



PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION

Full Name (First, Last): _____

Preferred Name: _____ Date of Birth: _____ Grade: _____

District Student ID Number: _____ School: _____

Address: _____ Primary Language: _____
 _____ Secondary Language: _____

Phone: _____ Email: _____ Language Spoken at Home: _____

PARTICIPANT DEMOGRAPHIC INFORMATION

Gender: Male Transgender Male Transgender Female Other _____ **Refugee:** Yes/No

Female Transgender Female **Ethnicity:** Hispanic/Latinx Non-Hispanic/Latinx

Non-binary/nonconforming Other _____

Race: African American Black Middle Eastern Pacific Islander
 Asian Caucasian/White Multi-Racial Other _____
 Asian American Hispanic/Latinx/Spanish Native American/Alaskan Native Unknown

ADDITIONAL PARTICIPANT INFORMATION

Homeroom/Classroom Teacher: _____ Does the participant receive free or reduced lunch? Yes/No

Does the participant have an IEP? Yes/No Would you like to meet to discuss the IEP with the program coordinator? Yes/No

Does the participant have daily needs related to their IEP? _____

Does the participant have a 504 plan? Yes/No Would you like to meet to discuss the 504 plan with the program coordinator? Yes/No

Does the participant have daily needs related to their 504 plan? _____

Does the participant have allergies? Yes/No If so, please explain: _____

Does the participant have dietary needs? Yes/No If so, please explain: _____

Does the participant take medications? Yes/No If so, please explain: _____

Other medical needs? Yes/No If so, please explain: _____

1st PARENT/GUARDIAN INFORMATION

Full Name (First, Last): _____

Relationship to participant: _____ Can this person pick up your child from program? Yes/No

Address: _____ Phone: _____
 _____ Email: _____

Primary Language: _____ Workplace: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION

Full Name (First, Last): _____

Relationship to participant: _____ Can this person pick up your child from program? Yes/No

Address: _____ Phone: _____
 _____ Email: _____

Primary Language: _____ Workplace: _____

HOUSEHOLD DEMOGRAPHICS

Household Composition:

- Two parent household Unknown
 Single parent/female Other _____
 Single parent/male

With whom does the participant live?

- Mother Grandparent Neighbor
 Father Aunt/Uncle Friend
 Step-parent Guardian Other: _____

EMERGENCY CONTACT INFORMATION

Emergency Contacts are trusted individuals OTHER THAN previously listed parent/guardians of participant. If possible, please include an out of area emergency contact individual for the participant.

1st EMERGENCY CONTACT

Full Name (First, Last): _____
Relationship to participant: _____ Phone: _____

2nd EMERGENCY CONTACT

Full Name (First, Last): _____
Relationship to participant: _____ Phone: _____

AUTHORIZED PICK UP INFORMATION

AUTHORIZED PICK UP #1

Full Name (First, Last): _____
Relationship to participant: _____ Phone: _____

AUTHORIZED PICK UP #2

Full Name (First, Last): _____
Relationship to participant: _____ Phone: _____

AUTHORIZED PICK UP #3

Full Name (First, Last): _____
Relationship to participant: _____ Phone: _____

UNAUTHORIZED TO PICK UP

PARTICIPANT PERMISSIONS

Please review and provide your consent for the following permissions related to your child's participation in the program:

Emergency Medical Treatment

In the event of an emergency, I authorize the afterschool program staff to seek medical treatment for my child, including transportation to the nearest medical facility, if necessary. I understand that every effort will be made to contact me or my emergency contact as soon as possible.

- I give permission
 I do not give permission

Field Trips and Excursions

I grant permission for my child to participate in scheduled field trips or excursions related to the afterschool program. I understand that these activities will be supervised by program staff and that I will be notified in advance of any off-site trips.

- I give permission
 I do not give permission

Photo and Video Consent

I understand that photographs and videos may be taken of my child during program activities. These images may be used in program promotional materials, social media, or reports.

- I give permission for photos and videos to be used
- I do not give permission for photos and videos to be used

Walking Permission

I give permission for my child to walk home unaccompanied after the afterschool program concludes, or to walk to a designated location (e.g., a nearby park or bus stop), if applicable. I understand that the program staff will not be responsible for my child after they leave the designated area.

- I give permission
- I do not give permission

Health and Safety Information

I acknowledge that it is my responsibility to inform the program staff of any special medical needs, allergies, or other health-related conditions that may require accommodations during the program.

- I agree to provide necessary health information
- I do not agree to provide health information

Permission for Data Collection and Use

I consent to the collection and use of my child's personal information, including but not limited to registration data, health information, attendance records, and participation details. This data will be used for program administration, safety, and communication purposes only. I understand that any personal information will be kept confidential and will not be shared with third parties without my consent, except as required by law.

- I give permission for data collection and use
- I do not give permission for data collection and use

By signing below, I confirm that I have reviewed the permissions above and grant consent where indicated for my child to participate in the afterschool program activities.

If you have any questions or concerns regarding the permissions above, please contact the program coordinator.

Parent/Guardian Name

Parent/Guardian Signature

Date