

# Bigfork ACES

## 2019-2020 Enrollment

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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. You will be required to register with our online program on October 1, 2020

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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 \_\_\_\_\_

Other authorize pick-up people \_\_\_\_\_

Acknowledgment and Consent: Please Initial \_\_\_\_\_

For Internal and external use, I acknowledge that the 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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 3:45pm.*

**Homework - please initial**

\_\_\_\_\_ We will provide assistance with homework on Wednesdays. However, it is the responsibility of the parents and child to provide ACES with information on the needs of the student as well as worksheets and textbooks.

I, the undersigned (as a parent or legal guardian of the participant, a minor), hereby authorize the staff of the 21<sup>st</sup> 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 ACES regarding health and safety issues, food program status, immunization records and academic achievement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

**LUNCH STATUS**

\_\_\_\_\_ FREE      \_\_\_\_\_ REDUCED      \_\_\_\_\_ Non-applicable

**YOU MUST PROVIDE PROOF OF LUNCH STATUS IN ORDER TO RECEIVE DISCOUNTED MONTHLY TUITION.**