

June 4, 2025


Subject: RFP No. 4971.1B, Out of School Time Academic Support and Enrichment Programs

This is Amendment Number 4

In accordance with the terms of the above-mentioned contract, this is authorization to update Attachment C – Data Form. All other terms and conditions of the agreement remain the same.

Supplier: Horizons Greater Washington Inc.

REFER QUESTIONS TO: Robyn Graney, Contract Administrator, 240-740-7529.

Approved: 
Angela McIntosh-Davis, CPPB, Director, Division of Procurement

AMD:rmg

Attachment

Distribution: Supplier; Bid File

Acknowledged: _____
Mike DiMarco, Executive Director
mdimarco@horizonsgreaterwashington.org

ATTACHMENT C
(List of Data Elements)

Product Name:	RFP 4971.1B, Out of School Time	
Contractor Name:	Horizons Greater Washington Inc.	
<p align="center">Instructions: List <u>all</u> Confidential Information collected by the Contractor's product below.</p>		
<p>STUDENT INFORMATION:</p> <p>First Name <input checked="" type="checkbox"/></p> <p>Last Name <input checked="" type="checkbox"/></p> <p>Identification Number <input type="checkbox"/></p> <p>Grade Level <input checked="" type="checkbox"/></p> <p>Gender <input type="checkbox"/></p> <p>Race/Ethnicity <input type="checkbox"/></p> <p>Username <input type="checkbox"/></p> <p>Password <input type="checkbox"/></p> <p>Classroom <input type="checkbox"/></p> <p>School Name <input type="checkbox"/></p> <p>School Address <input type="checkbox"/></p> <p>Metadata <input type="checkbox"/></p> <p>Keystroke Data <input type="checkbox"/></p> <p>Student inputted data (i.e. answers to quizzes, assignments, etc.) <input type="checkbox"/></p> <p>List data inputted by students: NONE.</p> <p>Other Student Information <input type="checkbox"/></p> <p>List other student information collected:</p> <p>GPA</p> <ul style="list-style-type: none"> • MCAP Scores • School Attendance 	<p>EMPLOYEE INFORMATION:</p> <p>First Name <input type="checkbox"/></p> <p>Last Name <input type="checkbox"/></p> <p>Title <input type="checkbox"/></p> <p>Email Address <input type="checkbox"/></p> <p>School Name <input type="checkbox"/></p> <p>Username <input type="checkbox"/></p> <p>Password <input type="checkbox"/></p> <p>Other Employee Information <input type="checkbox"/></p> <p>List other employee information collected:</p> <p>NONE.</p>	<p>PARENT INFORMATION:</p> <p>First Name <input checked="" type="checkbox"/></p> <p>Last Name <input checked="" type="checkbox"/></p> <p>Title <input type="checkbox"/></p> <p>Email Address <input type="checkbox"/></p> <p>School Name <input type="checkbox"/></p> <p>Username <input type="checkbox"/></p> <p>Password <input type="checkbox"/></p> <p>Other Parent Information <input type="checkbox"/></p> <p>List other parent information collected:</p> <p>✓ Emergency contact Info.</p>

MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

DIVISION OF PROCUREMENT

<p>OTHER DATA: List any and all other information that will be collected by the Contractor's product that has not otherwise been listed: NONE.</p>		

APPLICATION AND ENROLLMENT FORM



APPLICATION AND ENROLLMENT FORM

*Fields marked with an * are required*

Parent/Guardian First Name* _____

Parent/Guardian Last Name* _____

Parent/Guardian Email* _____

Parent/Guardian Phone* ((xxx) xxx-xxxx) _____

Please add your child's First/Last name and add his/her Date of Birth below. If you have multiple children to register, please complete a form for each child.

