



The Family Place PCS Intake Form

Formulario de Registración

INTAKE DATE/FECHA DE
 APLICACION: ____ / ____ / 2023

TFPPCS STAFF/ EMPLEADO DE
 TFPPCS: _____

Student Information / Información del Estudiante		
Last Name/APELLIDO	First Name/Primer Nombre	Date of Birth/Fecha de Nacimiento
Address/Dirección:		
City/Ciudad:	State/Estado:	Zip Code & Ward/Código Postal y distrito:
Phone Number/Número de Teléfono: (____) ____ - ____		Gender/Genero:
E-mail / Correo Electrónico: _____@_____.		Male / Female Masculino / Femenino
		Other/Otro: _____
Social Media/Medios de Comunicación Social: Facebook / LinkedIn / Twitter / Instagram / Pinterest / YouTube		
How did you hear about us/Como supo de nosotros? _____		

Emergency Contact / Contacto de Emergencia	
Name/Nombre:	Relationship to Student/Relación:
Phone Number/Número de Teléfono: (____) ____ - ____	E-mail/Correo Electrónico: _____@_____.

Program Enrollment / Inscripción de Programa		
<input type="checkbox"/> ESL/Inglés	<input type="checkbox"/> Spanish Literacy/Alfabetización	<input type="checkbox"/> CDA
Number in Household (including children) / Cuántos viven en su casa (incluyendo niños): 1 2 3 4 5 6 7 8		
<input type="checkbox"/> Head: Single Parent/Cabeza de Familia: Padre/Madre Soltero <input type="checkbox"/> Head: 2 Parents/Dos padres en casa		
Marital Status/Estado Civil: <input type="checkbox"/> Single/Soltero/a <input type="checkbox"/> Living With Partner/Viviendo con Pareja <input type="checkbox"/> Married/Casado/a <input type="checkbox"/> Divorced/Divorciado/a <input type="checkbox"/> Widowed/Viudo/a <input type="checkbox"/> Separated/Separado/a		

Ethnicity / Etnicidad	
<input type="checkbox"/> Latino/Hispanic/Latino/Hispano	<input type="checkbox"/> Not Latino/Hispanic/Latino/Hispano
Race / Raza (Check all that apply)	
<input type="checkbox"/> American Indian and Alaska Native/Indio Americano y Nativo de Alaska	<input type="checkbox"/> Asian/Asiático
<input type="checkbox"/> Black African American/Afro Americano	<input type="checkbox"/> White/Blanco <input type="checkbox"/> Pacific Islander/Isleño Pacífico
Country of Origin / País de Origen	
<input type="checkbox"/> USA <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> México	<input type="checkbox"/> Honduras <input type="checkbox"/> Colombia
<input type="checkbox"/> Other/Otro	

Language Spoken at Home / Idioma que Habla en Casa

- Spanish/Español English/Inglés French/Francés Amharic/Amharic
 Other/Otro _____

Employment Status / Información de Trabajo

- Employed/Empleado: Yes/No** **If Yes: Full-time/Tiempo Completo or Part-Time/Medio Tiempo**

Where do you work? Donde Trabaja? _____

- Unemployed Looking/Desempleado/a** **Unemployed not looking/No busco/a trabajo**

- Disabled/Incapacitado/a** **Other/Otro:** _____

¿Do you receive any of the following social services?/Tiene alguno de los siguientes servicios?

- TANF/Asistencia Temporal para Familias Necesitadas**
 Medicaid/Seguro Médico **WIC/Asistencia para madres con infantes**
 Food Stamps/Estampillas de Comida **Other/Otro:** _____

Household Income Information / Información de Ingresos de la Familia

What is your bi-weekly income?/¿Cuánto gana cada quincena (estimado)? _____

- Under \$100.00/Menos de \$100.00 \$100 -300 \$300-500 \$500 -1,000
 \$1,000 -1,500 \$1,500 -2,000 \$2,000 -3,000 More Than \$3,000/Más de \$3,000

EDUCATION / EDUCACION

- US BASED SCHOOLING/ Escuela en USA** **NON-US BASED SCHOOL/ Escuela en otro país**

Highest level of school completed or degree obtained? Nivel más alto de la escuela completada o el grado obtenido:(check one): 0 1 2 3 4 5 6 7 8 9 10 11 12 **Other:** _____

- HS Diploma or GED/Diploma de Bachillerato o GED** **Vocational Program/Programa Vocacional (CDA)**

- Some College/Alguna Educacion Universidad** **College/Universidad** **Master/Maestría**

Additional Family Information / Información Familiar Adicional

What year did you arrive to the US / En que año llego a este pais? _____

Are you or any member of your immediate family part of the military? Yes/Si No
¿Es usted o algún miembro de su familia inmediata parte de las fuerzas armadas?

