



Georgia State University
Department of Kinesiology and Health
After-School All-Stars
Parental Permission Form

Welcome to After-School All-Stars, a comprehensive after school program provided by the Atlanta Public Schools and Georgia State University. Our program will be in session immediately after school, 5 days a week for the school year. Bus transportation after school is available for most programs. Homework assistance, tutoring, and special interest clubs are just part of the program.

Title: After-School All-Stars Program Effectiveness
Principal Investigator: Dr. Joseph Feinberg

Your child is invited to be in a research study. The purpose is to study the value of the After-School All-Stars program. Your child is invited to be in the study because she or he has been enrolled in the program. About 100 children will be recruited for this study at your child's school which may or may not include all the children enrolled in the After-School All-Stars program. Being in this study will require no more of your child's time than what he/she would do normally in the program. The study will last the entire school year.

We would like permission to look at your child's data from school. This data will include school records, grades, and standardized test results. We will only receive the data from the schools and it will not have your child's name on it. Your child's teacher will complete an evaluation about your child to help us determine if the program is helping. Your child will also complete some questionnaires. The questionnaires ask questions such as, "How do you like doing math homework" or "do you think that computer based teaching has helped you learn science" or "what kind of food do you eat" or "what kind of exercise do you get". Each student will work only with the after-school instructors (certified teachers already employed by the Atlanta Public Schools) and not the researcher. Any data collection will be done on site. It is usually done at the beginning, middle, and end of the semester.

In this study, your child will not have any more risks than she or he would in a normal day of life. Participation in this study may personally benefit you and your child. The results of this study may enable you and your child to better understand how to use out of school time more successfully to improve grades and standardized test scores. Your child may also learn how to study better and to use out of school time to his or her advantage. Society may benefit because better ways may be developed to improve after school programs. Overall, we hope to gain information about how to better construct after school programs. Participation in research is voluntary. You and your child do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions on questionnaires or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled. We will keep your child's records private to the extent allowed by law. Dr. Feinberg will have access to the information you provide. We will use a number known only to the school rather than your name on study records. Test results received from the school will have a number on them instead of your child's name. We will not be able to identify your child's individual records. The information you provide will be stored in password-and



firewall-protected computers. Your child's name and other facts that might point to him or her will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. Your child will not be identified personally. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection).

Please contact Dr. Joseph Feinberg at 404-413-8403 or jfeinberg@gsu.edu if you have questions, concerns, or complaints about this study. You can also call if you think you or your child has been harmed by the study. Call Jeffrey Steltzer in the Georgia State University Office of Research Integrity at 404-413-3505 or jsteltzer@gsu.edu if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, or suggestions about the study. You can also call Jeffrey Steltzer if you have questions or concerns about your rights in this study.

We will give you a copy of this consent form to keep.

If your child is willing to volunteer for this research, please sign below.

Child's Name

Parent's Name and Relationship

Date

Parent's Signature

Date

Principal Investigator or Researcher Obtaining Consent

Date



AFTER-SCHOOL ALL-STARS ATLANTA—REGISTRATION CARD

SCHOOL NAME: _____

REGISTRATION DATE: _____



With my signature, I give permission for above name student to participate in the Atlanta After-School All-Stars program (s).

I hereby release, covenant not to sue, and hold the sponsors, promoters, and employees of the Atlanta Public Schools, the Board of Regents of the University System of Georgia, Georgia State University, the Georgia Division of Family and Children Services, After-School All-Stars and all other persons and entities associated with After-School All-Stars harmless from any and all claims, demands rights, and causes of action, damages, or other liability, including negligence, resulting from any loss or injury, physical or otherwise, suffered by the participant. I authorize After-School All-Stars to make and use, without any compensation to me or the participant, any photographs, videotape, recording or other recorded images of the participant desired in recording, reporting, and publicizing the events. I authorize the release of all academic, attendance, and truancy records to the After-School All-Stars. I have read and fully understand this acknowledgment, release, and authorization and certify and represent that the information provided on the registration form is true.

I have the authority to sign as the parent or guardian of the participant.

STUDENT LAST NAME		STUDENT FIRST NAME		GRADE
AGE	DATE OF BIRTH	GENDER M F	ETHNICITY AA H A I C NA Other	
HOME ADDRESS		CITY	ZIP CODE	HOME []
EMERGENCY CONTACT INFORMATION NAME:		PHONE []	RELATIONSHIP TO STUDENT	
EMERGENCY CONTACT INFORMATION NAME:		PHONE []	RELATIONSHIP TO STUDENT	
OTHER PERSON AUTHORIZED TO PICK UP STUDENT		OTHER DISMISSAL ARRANGEMENTS		
IN THE EVENT NO ONE CAN BE CONTACTED I GIVE PERMISSION FOR SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT YES <input type="checkbox"/> NO <input type="checkbox"/>				
PARENT NAME	ADDRESS	HOME []	WORK []	CELL []
T-SHIRT SIZE ADULT S <input type="checkbox"/> ADULT M <input type="checkbox"/> ADULT L <input type="checkbox"/> ADULT XL <input type="checkbox"/>				
PARENT EMAIL ADDRESS				
PARENT/GUARDIAN SIGNATURE			DATE:	

