



Elyria Teens Achieve Success

2019/2020 After School Registration Form

Please return to your homeroom teacher or to Ms. Belcher room 302W
*HR teacher send with attendance

Date of Application: _____

PARTICIPANT INFORMATION: Please print clearly.

Child's Name: _____ M__ F__ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

Child's shoe size: _____ Child's shirt size: _____ Child's pants size: _____

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

PHONES: Cell: (____) _____ Home: (____) _____ Work: (____) _____

Primary Parent's E-mail: _____ Secondary Parent's E-mail: _____

Secondary Parent/Guardian Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

PHONES: Cell (____) _____ Home: (____) _____ Work: (____) _____

SCHOOL INFORMATION

Grade in Fall of 2019: _____

Special Needs of Child or (IEP)/Explain: _____

EMERGENCY CONTACT INFORMATION IF PARENTS CAN'T BE REACHED

Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Phones: Cell: (____) _____ Home: (____) _____ Work: (____)

INSURANCE COMPANY INFORMATION: (REQUIRED)

Cardholder: _____ Physician's Name:

Insurance Company: _____ Policy Number:

Food Allergies:

PERSONAL INFORMATION:

Student's Strengths:

Student's Interests:

Social Needs:

Behavioral Needs:

Academic Needs:

Additional Information:

ACADEMIC INFORMATION RELEASE STATEMENT

I give permission for Elyria High School to release a copy of my child's homework assignments, grades, progress reports, report cards, and state-wide testing assessments to the staff of Elyria Teens Achieve Success, in order to support my child's academic and emotional growth. I also give permission for Elyria High School staff to communicate with Elyria Teens Achieve Success staff in order to serve best serve my child.

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT INFORMATION: Please print clearly.

Child's Name: _____ M__ F__ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

New Applicant to ETAS? ___ Yes, How Referred _____ ___ No How many years at ETAS? ___

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

PHONES: Cell: (____) _____ Home: (____) _____ Work: (____) _____

Primary Parent's Email: _____ Secondary Parent's Email: _____

Secondary Parent/Guardian Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

PHONES: Cell (____) _____ Home: (____) _____ Work: (____) _____

SCHOOL INFORMATION

School Attending: _____ Grade in Fall of **2019**: _____

Special Needs of Child (IEP)/Explain: _____

ACADEMIC INFORMATION RELEASE STATEMENT

I give permission for _____ (name of school) to release any information

on my child's homework assignments, grades, progress reports, report cards, and state-wide testing assessments to the staff at Elyria Teens Achieve Success in order to support my child's learning and academic growth. The school staff may also communicate with the ETAS staff.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS IF PARENTS/GUARDIANS CANNOT BE REACHED: (REQUIRED)

Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Phones: Cell: (____) _____ Home: (____) _____ Work: (____) _____

***phones listed here may not be placed on "do not disturb" while children are at ETAS - we need to be able to reach you!**

INSURANCE COMPANY INFORMATION: (REQUIRED)

Cardholder: _____ Physician's Name: _____

Insurance Company: _____ Policy Number: _____

MEDICAL AUTHORIZATION: (REQUIRED)

In the event a child becomes seriously ill or hurt while he or she is under ETAS supervision, a ETAS staff will first notify the child's parent/guardian, then the child's physician. However, if the ETAS staff is unable to locate such designees and considers immediate treatment necessary, then I, the undersigned parent/guardian, hereby authorize the staff

at Elyria Teens Achieve Success to take such emergency measures as seem reasonably necessary under the circumstances, including treatment and/or surgery by an available physician and/or in a nearby hospital.

Parent/Guardian Signature: _____ Date: _____

MEDICAL/HEALTH INFORMATION FOR PARTICIPANTS: (REQUIRED)

ETAS staff will not store medications or administer medications to participants.

What medications is your child taking?

Are immunizations up to date? ___Yes ___No Date of last Tetanus: _____

Has your child had any injuries/illnesses/operations in the past year? _____

Is your child currently under treatment or supervision?

Does your child have any allergies?

Does your child have restrictions in physical activities? ___ If so, why?