Student First Name* _____

Please enter the child's full first name as seen on his/her school report card

Student Last Name* _____

Please enter the child's full last name as seen on his/her school report card

Student Date of Birth* (mm/dd/yyyy) _____

Affiliate Name* _____

Site Name* _____

Registration

Student First Name* _____

Please enter the child's full first name as seen on his/her school report card

Student Middle Name _____

Student Last Name* _____

Please enter the child's full last name as seen on his/her school report card

Student Preferred Name _____

Student Gender* _____

MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

DIVISION OF PROCUREMENT



Student Date of Birth* (mm/dd/yyyy) _____

Student Birth City _____

Student Birth State _____

(Please provide a U.S. state or choose born outside of the U.S.)

Hispanic/Latino* (circle one) Yes / No

Race* (circle one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or More Races
- Other

Primary Language* _____

Home Language _____

Address* _____

City* _____

State* _____

Zip* _____

Student Phone _____

Student Email _____



School Information

Current Grade* _____

Current School* _____

Special Education* (circle one) Yes / No

Has the applicant ever been enrolled or tutored in a special program at school (learning difference, gifted and talented, resources, etc.)?

Free or Reduced Lunch* (circle one) Yes / No

Is applicant eligible for free or reduced lunch at current school?

Family Information

Parent/Guardian 1

This person must be the parent/guardian that lives with the student

Guardian 1 Title _____

Guardian 1 First Name* _____

Guardian 1 Middle Name _____

Guardian 1 Last Name* _____

Guardian 1 Suffix _____

Guardian 1 Gender _____

Guardian 1 Marital Status _____



Guardian 1 Highest Level of Education* (circle one)

- Grade School
- Some High School
- GED or other Equivalency Diploma
- High School
- Certificate Program
- Vocational School
- Some College
- Associate's Degree
- Undergraduate Degree
- Some Graduate School
- Graduate Degree
- Post-graduate

Guardian 1 Relationship to Student* (circle one)

- Aunt
- Father
- Grandfather
- Grandmother
- Mother
- Step-parent
- Uncle
- Other

Guardian 1 Phone* ((xxx) xxx-xxxx) _____

Guardian 1 Secondary Phone ((xxx) xxx-xxxx) _____

Guardian 1 Email* _____

Guardian 1 Employer _____

Guardian 1 Title/Position _____

Guardian 1 Business Address _____

Guardian 1 Business Address City _____

Guardian 1 Business Address State _____

Guardian 1 Business Address Zip _____

MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

DIVISION OF PROCUREMENT



Parent/Guardian 2

Guardian 2 Title _____

Guardian 2 First Name* _____

Guardian 2 Middle Name _____

Guardian 2 Last Name* _____

Guardian 2 Suffix _____

Guardian 2 Gender _____

Guardian 2 Marital Status _____

Guardian 2 Highest Level of Education* (circle one)

- Grade School
- Some High School
- GED or other Equivalency Diploma
- High School
- Certificate Program
- Vocational School
- Some College
- Associate's Degree
- Undergraduate Degree
- Some Graduate School
- Graduate Degree
- Post-graduate

Guardian 2 Relationship to Student* (circle one)

- Aunt
- Father
- Grandfather
- Grandmother
- Mother
- Step-parent
- Uncle
- Other

Guardian 2 Lives with Student (circle one) Yes / No

MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

DIVISION OF PROCUREMENT



Guardian 2 Phone* ((xxx) xxx-xxxx) _____

Guardian 2 Secondary Phone ((xxx) xxx-xxxx) _____

Guardian 2 Email _____

Guardian 2 Address _____

Guardian 2 City _____

Guardian 2 State _____

Guardian 2 Zip _____

Guardian 2 Employer Name _____

Guardian 2 Title/Position _____

Guardian 2 Business Address _____

Guardian 2 Business Address City _____

Guardian 2 Business Address State _____

Guardian 2 Business Address Zip _____

Family

Annual Family Income* (circle one)

- \$0-\$23,107
 - \$23,108-\$31,284
 - \$31,285-\$39,461
 - \$39,462-\$47,638
 - \$47,639-\$55,815
 - \$55,816-\$63,992
 - \$63,993-\$72,169
 - \$72,170-\$80,346
 - >\$80,346 (please write in the income below)
- \$ _____

Number of People Living in Household* _____



Currently Attends a Horizons Program* (circle one) Yes / No

Number of Siblings* (circle number below and complete the below section for each sibling entered)

Please circle the number of siblings and complete their information below. If there are more than 4 siblings, only enter information for the 4 siblings most likely to attend Horizons.