**Georgia Department of Human Services
Afterschool Care Program
Participant Forms
2023-2024**

AFTER-SCHOOL ALL-STARS ATLANTA

**AFTER-SCHOOL ALL-STARS ATLANTA
AFTERSCHOOL PROGRAM**

Participant Medical Information Form – Page 1

(To be maintained on site for each participant)

STUDENT INFORMATION			
Legal Name of Child (<i>Last, First</i>):		Date of Birth (<i>MM/DD/YYYY</i>):	Age: Sex (<i>check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:	
P.O. Box/Apt #:	City:	State:	Zip Code:

INSURANCE INFORMATION	
Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance provider (if applicable):

MEDICAL INFORMATION
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:

IN CASE OF EMERGENCY			
Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:

PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED

Participant Medical Information Form – Page 2

By signing below, I certify the above information is true to the best of my knowledge. I authorize _____ / After-School All-stars Atlanta to contact me if my child is injured and/or harmed in any way. I also authorize _____ /After-School All-stars Atlanta to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family’s insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human Resources and _____ /After School-All-stars Atlanta from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Parent Name (print)

Parent Signature

Date _____

**Georgia Division of Family & Children Services
Afterschool Care Program**

Parental Permission for Photo Release

Page 1 of 2

Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) to take and use photographs of your child and other Afterschool Care Program staff. When we tell others the story about the DFCS Afterschool Care Program, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DFCS funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact the DFCS Afterschool Care Program at 404-657-4651.

**Georgia Division of Family & Children Services
Afterschool Care Program**

Photo/Video

Page 2 of 2

Release Agreement

Fulton County, Georgia

School/Organization Name: After-School All-Stars

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Telephone _____

Photo Description: Participation in the DFCS funded afterschool/summer program activities.

Children Participating in Program:

Name	Age
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature _____ Date _____

Photographer or producer or witness: _____

**GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES
WELL-BEING SERVICES SECTION
OUT OF SCHOOL SERVICES**

Field Trip Declaration Form FFY 2024

Name of Organization: _____

Address of Organization: _____

Contact Phone Number for Organization: _____

Declaration Statement

By signing below, I understand the youth who participate in the **School/Organization Name** afterschool/summer program may participate in various fieldtrips throughout the contract period from October 1, 2023, ending September 30, 2024, funded by DFCS Out of School Services. In consideration of the youth for the opportunity to participate in field trips, **School/Organization Name** hereby releases, indemnify, and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand this form must be kept on file at the afterschool/summer site indicated above at all times.

.....

Printed Legal Name of Contractor Authorized Staff

Title

Date

Signature of Contractor Authorized Staff



**Georgia Division of Family and Children Services
Out of School Services
Youth Participation Eligibility Form**

Page 1 of 3 - DFCS Out of School Services Eligibility Form

(DFCS funded Agency Name), and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

Is the youth named above in Foster Care within the state of Georgia Yes No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth applicant a Georgia resident? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: Yes No
 - ____ Youth applicant is between the age of 5 and 17 years old; **OR**
 - ____ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
 - ____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the out of school services program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) (<i>also known as Food Stamps</i>)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

DFCS Out of School Services Family Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$14,580.00	\$43,740.00	\$3,645
2	\$19,720.00	\$59,160.00	\$4,930
3	\$24,860.00	\$74,580.00	\$6,215
4	\$30,000.00	\$90,000.00	\$7,500
5	\$35,140.00	\$105,420.00	\$8,785
6	\$40,280.00	\$120,840.00	\$10,070
7	\$45,420.00	\$136,260.00	\$11,355
8	\$50,560.00	\$151,680.00	\$12,640
Each additional person, add	\$5,140	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 88 FR 3424, Page 3424-3425, Document Number: 2023-00885)

** 300 % of the federal poverty level in effect January 19, 2023.

Family Unit Size* _____
 Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	<i>SELF</i>				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth’s Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I’ve provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____
 Street Address _____ City _____ State _____ Zip Code _____
 Home Phone # _____ Work # _____ Cell# _____

 Parent/Caregiver/Guardian Printed Name _____ Date _____

 Parent/Caregiver/Guardian Signature _____ Date _____

Official Use Only Section for DFCS Out of School Services Provider:

Total Income: \$ _____ **Per:** Week Every 2 Weeks Twice monthly Monthly **Household Size:** _____
Annual Income Conversion: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1
Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DFCS Out of School Services Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant’s file in a confidential and secured location.

 Authorized Program Staff Signature _____ Title _____ Date _____

** See Appendix B for income verification proof sources

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker’s Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran’s Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Peach Care:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the out of school services program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for DFCS Out of School Services.