



Cheney Parks & Recreation
615 4th Street
Cheney, WA 99004
(509) 498-9250
www.cityofcheney.org/177/Parks-Recreation

ECHO Before and After School Program 2021-2022 School Year

Once this form is completed, please return it by mail or in person to Cheney Parks & Recreation, Wren Pierson Community Center, 615 4th Street, Cheney, WA 99004. Questions with "*" must be answered.

Child's Full Name* _____ Nickname _____

School Attending* _____

Birthdate* _____ Age* _____ Grade* _____

Parent/Guardian Name* _____ Email* _____

Address* _____
Mailing Address *City* *State* *Zip*

Primary Contact Name and Phone Number (This is who we will call first in an emergency situation.) *

Emergency Contact (other than parent/guardian) * _____

Emergency Contact Phone Number* _____

Secondary Contact Phone Number: _____ Alternate Contact Phone Number: _____

Would you like to receive a text message for program updates? Who is your cellular provider? _____

Does your child have any allergies? (Please include latex, peanuts, etc.) _____

Does your child have any special health or developmental problems or other pertinent health information? _____

Is there anything about your child that would be helpful for us to know (fears, likes, dislikes, etc.)? _____

Please list any additional adults, besides parent/guardian, that your child may be released to. Please list first and last names and phone numbers. * _____

Please list any person(s) that your child may NOT be released to. Please list first and last names. If you are leaving blank, please put "NONE." * _____

Child's Name* _____

If you or another parent/guardian changes the drop-off and pick-up arrangements, a written note will be required. If someone other than a listed or arranged person comes to pick up a child, identification may be required prior to the release of the child. We will NOT allow a child to walk home if the parent normally transports the child. We respectfully request that you pick up your children promptly at the end of the day. If an emergency occurs and you are unable to pick up your child, please call the Recreation Department at 509-498-9250. A late charge of \$16.50 per 5 minutes may be assessed and must be paid to the Recreation Department office at the Wren Pierson Community Center before the next program date, if habitual late pick-ups for a child persist.

Medication Management & Emergency Medical Care Notice

Cheney Parks & Recreation staff are unable to administer any type of medication. It is up to the parent/guardian to administer medication before or during our programs (this includes over-the-counter medication). As a parent or legal guardian, I authorize a licensed physician or licensed dentist to examine the above-named child; and in the event of injury, to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the Recreation Department to send the above-named child to the hospital, doctor, or dentist most accessible.

I agree to the above Medication Management & Emergency Medical Care Notice. * I agree I disagree

Assumption of Risk Statement

I understand, in consideration of your accepting my child's entry, I hereby assume for myself/my child, all risks and hazards of the conduct of this City-sponsored program and release myself/my child, my heirs, executors, and administrators, any and all claims and rights for damages I/my child may have against the City of Cheney, the Cheney School District, any participating agencies, employees, and volunteers connected with the program. I specifically hold harmless the City, its officers, officials, employees, and volunteers from and against all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to City property, which arises out of the use of City property or from any activity, work, or thing done, in or about City property, except only such injury or damage as shall have been occasioned by the sole negligence of the City. I agree that pictures taken during program hours may be used for promotional purposes on Facebook, City website, YouTube, etc., and any other multimedia marketing tools.

City of Cheney Parks and Recreation is supporting our community and those who need essential student drop-in center services. The program is following CDC and DOH guidelines. While the ECHO program is working hard to follow social distancing guidelines where practical there is a risk associated with providing student drop-in programs in group settings when our community is under a pandemic. By utilizing the ECHO student program you acknowledge that the risk of COVID 19 exists along with other hazards typical in this environment and agree to hold harmless, indemnify and defend the Cheney School District, its employees, board members, agents and volunteers, and the City of Cheney for any and all claims, damages, liabilities associated with the use of this service.