- 0
- 1
- 2
- 3
- 4

Sibling 1

Sibling 1 First Name* _____

Sibling 1 Last Name* _____

Sibling 1 DOB* _____

Sibling 1 Gender _____

Sibling 1 Horizons Student* (circle one) Yes / No

Sibling 1 Horizons Alum* (circle one) Yes / No

Sibling 1 Lives with Student (circle one) Yes / No

Emergency Information

Emergency Contact 1

Complete the below fields for each Emergency Contact. At least 2 Emergency Contacts must be entered.

Emergency Contact 1 Title _____

Emergency 1 Contact First Name* _____

Emergency 1 Contact Last Name* _____

Emergency Contact 1 Suffix _____

Emergency Contact 1 Gender _____



Emergency Contact 1 Lives with Student* (circle one) Yes / No

Emergency Contact 1 Relationship to Student* (circle one)

- Aunt
- Family
- Friend
- Grandfather
- Grandmother
- Sibling
- Step-Parent
- Uncle
- Other _____

Emergency Contact 1 Address _____

Emergency Contact 1 City _____

Emergency Contact 1 State _____

Emergency Contact 1 Zip _____

Emergency Contact 1 Phone* ((xxx) xxx-xxxx) _____

Emergency Contact 1 Secondary Phone ((xxx) xxx-xxxx) _____

Emergency Contact 1 Email _____

Emergency Contact 2

Emergency Contact 2 Title _____

Emergency 2 Contact First Name* _____

Emergency 2 Contact Last Name* _____

Emergency Contact 2 Suffix _____

Emergency Contact 2 Gender _____

Emergency Contact 2 Lives with Student (circle one) Yes / No



Emergency Contact 2 Relationship to Student (circle one)

- Aunt
- Family
- Friend
- Grandfather
- Grandmother
- Sibling
- Step-Parent
- Uncle
- Other _____

Emergency Contact 2 Address _____

Emergency Contact 2 City _____

Emergency Contact 2 State _____

Emergency Contact 2 Zip _____

Emergency Contact 2 Phone* ((xxx) xxx-xxxx) _____

Emergency Contact 2 Secondary Phone ((xxx) xxx-xxxx) _____

Emergency Contact 2 Email _____

Medical & Additional Information

Medical

Allergies/Medical Condition* (circle one) Yes / No

Allergy/Medical Condition Details (required if yes above, write in space provided below)

Regular Medication* (circle one) Yes / No

Current Medication List (required if yes above, write in space provided below)



Over-the-Counter-Administration (circle one) Yes / No

Can Horizons administer over-the-counter (OTC) medication to your child? (circle one) Yes / No

Over-the-Counter-Administration Details (required if yes above, write in space provided below)

Physician Name* _____
(required, but if not known, enter unknown)

Physician Address* _____
(required, but if not known, enter unknown)

Physician City* _____
(required, but if not known, enter unknown)

Physician State* _____

Physician Zip* _____

Physician Preferred Hospital _____
(if not known, enter unknown)

Healthcare Insurance Provider* _____
(required, but if not known, enter unknown)

Insurance Policy Number* _____
(required, but if not known, enter unknown)

Insurance Group Number* _____
(required, but if not known, enter unknown)

Insurance Policyholder Name* _____
(required, but if not known, enter unknown)



Insurance Policy Contact Number* _____

(required, but if not known, enter unknown)

Additional Information

Is student in afterschool activities? (circle one) Yes / No

Afterschool activities details (write in space below)

Does the child know how to swim?* (circle one) Yes / No

Shirt size* (circle one)

- X-Small (youth)
- Small (youth)
- Medium (youth)
- Large (youth)
- X-Large (youth)
- XX-Large(youth)
- X-Small (adult)
- Small (adult)
- Medium (adult)
- Large (adult)
- X-Large (adult)
- XX-Large (adult)



