandparents
- _____ 5. Extended Family or Guardian
- _____ 6. Other (please specify) _____

The child's PRIMARY ethnicity:

- _____ 1. African American
- _____ 2. Hispanic American
- _____ 3. Caucasian
- _____ 4. Asian American
- _____ 5. Native American
- _____ 6. Other (please specify) _____

Household Income Average is:

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| _____ 1. \$16,900 or less | _____ 2. \$16,901 to \$20,000 | _____ 3. \$20,001 to \$25,000 |
| _____ 4. \$25,001 to \$30,000 | _____ 5. \$30,001 to \$35,000 | _____ 6. \$35,001 to \$40,000 |
| _____ 7. \$40,001 to \$45,000 | _____ 8. \$45,001 to \$51,000 | _____ 9. \$51,001 or higher |



THE OFFICE OF YOUTH ALTERNATIVES

City of Cheyenne



Releases/Authorization for Emergency Medical Care/Medical History Information

I give my child permission to attend the following Youth Alternatives activity/trip: All ACCISS Activities.

I hereby release the City of Cheyenne and the Office of Youth Alternatives from all claims of any kind arising out of my child attending the stated outing. I also release the said parties from claims arising from transportation to and from this event.

I also hereby authorize the release of my child's medical information to the staff of Youth Alternatives, any physical or staff member of a private, federal, state, county or city agency or institution. I further authorize the staff members or representatives of Youth Alternatives to give consent for any and all necessary emergency medical care for my child, _____ while said child is under the supervision of Youth Alternatives.

NAME OF CLIENT: _____

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____ City: _____ St: _____ Zip: _____

EMERGENCY PHONE: Home: _____ Work: _____ Cell: _____

ALTERNATE EMERGENCY CONTACT: _____

ALTERNATE EMERGENCY CONTACT PHONE NUMBER: _____

HEALTH/MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY ALLERGIES/SPECIAL HEALTH CONSIDERATIONS?

Yes___ No___ If yes, please list: _____

PLEASE LIST ANY MEDICATIONS YOUR CHILD IS CURRENTLY TAKING (and dosage if known): _____

HOSPITAL/CLINIC PREFERENCE (if none, leave blank): _____

MEDICAL INSURANCE PROVIDER: _____

POLICY NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WITNESSED BY: _____ DATE: _____



THE OFFICE OF YOUTH ALTERNATIVES

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RELEASE OF ACADEMIC INFORMATION

This release authorizes and directs any staff member of a private, state, county, or city institution or school to give ACCISS Staff of Youth Alternatives academic information regarding my child, which may have been acquired in any professional capacity. This release includes LSCD #1's student issued Pinnacle ID number and password for the above student. ACCISS Staff will include attendance tracking and academic monitoring for the purpose of providing educational tutoring, homework assistance, and educational incentives. Photo static copy of this authorization shall serve in its stead.

This release is to authorize ACCISS Staff of Youth Alternatives to utilize and incorporate such materials for professional consideration while acting on what is in the best interest of my child.

I understand that my child's records are protected under Federal and State specific confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action has been in reliance on it and that in any event this consent expires automatically as described above.

I further acknowledge that the information to be released was fully explained and this consent is given of my own free will.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WITNESSED BY: _____ DATE: _____

MEDIA RELEASE

I hereby give ACCISS and the media permission to photograph, film, take audio and/or interview my child. This could include the photographing, filming or reprinting of his/her work. It is my understanding this activity will be used for public view and I agree to participate without financial remuneration. Furthermore, I understand this releases the above party from any future claims as well as from any liability arising from the use of said material.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WITNESSED BY: _____ DATE: _____

Upon release from the program, my child will:

Walk home _____

Parent will pick up _____

Take the bus _____

I HAVE READ, REVIEWED AND UNDERSTAND THE CONTENTS OF THE ACCISS STUDENT RULES AND DISCIPLINARY PROCEDURES

AND

I AGREE TO ABIDE BY THE RULES AND PROCEDURES OF THE ACCISS PROGRAM

Student name:

Student signature:

Parent/Guardian name:

Parent/Guardian signature:

Date:
