

REACHING HIGHER PROGRAM REGISTRATION FORM

2017-2018

REGISTRATION INSTRUCTIONS:

If you would like to register your child for the after school program, please complete this registration form and return it to the school office. **Students will not be allowed to attend the program until all paperwork is completed.**

All requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field or a line through a field is **not an acceptable response.**

Student Grade Level _____ Female _____ Male _____	<i>Site Coordinator Only</i> Registration form complete _____
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PROGRAM DATES AND TIMES: Monday through Thursday; June 11-July 26 No program July 2-5 9:00am-11:30am				CHOOSE DAYS TO ATTEND (circle any or all days): Monday Tuesday Wednesday Thursday			
Name of Child (Last, First, Middle Initial)				Address (Number & Street, Building/ Apartment Number)			
Child's Date of Birth				City		State	Zip Code
Parent/Legal Guardian's Name		Home Phone		Parent/Legal Guardian's Name		Home Phone	
Home Address (if not child's address)		Cell Phone		Home Address (if not child's address)		Cell Phone	
City	State	Zip Code	City	State	Zip Code		
E-mail Address (Optional)				E-mail Address (Optional)			
Employer Name				Employer Name			
Work Phone ()		Work Schedule		Work Phone		Work Schedule	
Emergency Contact & Release of Child: List of all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)							
1.							
2.							
3.							
Release of Child Only: List all individuals, other than the parents/legal guardians , to whom the child may be released. (If more individuals, attach additional sheets.)							
1.				2.			
3.				4.			

RELEASE FROM CARE

I understand and acknowledge that I am responsible for my child's safety and well-being as soon as he/she is signed out or leaves school property at the completion of the program day.	
Signature of Parent or Legal Guardian X	Date

TRANSPORTATION

Please fill out the following information on transportation as it relates to your child. Please circle one:

PICK-UP

WALK

BUS (Ride Home Only)

If you have chosen two or more options, please indicate the expected days they'll be using each option here: _____

Anyone picking up a student must be listed in the Release of Child Section. Students who are allowed to walk may sign themselves out of program at any time.

FIELD TRIP CONSENT

Parents/Guardians will usually be notified, in advance, of places, dates, and times of each field trip your child will attend. These trips require separate parental signatures. Occasionally, spur of the moment trips may occur, too, like a walk to a park or ice cream shop. By signing below, you are giving your student permission to participate in these spur of the moment trips.

Signature of Parent or Legal Guardian

Date

X

TALENT RELEASE

I understand that the Reaching Higher After School Program participates in many activities and community outings that make wonderful and exciting pictures. I hereby grant permission for my child to participate in pictures and interviews taken for the purpose of personal use at the school, newsletters, as well as Highfields' website, a Reaching Higher Facebook page and other promotional materials. All pictures and interviews will be taken with discretion and decency to protect those included.

Signature of Parent or Legal Guardian

Date

X

SWIMMING PERMISSION

I understand that the children enrolled in the Reaching Higher After School Program may have the opportunity to participate in swimming activities such as swimming, wading, tubing, water skiing and any activities at a water park. By signing below, I hereby grant permission for my child to participate.

Please indicate whether your child is a: _____ **Swimmer** _____ **Nonswimmer**

Signature of Parent or Legal Guardian

Date

X

COURT ORDERS

Parents must be aware that until custody has been established by a court order, neither parent may limit the other parent from picking up the child. The program will release the child to a known, identifiable parent. A copy of a current, valid court order will be required. Is there any legal court action which the Reaching Higher program should be made aware of? If you have a restraining order, guardianship papers, or name changes, please allow the program to make a copy of such papers for your child's records. Please provide any relevant information. _____

DEMOGRAPHICS

Is this student eligible for Free/Reduced Lunch? Yes No

What is the student's primary language?

What language(s) is/are spoken at home?

Do parents/guardians speak English? Yes No If no, who is your interpreter?

