BEST+ Afterschool Program
Madison Middle School
Program begins October 12th!

What is BEST?
BEST is an after school (and before school) program open to all Madison Middle students. BEST offers students targeted homework support and tutoring, a meal, fun enrichment classes, and a bus ride home! BEST is funded by the Oregon Community Foundation. Attached is additional information they would like to track for research to help create quality after school time for youth (optional). All forms are due September 25th!

Schedule:
BEST is offered Monday, Tuesday, Thursday from 3:30-5:30, and Wednesday 2:30-5:30 directly after school ends (No Fridays). Daily schedule includes homework club 3:30-4:15, meal 4:15-4:30, and enrichment activities 4:30-5:50. Wednesday offers additional homework and AVID time. BEST is also offered several mornings a week for homework help and open gym (dates will be posted online and on school doors).

Enrichment Classes:
Enrichment classes are offered by Eugene School District 4J & the City of Eugene. Classes include drama, arts & crafts, dance, games, computer, wood working, garden, and so much more! Students will sign-up for enrichment classes with the program coordinator before starting. Students signing up for enrichment classes are required to go to Homework Club.

Cost:
BEST is an equal opportunity program open to all Madison Middle School students. At the beginning of each trimester, BEST requires a $50 payment due to the main office of Madison. You will be notified in September that your student has been admitted into the program, fees will be due shortly after that notice. Scholarships and sliding scales are available!! No student is denied access to BEST for lack of payment.

For more information contact: Kristin Larsen the BEST Coordinator, at (541) 790- 4342, or by email larsen_kr@4j.lane.edu

Student’s Name_________________________________________ Grade_____

Please check which days your child will be attending BEST (this is flexible):

____Monday  ____Tuesday  ____Wednesday  ____Thursday  ____Before school homework/gym

Parent/Guardian Name__________________________________________________________
Address: ____________________________________________________________
Home Phone#____________ Work Phone#_____________ Cell ________________

At 5:30 PM, when the program is complete, my child will:

____ *Ride 4J School Bus  ____*If riding the bus, please fill out the attached request form. Bus requests must be in one week prior to riding the school bus.
____ Walk Home
____Picked up

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK MY CHILD UP:
Bus Transportation Request Form
Best+ After-school Program
2013/2014

PLEASE CALL 4J TRANSPORTATION IF YOU HAVE ANY QUESTIONS
**** (541) 790-7474 ****

__________________________________________ has returned his/her application and will attend BEST at:
(Student's name)

Madison Middle School

Please meet your child at the assigned bus stop. The bus driver will not let him/her off the bus unless you are at
the stop. If you feel your student is responsible enough to walk from the stop to your home you may fill out this
note and hand it to the bus driver.

*This form only needs to be filled out once per school year*

I give permission for my child, ___________________________ to get off the bus at the assigned stop by
him/herself.

Parent's Signature ______________________________________________

Date ____________________________
SCHOOL DISTRICT 4J
RELEASE FROM LIABILITY AGREEMENT

I hereby give permission for my student, ______________________, to engage in the BEST after school program.

I declare that I am the parent or legal guardians of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact myself or our family physician. In the event that we cannot be reached, I hereby authorize the School District 4J and the BEST for Kids Program staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child’s medical treatment which are not covered by my insurance. I assume all risks and hazards to such participation including transportation to and from the activities and hereby waive, release, absolve and indemnify and agree to hold harmless School District 4J and the BEST for Kids Program, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

PARENT/GUARDIAN ______________________ DATE _________________

Please discuss the following with your child and indicate (yes) or (no) to allow your child to photographed, filmed, or interviewed.

School Yearbook & Newsletter photos and interviews
Yes/No
Public news media photos, film, and interviews
Yes/No

Please indicate (yes) or (no) to allow your child to participate in the following.

Field trips or excursions by School District bus or City of Eugene van
Yes/No
Water activities
Yes/No

Signature of Parent/Guardian ______________________ Date ________________

EMERGENCY MEDICAL FORM

STUDENT NAME ______________________ Room # ______
AGE _____ BIRTH DATE ____________ GRADE _____ SEX _____ M/F
PARENT/GUARDIAN NAME ______________________
ADDRESS ______________________
PARENT/GUARDIAN HOME PHONE ______________________
PARENT/GUARDIAN WORK PHONE ______________________
EMERGENCY CONTACTS IF PARENT/GUARDIAN UNAVAILABLE:
____________________________________________________________________
____________________________________________________________________
MEDICAL DOCTOR ______________________ PHONE ______________________
DENTIST ______________________ PHONE ______________________
INSURANCE COMPANY ______________________
POLICY NO. ______________________
ANY MEDICAL CONDITIONS? ______________________
ANY MEDICATIONS? ______________________
ANY ALLERGIES? ______________________

Signature of Student ______________________ Date ________________
Evaluation Consent

The Oregon Community Foundation (OCF) would like to receive information about you (student) and your participation in the __________________________ program. Sharing this information will help us learn about the program and how it helps students. It will also help the program to improve.

What information will be shared?

The program will share basic information like your name, birthday, year in school, and school ID number. They will also share information about when and how much you come to the program. Your secure student ID – the number used by your school – will be used to look at your school records.

In the spring, you may be asked to fill out a survey about yourself, and the program.

How will my information be shared?

The information will be shared very safely. Your privacy is important to us. We will protect your information by:

- Keeping your information in a safe computer file or in a locked room or cabinet (if printed).
- When we share what we learn, we will leave things out so that no one will be able to tell who we are talking about.

What do I have to do? Are there any risks?

You may be asked to spend about 30 minutes to complete the survey in the spring. The survey might ask questions that you don't want to answer or that make you uncomfortable because they are personal.

You will be able to skip any questions you do not want to answer.

What will I get in return?

You can help your program to learn about students and improve.

What else should I know?

You can still go to the program without sharing your information. You can also change your mind about sharing your information at any time.

If you have any questions about this, you can contact Kim Leonard (Senior Evaluation Officer) at the Oregon Community Foundation at (503) 227-6846 or email kleonard@oregoncf.org.

If I sign, what does it mean?

- I have read and understand what this form says, and I agree that my information can be shared.
- I know that I do not have to agree to share my information. Even if I agree now, I can say no later, or stop filling out my survey at any time.
- This form has nothing to do with how program staff, teachers, or principals treat me, or my grades in school.
- I know that I should keep a copy of this form for my records.

Parent/guardian should keep this page
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- I know that I should keep a copy of this form for my records.

Student Name ___________________________ Student Signature ___________________________ Date _____________

Parent/Guardian Name ___________________________ Parent/Guardian Signature ___________________________ Date _____________

Return this page to program staff – they will fill out this section

Organization: ___________________________
Staff Name: ___________________________
Secure Student ID: ___________________________