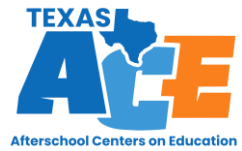




Parent/guardian will be notified when enrollment is approved.



21st CENTURY AFTERSCHOOL PROGRAM : Campus _____

NAME OF STUDENT: (last) _____ (first) _____ (middle) _____

STREET ADDRESS: (street) _____ (apt #) _____

CITY/STATE/ZIP: _____ DATE OF BIRTH: _____ (age) _____

GENDER: (male) ___ (female) ___ GRADE: ___ STUDENT ID #: _____ PRIMARY LANGUAGE: _____

FATHER/LEGAL GUARDIAN (name) _____ (email) _____

ADDRESS (street) _____ (city/state) _____ (zip) _____

CONTACT (home phone) _____ (cell phone) _____ (work phone) _____

PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED (hm phone) ___ (wk phone) ___ (text) ___ (email) ___

MOTHER/LEGAL GUARDIAN (name) _____ (email) _____

ADDRESS (street) _____ (city/state) _____ (zip) _____

CONTACT (home phone) _____ (cell phone) _____ (work phone) _____

PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED (hm phone) ___ (wk phone) ___ (text) ___ (email) ___

HOW WILL YOUR CHILD BE DISMISSED FROM THE PROGRAM?

(school bus) _____ (walk: child signs out) _____ (gets picked up: must show an ID) _____ (other): _____

WHO HAS PERMISSION TO PICK YOUR CHILD UP AT THE END OF THE DAY, BESIDES YOURSELF?

(name/relationship) _____ (phone) _____

(name/relationship) _____ (phone) _____

_____ I understand that if my child is supposed to be picked up and is not by the end of programming, after three late pick-ups, my child may be excused from the program.

MEDICAL INFORMATION: Please list any medical conditions your child may have, such as allergies, illnesses, prescribed medications, serious injuries, hospitalizations and/or diagnosis:

DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** _____

DOCTOR'S ADDRESS: (street) _____ (city/state) _____ (zip) _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In case my child has an accident or sudden illness, and in the event I cannot be reached by phone, I hereby authorize a representative of CISD to refer my child to the physician named above or seek appropriate medical care. CISD cannot be held responsible for any cost incurred:

PARENT/GUARDIAN SIGNATURE: _____ (date) _____

CONTACT IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED:

(name/relationship) _____ (phone) _____

(name/relationship) _____ (phone) _____

TURN OVER & COMPLETE BACK SIDE

AUTHORIZATIONS FOR (name of child): _____

PLEASE READ RELEASES

- * I understand and agree that neither the program nor its employees and volunteers are responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the child on any program property or in connection with any program activities.
- * I give the program staff permission to access school records (grades, attendance, behavior, etc) about my child to better serve his/her needs.
- * I give the program staff permission to release my child's student ID # to CISD's program providers for the purpose of assessing program effectiveness. Only group data (i.e. information regarding grades, attendance, behavior, etc for all the students in the program) will be examined, no data specifically connected to your student will be identified.
- * I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and will be used for the purpose indicated.
- * I understand that if my child is absent from the program, I will receive a phone call notifying me of the absence unless I have already given notice that my child is not going to attend the program.
- * I understand that if I have any questions about these releases, I can ask my program site coordinator.
- * **I will allow my child to be photographed and/or video taped while engaged in program activities and for those images to be used for publicity and/or recruitment purposes.** YES _____ NO _____
- * **I am interested in volunteering with the afterschool program.** YES _____ NO _____

I AGREE TO THE ABOVE STATEMENTS

SIGNATURE: _____ **DATE:** _____

PLEASE READ AND INITIAL BEHAVIOR MANAGEMENT POLICY

Your child is expected to behave appropriately at all times and follow the rules of _____.
(name of school)

_____ I understand that if my child does not follow the rules he or she will receive a verbal warning.

_____ I understand that if the misbehavior continues, I will receive a phone call about my child.

_____ I understand that if the problem continues, my child may be dismissed from the program.

_____ **I understand that fighting and/or inappropriate sexual behavior may result in immediate dismissal from the program.**

DO YOU HAVE ANY COMMENTS OR SUGGESTIONS? _____

ALL INFORMATION IS COMPLETELY CONFIDENTIAL

I am the parent or legal guardian of the minor named above and have legal authority to execute this consent and release.

SIGNATURE: _____ **DATE:** _____

THANK YOU! WE LOOK FORWARD TO THIS YEAR!!