



Participant's Name _____

Bee the Change After School Program Registration Form

STUDENT INFORMATION

Student First & Last Name _____

Apartment Building and Number _____

Gender Male Female Birth Date _____ Age _____

Ethnicity (Optional) _____ Grade Level _____ School Name and District _____

PARENT INFORMATION

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Email Address _____

SIGN OUT INFORMATION

Safety is a top priority to Grand Street Community Arts; therefore, no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY

Name: _____ Address: _____

Phone: _____

Medical Insurance Carrier: _____ ID# _____

Hospital used in Emergency _____

Are there any medical, family circumstances or cultural requirements of which the leader should be aware of (**Any known Allergies**)?

Current Medications: _____

Please read the following and sign at the bottom:

I, the undersigned parent or legal guardian of the above-named child, do hereby give my permission for the child named above to participate in the activities identified above planned by Grand Street Community Arts and its affiliated entities. I am aware of and consent to the scope of the activity to be engaged in and the mode of transportation being employed. I understand that participation in the Bee the Change program activities requires an acceptance of risk. I am aware of and accept the risks associated with the activity to be engaged in and the mode of transportation being used.

I certify that the indicated participant(s) is/are in good physical and mental health and has/have never been declared medically ineligible for athletic competition. I further certify that the above-mentioned participant(s) has/have had no previous pre-existing medical condition or injury, listed as, but not limited to exercise-induced asthma, cardio or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities. I understand that participation in the Bee the Change program activities requires an acceptance of risk. With my signature, on behalf of myself and the above-named child I hereby waive, release and hold harmless the sponsors, promoter, and all other persons and entities associated with Grand Street Community Arts programs and events from any and all claims, demands, actions, causes of action, obligations, debts, damages, losses, liens, liabilities, costs, attorneys fees, debts and expenses of every kind and nature whatsoever, in law or in equity, known or unknown, fixed or contingent, including any and all rights to subrogation therefore which arise out of, result from or are related to the above-named child's participation in the activities set forth herein

If I cannot be reached in case of an emergency, I hereby authorize Grand Street Community Arts or its affiliates to contact 911 or a medical facility or physician of their choice to provide proper treatment, and I will be responsible for all expenses arising out of or related to such treatment. I hereby authorize and consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of the physician or surgeon or at the hospital. I understand that this medical authorization and consent is given (1) in advance of any specific examination, diagnosis, treatment, or hospital care being required and (2) to authorize Grand Street Community Arts staff to consent to examinations, diagnosis, treatment, or hospital care which is deemed advisable by a licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital.

Furthermore, I hereby grant full permission for all the foregoing to transport the above participant(s) upon request; and to use the above participant(s) photograph in videotapes, publications, motion pictures, recordings, or other records of events. I have read and fully understand the foregoing and certify and represent that, as parent/guardian for the above child(ren), all registration and release information provided is true. I hereby represent that I have the authority to bind and sign on behalf of all parents/guardians of the above participant(s).

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date



Participant's Name _____

Bee the Change After School Program Parent Agreements

Please read the following information carefully. You must sign at the bottom indicating that you understand and agree to all of the following.

Basic Information Rules and State Requirements

- 1. **Enrollment: Enrollment is limited.** Our hope is to have enough room for all children wishing to participate in our *Bee the Change After School Program*; however, we cannot always accommodate everyone. After receiving your completed forms, the ASP Staff will call to let you know if your child will be participating in the program and the date that they may begin. _____
Please Initial
- 2. **Attendance:** The *Bee the Change After-School Program* is a DROP-IN program. Regular attendance is preferred but children are able to depart at any time with parent permission. Children are not expected to stay for the entire duration of the After School Program each day. If a student is absent, written or verbal notification must be submitted or communicated to the ASP Staff the next program day. _____
Please Initial
- 3. **Student Pick-Up:** Children participating in the *Bee the Change After School Program* must be signed out by you or someone designated on the registration form (the designated person must be 16 years of age and on registration forms). Your child must be picked up promptly at the end of the program. If your child has not been picked up by the end of the program, site staff will try to contact you and/or those individuals designated as emergency contacts. _____
Please Initial
- 4. **Discipline:** Participation in the *Bee the Change After School Program* is a privilege. A child must follow the rules of the program. *Grand Street Community Arts* implements PBIS strategies within. Disruptive or disrespectful behavior towards other students or staff is a cause for dismissal. We encourage you to discuss concerns about your child's behavior with the ASP Staff. _____
Please Initial
- 5. **Parental Support:** While *Bee the Change After School Program* Staff are committed and qualified, your help is needed to make the program the very best it can be. You are an important partner in our program's success, and we look forward to your help with events and activities, tutoring, field trips and other projects. _____
Please Initial

Release Form for Statements and Photographs

Grand Street Community Arts periodically uses photographs of program participants for local, regional or state publicity of the After School Program. By my initials, I acknowledge receipt of this document and give permission for *Grand Street Community Arts* use of statements, written and verbal, made by me, and/or photographs of my child in all corporate brochures, flyers or publicity documents published by *Grand Street Community Arts* and its affiliates.

If I do not initial this statement my child can still be part of the *Bee the Change After School Program*. _____
Please Initial

Transportation

My child has permission to walk home from the *Bee the Change After School Program*; furthermore, I give permission for my child to sign themselves out of the *Bee the Change After School Program*. (Please check and initial if appropriate) _____
Please Initial

Walk Home Picked Up

I have read and understand all of the information above on this *Bee the Change After School Program* Parent agreement and I give permission for my child to attend the after-school program. All of the information in my child's after school registration form and the after-school emergency card is complete. I agree to follow the rules of the program and to help my child understand and follow the rules.

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Prohibition on Re-disclosure and Confidentiality Notice:

This communication along with any file transmitted with it, is **CONFIDENTIAL** and is intended for the named recipient only. It may contain sensitive or confidential information protected under applicable state and federal law. It must be handled and/or disposed of accordingly. **Federal regulations prohibit further disclosure without specific written consent from the person to whom it pertains.**

I certify that I have reviewed with the resident/client or with his/her representative this Consent to Release Confidential Information:

Signature of authorized Staff _____

Print Name _____

Date _____