Parent/Guardian Signature:

Date:

Coronavirus / COVID-19 Warning & Disclaimer:

ECHO has developed policies and procedures for daily operations based on state and local health departments and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in ECHO programs or accessing ECHO facilities could increase the risk of contracting COVID-19. Cheney Parks and Recreation and ECHO in no way warrants that COVID-19 infection will not occur through participation in ECHO programs or accessing Cheney Parks and Recreation and Cheney School District facilities.

I agree to follow the following procedures established by Cheney Parks and Recreation Department. Please initial below:

I will alert ECHO if my child(ren) or anyone in our household has potential symptoms of COVID-19, such as fever, shortness of breath, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, new loss of taste or smell, nausea or upset stomach, congestion or runny nose, fatigue, or diarrhea, in the 72 hours prior to the start of ECHO or during the ECHO session. I understand that ECHO will deny admission to children meeting any of these criteria.

I will alert ECHO if anyone in my household is diagnosed with COVID-19. I understand that ECHO will deny admission to children meeting this criteria.

I understand that ECHO may need to close on short notice due to government order, child or staff illness, or other emergency. Notification will be sent via email with follow up messaging via phone. I will maintain access to communication throughout the ECHO session.

I can return to the ECHO within one hour of being notified by phone if the child must be picked up.

I will take my child(ren)'s temperature each morning prior to ECHO drop off and alert staff if my child(ren) has a fever (temperature of 100.4° or higher). I understand that if a child has a fever of 100.4 or higher they will be denied admission to camp.

I agree to allow ECHO staff to take my child's temperature daily using a touch free thermometer.

I understand if a child has taken any fever reducing medications such as acetaminophen or ibuprofen in the past 24 hours they may not attend camp.

I will allow and talk to my child about wearing a mask at all times indoors and all times outdoors when social distancing is not possible.

I understand that ECHO is not an educational institution and ECHO does not provide licensed teachers. Our staff will do our best to help your child with schoolwork and will ensure they are logged on to their Zoom classes, but we are not responsible for your child's educational performance.

Printed Name

Signature

Date

THE FOLLOWING PAGES MUST BE COMPLETED REGARDLESS OF INCOME!

Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

PART 1 – CHILDREN'S INFORMATION—Required for all children in care.						
Child's Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received		
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack

INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Basic Food, TANF, or FDIPIR. (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDIPIR— Any household member receiving benefits can establish eligibility for all children in the household.	Case Number or Identification Number

PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.	

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.														
Tell us how much and how often. If no income, write "0". Use net income if self-employed.														
List names (First and Last) of everyone in your household, including foster children	Earnings from Work Before Deductions				Welfare, Alimony, Child Support				Retirement, Pensions, Social Security, Other					
	Weekly	Every 2 Weeks	2X Month	Monthly	Weekly	Every 2 Weeks	2X Month	Monthly	Weekly	Every 2 Weeks	2X Month	Monthly		
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED		
<p>The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page.</p> <p>If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the SSN is not needed.</p> <p>"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."</p>		
Signature of Adult X _____	Today's Date _____	Print Name of Adult Signing _____ Social Security Number (SSN) (last four digits) XXX-XX- _____ <input type="checkbox"/> Check if no SSN
Address _____	City/State/Zip Code _____	Daytime Phone _____

PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Multi-Racial
 Native Hawaiian or Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410

FAX: 202-690-7442
EMAIL: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

DO NOT FILL OUT - CENTER USE ONLY

- Child(ren) are categorically free based on Basic Food/TANF/FDPIR.
- Foster child(ren) have been identified on this form and qualify for the free category.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

- Child(ren) on this form who are not categorically eligible qualify as follows:
Check one: Free
 Reduced-Price
 Above-Scale

Total Income: \$ _____
 Annual Monthly Twice Per Month
 Every Two Weeks Weekly

X _____
Signature of Institution’s Representative

Today’s Date

NOT VALID WITHOUT SIGNATURE AND DATE.

EIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative’s signature date must be used as the effective date.