

Adams 12 Title VII Program

After School Program

Registration Form

Child's Name: _____ First Last Middle Initial
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Address: _____
City/State/Zip _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade Level: _____ Birthdate: _____

Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ Please Specify
Mother: _____ Home Phone: _____ Pager/Cell Phone: _____
Business Phone: _____
Father: _____ Home Phone: _____ Pager/Cell Phone: _____
Business Phone: _____
School Child Attends: _____
Has the family filled out the Title VII 506 form (Statement of which Federally recognized tribe the child is a member or descendant in the 2 nd degree)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contacts/Authorized Persons to Pick Up Child from The PEAK Learning Center			
_____ may be picked up by the following persons (please include parents/guardians): Child's Name			
Name	Relationship	Work Phone	Home Phone
1. _____			
2. _____			
3. _____			
4. _____			

I do hereby authorize Title VII After School Program staff to contact directly the persons named on this form and do authorize the named physician or his/her associate to render such treatment as may be deemed necessary in an emergency for the health of the said child. In the event that a parent/guardian, or alternate person named on this form cannot be reached, or if the name of a doctor, dentist or hospital has not been provided, the staff is hereby authorized to call 911 for immediate medical assistance. The staff is hereby authorized to take whatever action is deemed necessary in their judgement for the health of aforesaid child.

Signature of Parent/Guardian

Doctor's Name: _____ Business Phone: _____

Address/Clinic: _____

Preferred Hospital: _____

Are there any activities that your child cannot participate in due to physical, social, or religious reasons?
 No Yes (Please specify)

Please review each category below and mark all appropriate boxes that apply to your child. Please specify any medication your child takes regularly (either during the school day or at the Title VII After School Program) and complete an Adams 12 Medication Request Form.

Categories	Yes	Medication Taken	Special Instructions
Allergies	<input type="checkbox"/>	_____	_____
Asthma	<input type="checkbox"/>	_____	_____
Medical Problem	<input type="checkbox"/>	_____	_____
Special Dietary Needs	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

Personal Release Statement: It is my understanding that there are risks of injury in any recreational or sport activity and that I/we voluntarily assume such risks. I take full responsibility for the actions and physical condition of this child. I agree to indemnify and hold harmless Adams 12 Schools from liability, loss, cost, or expenses (including attorney's fees, medical, dental, and ambulance costs) that this child may incur while participating in Title VII Program activities.

Parent Initials

I understand that my child will not be permitted to be transported home by District 12 without the proper signed release forms. I understand that bus privileges may be revoked if policies are not adhered to.

Parent Signature

Parent Initials