



2021-2022 Afterschool Registration

Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Initial \_\_\_\_\_
Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent or Legal Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_
Address \_\_\_\_\_
Employer \_\_\_\_\_
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_
Email \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_
Address \_\_\_\_\_
Employer \_\_\_\_\_
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_
Email \_\_\_\_\_ Relationship \_\_\_\_\_

Enrollment

(Please check off which way your child will be enrolled in our program)

Full-Time: Full-Time enrolled students are students who plan to attend the program for at least 3 or more days a week consistently. Full-Time enrollees take priority and have the first choice of which clubs they would like to join. Any student enrolled for 3 or more days is automatically considered Full-Time. Your child will be expected in Afterschool every day unless otherwise specified by the parents.

By the Club: Students are welcome to join our program by the clubs based on their schedule and their interests. Each new club session (every 5-7 weeks) a newsletter will be sent home with the clubs being offered in our program. If your child is enrolled By the Club, please send in the club sign up sheet that is provided in the newsletter. Your child will be expected in Afterschool each day of the week that they have signed up for a club. Only one registration is required for the year, only a club sign up sheet will be needed each new club session.

Full Time Enrollee Anticipated Attendance Days:

My child plans to attend (please select the days):

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Please let us know which days they will consistently attend. If your child is not planning to attend on one of their regularly scheduled days, please notify the main office and Site Coordinator as soon as possible.

Attendance Expectations

The purpose of our Afterschool Program and our current 21st CCLC grant funding is to ensure students have the opportunity to participate in high quality extra-curricular programing without hindrance from things such as accessibility or finances. Our program also offers academic support to ensure all students have the help and resources they need to be successful in school. For this purpose, we ask that parents respect the program's schedule and only pick their child up after the extra-curricular club has finished and that your child attends the program consistently on the days in which they are enrolled.

I understand that in order to ensure the quality of programming, pick up is between 5:00 and 6:00 PM. \_\_\_\_\_ (please initial)

I understand that if my child requires academic assistance, pick up is at 5:30 pm. \_\_\_\_\_ (please initial)

I understand that if my child is expected to attend the program on the days that they are signed up for. If, for any reason, my child will not be attending, I understand it is my responsibility to notify the school and the Site Coordinator as soon as possible. \_\_\_\_\_ (please initial)





Emergency Contact & Alternative Pick Up Information

You are required to list at least one person, other than a parent or guardian, with whom you would feel comfortable leaving your child with, and who could assume responsibility for your child if you could not be reached immediately in an emergency or if for some reason you could not pick your child up and were unable to communicate with the program. Please list anyone who you foresee picking your child up from our program. Please note that if someone comes to pick your child up without being listed on this form we will not release your child without written permission or phone call to the program.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
Emergency Contact [ ] Alternative Pick Up [ ]

Social Emotional/ Medical Information

Is there any additional medical/physical/emotional information you would like us to know?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Release Forms

Media Release:

I give my consent to Project Beyond the Bell to use my child's photograph, film/video images, voice recordings and or biographical information, in its publications, displays, advertisements, website, social media, or for any purpose related to public education and information. District Confidentiality policies will be observed.

Parent/Guardian Signature \_\_\_\_\_

Field Trip Permission:

I give permission for my child to participate in Project Beyond the Bell field trips scheduled throughout the year. I give permission for my child to attend these trips in a car, van, school bus or public transportation with the Project Beyond the Bell program.

Parent/Guardian Signature \_\_\_\_\_

Walking Permission:

Occasionally we will be taking off-site excursions for exercise and to explore the surrounding area. I give my child permission to go on off-site walks with Project Beyond the Bell staff.

Parent/Guardian Signature \_\_\_\_\_

Surveys:

I give my consent for my child to be surveyed throughout the year regarding their time spent in the program. Our program is a collaboration between MRSD, 21st CCLC grant funding, and other local community organizations. Project Beyond the Bell will ask teachers, staff, parents and students to fill out surveys several times a year to ensure our program is meeting the needs and goals of our students. District Confidentiality policies will be observed.

Parent/Guardian Signature \_\_\_\_\_

Emergency Medical Treatment Authorization:

I hereby give permission for the staff of Project Beyond the Bell to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Project Beyond the Bell personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature \_\_\_\_\_