Do you have an Internet connection for your house? (Separate from phone plan.) [] Yes/Si [] No
¿Tiene una conexión de internet en su casa? (Aparte del internet incluido en su plan de celular)

Do you use GOOGLE on your phone or laptop to find out new things? (i.e. directions, translate récipes)
¿Usa GOOGLE en su celular o laptop para averiguar cosas nuevas? (por ejemplo: direcciones, traducciones de recetas para cocinar) [] Yes/Si [] No

Participant Signature / Firma del Participante _____

Date/ Fecha _____ / _____ / 2023

Child Enrollment Information / Información de Registración del Niño

Last Name/APELLIDO	Name/Nombre	Date of Birth/Fecha de Nacimiento	Gender/Género	School/Escuela

If Bringing a Child to TFP / Si trae su hijo/a a TFP

Was your child premature at birth? / Su hijo (a) fue prematuro al nacer? Yes/Si No
How many weeks? / Cuántas semanas? _____

How do you think your child will react in a classroom for the first time? / Como cree que su hijo/a reaccionará al estar en una clase por primera vez? _____

Are you breast-feeding? / Está amamantando? Yes/Si No

If you are breast-feeding, at what time? / A qué hora le da de comer? _____

¿Are you bottle-feeding? / Está dándole biberón a su bebe? Yes/Si No

¿Are you potty training your child? / Está entrenando a su hijo a ir al baño? Yes/Si No

Is your child immunized? / Su hijo/a ha sido inmunizado (tiene vacunas)? Yes/Si No

Is there anything else you think we should know about your child? / Hay algo más que necesitamos saber de su hijo/a? (Ask about health, behavior, vision, etc.) _____

Do you have any allergies, dietary restrictions or a medical condition the school need to know? Yes/Si No

If Yes, What is it? _____

¿Tiene alergias, restricciones dietéticas o una condición médica que la escuela necesita saber? Yes/Si No

If the answer is yes/Si la respuesta es si, What is it/que es? _____

How many times have you read to your child in the past week? 0 1 2 3 4 5

¿Cuántas veces le ha leído a su niño en esta semana?

Is your child enrolled in the library to receive books and other resources? If not, would you like us to help you with that?

Esta su hijo registrado en la biblioteca para recibir libros y otros materiales? Si no, quisiera nuestra ayuda para inscribirlo? _____

Participant Signature / Firma del Participante

Date/ Fecha

_____ / _____ / 2023



The Family Place PCS DC Consent and Disclosure of Information Form

This form covers how the The Family Place DC (TFPPCS) safeguards information that it collects and receives from you, the client. This may include information from you as an individual, parent or guardian concerning children and other family members. We define "information" to mean any data that could reasonably be used to identify you, including your name, address, telephone number, birth date, or any combination of information that could be used to identify you.

I, _____, hereby acknowledge and fully understand that TFPPCS provides these services areas of family literacy, wellness and stability. To carry these services TFPPCS will collect and maintain personally identifiable information and may disclose such information upon your written authorization.

TFPPCS will take the steps necessary to ensure the privacy of your information to protect it from unauthorized disclosure. TFPPCS will maintain such information in accordance with applicable federal and District of Columbia laws governing confidentiality of information.

- (1)** Personally identifiable information includes demographic, program participation and assessment data. The information that you voluntarily submit to the TFPPCS may, for example, be used for purposes such as: determining eligibility for enrollment; assessing the need for short term services; determining your needs and goals; generating summary statistics about usage; fulfilling our legal obligations under federal, DC and other funding; and for program evaluation.

- (2)** Only the Program Director or someone designated on her behalf to disclose such information. Other personnel who will have access to this information will be advised of the confidential nature of the information and the safeguards required protecting information. Employees must be trained and acknowledge their understanding of the

confidential nature of the data and the safeguards with which they must comply in their handling of such data.

- (3) The information may be disclosed to federal and District of Columbia and funding agencies to comply with applicable laws and funding requirements.
- (4) All data obtained shall be stored in an area that is physically safe from access by unauthorized persons at all times.
- (5) You have the right to inspect your personally identifiable records and request correction of inaccurate information. The DC “Freedom of Information Act” and 45 C.F.R. § 155.260 provide you with certain rights to get information about you that is in our records. The TFPPCS is committed to maintaining information that is complete, accurate and up-to-date. In keeping with this policy, you may dispute the accuracy or integrity of your Information, and request to have erroneous information corrected (or to have your dispute concerning such information documented, if your request for correction is denied). To do so, you may contact the DC government at dchbx.privacy@dc.gov.
- (6) The consent is renewable for two years or to satisfy applicable Federal records retention requirements, if any from the date the consent and disclosure form is signed but can be cancelled at any time by the client. Thereafter, TFPPCS agrees that all data will be destroyed after 5 years of completion of the program.