How did you hear about Horizons? (circle one)

- School Personnel
- Horizons Parent
- Horizons Student
- Horizons Staff
- Horizons Board Member
- Relative
- Friend
- Flyer
- Advertisement
- Neighborhood Recruitment Effort
- Department of Social Services
- Other

Agreements and Permissions

Annual School Records*

I give permission to Horizons to release my child's records, including assessment, academic performance, attendance, and disciplinary, with my child's school. This permission to release information is to be in effect as long as my child is enrolled in Horizons. I am aware that I may review or challenge any records or information prior to release. All information and materials of any kind exchanged during this process will be confidential and will not be disclosed to my child or my family. I understand that in order for my child's school to share information with Horizons I will need to complete the required paperwork with my child's school and/or school district. I understand that without this release I will be responsible for sharing any school related information with Horizons, and I agree to do so.

_____ I Agree

_____ I Do Not Agree



Field Trips*

I give permission for my child to take part in all program activities including academic and health assessment, and trips away from the school premises. I give permission to Horizons for my child to participate in and be transported to field trips, swimming, and other special events taking place during the summer program and school year activities. I hereby release Horizons and its partners from liability to me or to my child for any loss or damage sustained by me or my child because of an injury to my child while at Horizons, during any Horizons' activity, or while being transported to and from Horizons.

_____ I Agree

_____ I Do Not Agree

Picture Release*

I authorize photos of my child that were taken during Horizons, quotes of my child, my child's art work, project work, and writing by my child to be reproduced for use in media, publications, and fundraising, by Horizons and its partners.

_____ I Agree

_____ I Do Not Agree

Internet Use*

I give permission for my child to use the Internet at Horizons and hereby release Horizons and the host school from any associated liabilities.

_____ I Agree

_____ I Do Not Agree

Attendance Policy*

I understand that I must comply with the attendance policy set by Horizons. I understand that if I do not comply with the attendance policy then my child may be asked to leave Horizons.

_____ I Agree

_____ I Do Not Agree



Transportation Notice*

If my child's transportation plans to and from Horizons change for any reason, or if my child will be picked up early, or by someone other than the guardian, I will provide the information in writing, prior to the transportation time.

_____ I Agree

_____ I Do Not Agree

Contact Info Change*

I will notify the Horizons office immediately if my family and/or emergency contact information changes, including phone number, address, email, or school changes.

_____ I Agree

_____ I Do Not Agree

Medical Release*

In the event of an illness or health issue, Horizons will notify the parent/guardian. The parent/guardian will arrange to have the child picked up from the program as soon as possible, if requested by Horizons. I will inform Horizons within 24 hours or the next business day, after my child or any member of the immediate household is diagnosed with a reportable communicable disease, as defined by the State Department or Board of Health and as informed by a medical professional, except for life threatening diseases which must be reported immediately. In the event of an emergency, Horizons will notify the parent/guardian as soon as it is safely possible. In the event of a serious or life-threatening emergency, Horizons and its representatives have my permission to arrange for emergency care and to arrange for transportation to the nearest hospital (Ambulance care and transportation). The hospital and its staff have my permission to provide any treatment deemed necessary for the safety and well-being of my child. If I wish to withdraw this consent, I will notify Horizons in writing and state my reasons for withdrawing consent.

_____ I Agree

_____ I Do Not Agree



Data Sharing*

I understand that Horizons will occasionally share non-identified (no names, or personally identifiable information about a student) data with its partners. Horizons will keep any information that could lead to the identification of a student out of these data sets. I understand that Horizons will provide a data release form before sharing any personally identifiable data. Horizons will always follow the requirements of the Family Educational Rights and Privacy Act (FERPA) in protecting educational data and will follow the requirements of the Health Information Privacy Accountability Act (HIPAA) in protecting medical data. I understand that I can contact Horizons with any questions about its data policies and practices.

_____ I Agree

_____ I Do Not Agree

Parent/Guardian 1 Signature* _____

Date of Signature P1* _____

Parent/Guardian 2 Signature _____

Date of Signature P2 _____