

CHILDREN'S INVESTMENT STRATEGY
1835 Market Street, Suite 420, Philadelphia, PA 19103

INFORMED CONSENT FORM

The Children's Investment Strategy (CIS) is a Philadelphia effort to improve the well-being of children and youth through effective youth development activities during non-school hours and provide preventive services to strengthen families, particularly the relationship between parents and children. The success of CIS is related to the following:

- Children need safe and constructive activities when they are out of school.
- Increasing the number of quality and affordable non-school programs is a part of the Mayor's Children's investment Strategy (CIS)
- Good non-school hours programs will help children do better in school.
- We need to see if children who attend non-school hours programs are doing better in school.
- The CIS needs your permission to collect information regarding your child's school performance.
- We may collect grades, standardized test information, achievement levels, report cards school attendance, suspension, and other school relevant records.
- We will not share your child's school information with any agency outside of CIS.
- Your child's school information will be added to the school information from all other children who participate in your child's non-school hours program.
- We will report information by non-school hours program, not by individual children. No one will be able to use this information to identify your child.

When you sign the informed consent form you voluntarily give consent and authorization that will remain valid for ONE Year from the date signed:

- To let your child answer questions about the non-school hours program or community
- To let your child's school give his/her records to the Children's Investment Strategy
- That the non-school hours program gave you information about you and your child's rights
- That your child will be supervised by professional staff.

I understand that the Buckley Amendment to the Family Education Rights and Privacy Act of 1974 guarantees that I/my child's educational records only to IS and to any corresponding partner agency or agencies with which I/my child will be placed or referred by CIS.

I understand that this information will not be provided to any entity other than those indicated above. I agree not to hold the City of Philadelphia, The Children's Investment Strategy, Philadelphia Health Management Corporation (PHMC), and ___ Catholic Social Services___ responsible for injuries and/or damages to my child's person and/or property.

Youth's Name: _____ SS# _____

Youth's School and Grade: _____ DOB _____

Time my child will arrive at the CIS Program: _____ 8:00am _____

Time my child will depart from the CIS Program: _____ 6:00pm _____

Parent's/Guardian's Signature: _____

Date: _____

(If youth is under age 18)

Provider Witness Signature: _____

Date: _____

Provider Agency Name: Catholic Social Services-St. Malachy's OST