

STUDENT REGISTRATION FORM

2023-2024

PLEASE READ CAREFULLY AND PRINT CLEARLY.
THIS REGISTRATION FORM MUST BE COMPLETED IN ITS ENTIRETY.

SECTION I CAMPUS OFFICE USE ONLY					
DISTRICT	SPRING ISD		SCHOOL	EICKENROHT ES	
DATE OF ADMISSION			DATE OF WITHDRAWAL		
SECTION II STUDENT INFORMATION					
List all children enrolling in the Project SAFE 21 st CCLC/Texas ACE after-school program.					
Name (Last, First)	DOB	Grade	Gender	Race (African-American, White, Asian/Pacific Islander, Native American, Other, Two or More)	Ethnicity (Hispanic or Non-Hispanic)
SECTION III HEALTH INFORMATION					
Please complete this section for each child listed above.					
Name (Last, First)	Medications	Allergies	Health Problems	Participate in Recreational Activities?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION IV PARENT/GUARDIAN INFORMATION					
Parent/Guardian Name			Home Phone		
Mobile Phone			Work Phone		
Home Address			Email		
Emergency Contact (other than above)			Home Phone		
Mobile Phone			Work Phone		
Home Address					
Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. I hereby authorize the program to allow my child to leave ONLY with the following persons. Please list name and telephone number for each.					
Name		Phone		Relationship to Child	
Name		Phone		Relationship to Child	
<input type="checkbox"/> MY CHILD HAS PERMISSION TO BE RELEASED TO THE CARE OF HIS/HER SIBLING(S) UNDER THE AGE OF 18 YEARS.					

SECTION V | AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I hereby give consent for my child(ren) to be transported and supervised for emergency medical care. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the program transport my child to:			
Physician		Phone	
Address			
Dentist		Phone	
Address			
Emergency Medical Care Facility		Phone	
Address			
<input type="checkbox"/> I GIVE CONSENT FOR THE PROGRAM TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD.			
SECTION VI PARENT/GUARDIAN CONSENT			
For each section below, check the box(es) indicating whether or not you give your consent.			
MODE OF TRANSPORTATION			
CAR _____ BUS _____ WALKER _____			
TRANSPORTATION:			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to be transported/supervised by the operations employees <u>to walk home.</u>			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to be transported/supervised by the operations employees <u>on field trips.</u>			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to be transported/supervised by the operations employees <u>to and from home.</u>			
RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
<input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
RECORDS:			
<input type="checkbox"/> I acknowledge that my child(ren)'s immunization, vision and hearing records are on file at this campus.			
MEDIA/VIDEO RELEASE: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for the school, Project SAFE, and the Spring Independent School District permission to videotape/photograph/audiotape and or allow the videotaping, photographing, and audio taping of my child. It is my understanding that any photographs/interviews or portions thereof will be used for public view.			
PARTICIPATION IN PROGRAM: I understand the Spring ISD-Project SAFE 21 st CCLC/Texas ACE program is an extension of the regular school program and follows all guidelines and policies of <u>Spring</u> ISD/school. I grant permission for my child(ren) to participate in Project SAFE 21 st CCLC/Texas ACE program.			
EVALUATION PARTICIPATION: I understand that my child(ren) or I may be asked to complete survey information regarding any Project SAFE-sponsored program/classes for the purposes of program evaluation and program improvement. Questions may be related to any aspect of the after-school program, including Kids' Day events, and/or programming related to funding from the Houston Endowment. I understand that completing these surveys is voluntary, and that my child(ren) or I may decline to complete the surveys. I give permission for my child(ren)'s teacher to be surveyed regarding my child(ren)'s school performance and conduct, and I consent to the release of my child(ren)'s academic information to Project SAFE, including grades, student conduct, attendance records, and standardized test scores for the reporting of required performance measures and for evaluation purposes. I understand that my child may be administered pre/post assessments to identify areas of academic need and for evaluation purposes. I understand that all data collected will be kept under secure conditions in accordance with Family Educational Rights and Privacy Act (FERPA) regulations, and as such will be kept strictly confidential and destroyed when no longer needed.			
SECTION VII PARENT/GUARDIAN SIGNATURE			
A parent/guardian signature indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application.			
PARENT/ GUARDIAN			DATE