Is this student Hispanic or Latino? Yes, Hispanic or Latino No, not Hispanic or Latino

Is this student Arab/Middle Eastern? Yes, Arab/Middle Eastern No, not Arab/Middle Eastern

Check one or more to indicate the student's race:

_____ American Indian or Alaska Native _____ Native Hawaiian or Pacific Islander _____ Decline to State/Unknown

_____ Asian American _____ Some Other Race

_____ African American/Black _____ Caucasian/White

LIABILITY RELEASE

I, the undersigned, agree to hold harmless and indemnify **Springport Middle School** and Highfields, Inc., its staff, agents and officers from or for any claims, liability, damages or personal injuries that may be brought on behalf of the above-named participant, as a result of or in connection with the inherent risks of participating in the Reaching Higher After School Program. This release from liability includes, but is not limited to, theft, destruction of property and personal belongings, injury, mishaps or any other actions that may damage or destroy my or my child's personal belongings other than the basic clothing and personal grooming items required while participating in the Highfields Reaching Higher Program.

Furthermore, I, the undersigned, authorize Highfields, Inc., to supervise the recreational activities and to permit me/my child to attend and participate in all activities that the representatives of Highfields may deem advisable and beneficial. I have indicated physical limitations in writing on this form.

I realize that Highfields, Inc. intends to take all the necessary precautions against injuries and accidents; nevertheless, I agree absolutely that Highfields, Inc. staff, agents, and officers are free from any responsibilities for accidents, injury, or mishap to me/my child. As participant (parent), I assume responsibility for participation in the program.

Signature of Parent or Legal Guardian X	Date
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MEDICAL CONSENT FORM

Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number
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Hospital Preferred for Emergency Treatment (optional)

Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)

Is Child in Need of Prescription, Non-Prescription or Topical Medications During Program Hours <input type="checkbox"/> Yes <input type="checkbox"/> No (If you marked yes, you will be given a Medication Authorization form to complete.)
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I hereby authorize that _____ is in good health, able to participate with activity restrictions noted above in the Reaching Higher After School Program and I assume responsibility for my child's state of health while at the center. I certify my child's immunizations are up-to-date and the immunization record or appropriate waiver is on file with the school.

Parent/legal guardian must initial one of the following:

___ I give permission to the Reaching Higher Program, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care. I further release Highfields, Inc., its agents and employees from liability for acting as authorized.

___ I do not give permission to the Reaching Higher Program, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

Signature of Parent or Legal Guardian X	Date
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I certify that I accurately completed this form and if anything changes, **I will notify the provider by updating this form.**
Signature of Parent or Guardian _____ Date _____

If this **student was previously enrolled** and after looking over the above information there have been no changes to any of the provided information, date and initial in the first available set of boxes below instead of completing a new form.

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

FOR PROVIDER USE ONLY:

DATE OF ADMISSION _____ DATE OF DISCHARGE _____

Parent/Guardian's Responsibilities

Acknowledgement

Student's Name _____

1. I understand that the Reaching Higher program runs from Monday through Thursday. All students are to report to the program as soon as they are dismissed from their regular school day. I realize that my child is expected to attend the entire duration of the program.
2. I will give two days notice for vacations, withdrawals or any other long-term or permanent change in my child's attendance.
3. I will not send my child to the program if he/she has a contagious illness or any of the other following symptoms: fever, severe cough, vomiting within 12 hours, been on antibiotics for less than 24 hours, or diarrhea.
4. I understand that during scheduled school and district closings (including days for inclement weather), and all school half-days, I will not send my child to the program.
5. I understand that I am responsible for keeping all information regarding my child up-to-date, including: parent's location with current daytime phone numbers, medications, vacations, illnesses, absences, change in schedule, etc.
6. If required, I will come in the building and sign my child out at the designated end time of program. I will speak to a regular staff member and sign them out if they must leave the program early.
7. I understand that in the event my child is having problems adjusting to the program, I have the right to disenroll my child. I also understand that the Reaching Higher program reserves the right to disenroll my child if it is the opinion of the staff that my child will not benefit from the program.
8. I give permission for my child to participate fully with this program.

Parent/Guardian Signature _____ Date _____