I acknowledge that I am an Adult and I have read the provisions stated above, and/or a TFPPCS representative has verbally explained the provisions stated herein, and I understand and agree to the terms set forth in this Consent and Disclosure Form.

Student Signature

Firma del Estudiante: _____

Date / Fecha: _____ / _____ / 2023



Charter School Attendance and Tardiness Policy 2023-2024 School Year

- Students are required to attend at least three days of class per week.
- Students in the CDA program may not miss more than three Fridays in a semester.
- If students cannot attend class, they must inform their instructor of their absence. If a student cannot reach the instructor, they must call the front desk at **202-265-0149** to report their absence(s).
- Students must arrive at class during the first 30 minutes. The instructor reserves the right to send a student home or assign remote work to make up for the late arrival.

Consequences

- Failure to communicate absences or chronic attendance problems may result in dismissal or exit from the program.
- Space is not guaranteed once a student has been exited. Exited students may only be re-enrolled in the program if seats are available. Students must contact Registration BEFORE returning to class to see if the space is open.
- Teachers have the discretion to mark students absent based on lack of participation, failure to turn cameras or microphones on when asked, arriving late, or leaving class early.

I understand the attendance policy and its consequences.

Name

_____/_____/2023
Date



Póliza de Asistencia de Family Literacy Año Escolar 2023-2024

- Los estudiantes están requeridos asistir al menos 3 veces por semana en sus clases en persona o en clases virtuales.
- Estudiantes en el programa de CDA no pueden faltar mas de tres viernes en un semestre.
- Si los estudiantes no pueden asistir a clase, deberán informar a su maestro de su ausencia. Si no puede comunicarse con su maestro, debe llamar a recepción al **202-265-0149** para reportar su ausencia.
- Estudiantes deben llegar o conectar a su clase en los primeros 30 minutos de clases. El instructor reserva el derecho de mandar a el estudiante a casa o asignar trabajo remoto por ese día si llega tarde.

Consecuencias

- La falta de comunicación de ausencias o problemas crónicos de asistencia puede resultar en el despido o salida del programa.
- El espacio no está garantizado una vez que el estudiante ha salido. Los estudiantes que hayan salido solo pueden volver a inscribirse en el programa si hay cupos disponibles. Los estudiantes deben comunicarse con registración ANTES de regresar a clase para ver si hay espacio disponible.
- Los maestros tienen la discreción de marcar a los estudiantes ausentes en base a la falta de participación, no encender las cámaras o los micrófonos cuando se les pide, llegar tarde o salir temprano de la clase.

Entiendo la Póliza de Asistencia y las consecuencias.

Nombre

_____/_____/2023
Fecha



Photography/Video Consent Form/Autorización Para Fotografías y Video

Student's Name / Nombre del Estudiante: _____

I grant full permission to The Family Place PCS to use either my photograph/video or my child's photograph in any publication, social media, and website or advertising materials. This consent also serves to waive all rights of privacy of compensation, which I may have in connection with the use of my photograph and my child's photograph.

Yo autorizo que The Family Place PCS puede usar mi fotografia/video o la fotografia/video de mi hijo/a en cualquier material de publicación, página de internet, medio social o anuncio. Esta autorización también sirve para renunciar todos los derechos de compensación que pueda obtener en el uso de mis fotografías/video y las de mi hijo/a.

If Bringing Children / Si Trae Niños

Student Signature/Firma del Estudiante

Child's Name/Nombre del Hijo/a

Date / Fecha: ____ / ____ / 2023

Child's Name/Nombre del Hijo/a

Child's Name/Nombre del Hijo/a



Field Trip Permission Form / Consentimiento Para Excursiones

I accept full responsibility during the trip if something was to happen to me and those with me. I understand that I am responsible for any treatment cost during the trip. The Family Place PCS does not have insurance to cover medical expenses in which my child or I could be involved.

Acepto toda la responsabilidad durante estos paseos si algo llegara a suceder a mi o a esos que andan conmigo. Entiendo y acepto la responsabilidad de cualquier gasto contraído por el tratamiento proveído durante esta excursión. Comprendo que The Family Place PCS no tiene seguro para cubrir gastos médicos en que mi hijo/a o yo incurramos.

Phone # / Telefono (____) _____ - _____

Student Signature
Firma del Estudiante: _____

Date/ Fecha: ____ / ____ / 2023