The Family Place PCS DC Consent and Disclosure of Information Form

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This form covers how The Family Place DC (TFPPCS) safeguards the information 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" as 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 in areas of family literacy, wellness, and stability. To carry out 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 and protect it from unauthorized disclosure. TFPPCS will maintain such information in accordance with applicable federal and District of Columbia laws governing the 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 have access to this information will be advised of the confidential nature of the information and the safeguards required to protect 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 complete, accurate, and up-to-date information. 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 canceled at any time by the client. Thereafter, TFPPCS agrees that all data will be destroyed after 5 years of program completion.

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: _____/_____/ 2025

Charter School Attendance and Tardiness Policy
2025-2026 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.

_____ _____/_____/ ***2025***

Name ***Date***

Póliza de Asistencia de Family Literacy
Año Escolar 2025-2026

- 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.

_____ _____/_____/ ***2025***

Nombre ***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, website, or advertising materials. This consent also waives all rights of privacy or compensation that I may have concerning the use of my photograph and my child's photograph.

Yo autorizo que The Family Place PCS puede usar mi fotografía/video o la fotografía/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: _____/_____/ **2025** **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 happens 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: _____/_____/ 2025