

Bigfork ACES 21st Century Community Learning Center 2017-2018 Enrollment

Please fill out a separate form for EACH child you would like to register. Please make sure to fill in ALL blanks of this form. ACES is required to keep this info on file and submit data reports to the Montana Office of Public Instruction.

Students Name _____ Date of Birth _____ Grade _____

School _____ Teacher _____
(Homeroom or English teacher if in middle school)

Ethnicity _____ Student limited in English proficiency? Yes No

Gender: Male Female

Attended program in the past? Yes No

Address: _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ email _____

Father's Name: _____ Cell Phone _____ Work _____

Mother's Name _____ Cell Phone _____ Work _____

Guardian's Name: _____ Cell Phone _____ Work _____

Occupations _____

Local emergency contact OTHER than Parent/Guardian:

Name _____ Phone _____

Acknowledgment and Consent: Please Initial _____

For Internal and external use, I acknowledge that the 21st Century AfterSchool Program and/or its sponsors and local news media may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21st Century AfterSchool Program activities. I consent to such uses & hereby waive all rights to compensation.

Transportation: Please Initial _____

I understand that occasionally my child may go on trips away from the ACES facility. I hereby give my child permission to travel with the 21st Century AfterSchool Program on foot or in their van for field trips. I understand that my child will not return to ACES until 5:15pm on field trip days.

Opting out of this is your right as a parent/guardian, but does require a signature. Certain information is required to insurances purposes and ACES has the right to refuse enrollment without information concerning health and safety.

I have chosen not to disclose certain information about my child based on my rights as their parent/guardian:

Signature _____ Date _____

Name of student _____

Medical Information:

Doctor Name _____ Phone _____

Serious Health Problems: No Yes If Yes, explain (please use back of paper)

Medications: No Yes If Yes, explain

Allergies _____

Disabilities _____

Dinner/Snack Program

_____ I give my child permission to participate in the ACES meals program. *ACES serves a super snack daily at 3:30pm.*

Homework - please initial

_____ I understand under the grant regulations that ACES must provide homework help and/or educational enrichment. My child will be required to participate in at least 30 minutes working on homework or participating in reading or STEM.

I, the undersigned (as a parent or legal guardian of the participant, a minor), hereby authorize the staff of the 21st Century Community Learning Center afterschool program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment in case of emergency. I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

I (as a parent or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21st Century AfterSchool Program and the school regarding health and safety issues, food program status, immunization records and academic achievement. This information is mandatory for our federal reporting and continued funding.

Signature _____ Date _____

CONFIDENTIAL INFORMATION

LUNCH STATUS

_____ FREE _____ REDUCED _____ Non-applicable

Parent/Guardian _____ **Date** _____