Are there any concerns that you would like to share concerning your child?

Doctor's Name: _____ Phone: (____)

Dentist's Name: _____ Phone: (____)

Hospital/Care Facility Preference:

RELEASE OF CHILDREN

Please be advised that at ETAS dismissal time, your child will be released to his/her parent/guardian or usual pick up person designated by the child's parent or legal guardian. If any other arrangements are desired or necessary, they must be communicated in advance and in writing to the ETAS Office. Once the child has been released to the parent/guardian or authorized pick up person, ETAS will bear no further responsibility.

Please list below the names of adults other than parent/guardian whom you authorize to pick up your child.

<u>First and Last Name of Adult</u>	<u>Relationship to Child</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

Please list below the names of **ANYONE NOT ALLOWED** to pick up your child.

_____	_____	_____
_____	_____	_____

TRANSPORTATION: How will your child arrive at SOC? How will your child leave SOC?

If you can drive your child to and from ETAS, please do. Our transportation van has limited seating and makes multiple trips but it is unrealistic to transport all children, especially children residing farther from ETAS.

Once a decision is made concerning riding the van, a parent must contact the ETAS Office at 440) 323-3272 to update their transportation plan.

Please let us know how your child plans to arrive at ETAS. (Check One)

- I will provide transportation for my child to ETAS daily.
- My child will ride on the ETAS van (if located within designated pickup area)

Please let us know how your child plans to go home from ETAS. (Check One)

***You may designate only 1 additional permitted drop off location for children and you must call ETAS offices by 4:00 PM to communicate a different drop off for children point on any given day.**

- I will provide transportation for my child home from ETAS daily.
- My child will be transported on the ETAS van.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RISK

RELEASE

I understand that my child’s participation in Elyria Teens Achieve Success’ programming is completely voluntary, and I have familiarized myself with the programs at Save Our Children of Elyria, Inc.

I understand that ETAS shall not be responsible or legally liable for any bodily injuries or the result thereof incurred and suffered by my child on any property of ETAS or while participating in any of ETAS’s activities. I understand that ETAS cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents or injuries. Furthermore, I recognize and have instructed my child in the importance in knowing and abiding by the program rules, regulations and procedures for the safety of all program participants.

Therefore, for myself, my spouse, and my child/children, I knowingly and voluntarily assume all risks involved in participating in the ETAS program. I do hereby release, indemnify and hold harmless Elyria Teens Achieve Success, Inc., its members, trustees, officers, employees, independent contractors, and agents from injury, loss of life or personal property that may occur as a result of participating in ETAS programs.

I have read, understand and accept all terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties throughout the duration of participation of my child/children in the ETAS programs.

FIELD TRIP
AUTHORIZATION

My child has my permission to participate in all of Elyria Teens Achieve Success field trips.

I understand that an Elyria Teens Achieve Success bus, van or vehicle contracted by the organization may be used for transportation on these trips.

In granting permission, I hereby release Elyria Teens Achieve Success, its employees, trustees, officers, agents, chaperones and the driver of the vehicle in which my child is traveling any liability connected with any of the trips. I further understand that by giving this permission, I need only notify Elyria Teens Achieve Success in writing if I do not wish my child to participate in weekly field trips

INTERNET ACCESS

Supervised access to computers and the Internet will be granted to students. By signing below, you authorize your child to access the Internet responsibly with supervision of Elyria Teens Achieve Success staff.

MEDIA RELEASE

I give my consent for ETAS, United Citizen Power and persons acting through the organization to take, reproduce and/or distribute photographs, films, videotapes, artwork, and sound recordings for printed and/or internet publicity.

I have read, understand, and accept all terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties throughout the duration of participation of my child/children in the ETAS programs.

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____ Date: _____

FAMILY DEMOGRAPHIC INFORMATION

This information is used for the purpose of providing statistical information to Save Our Children/ETAS funders. It is used anonymously, and no identifying information will be included in the reporting process. This information helps Save Our children to continue to offer high quality and FREE/LOW Cost programming and services.

RACIAL/ETHNIC BACKGROUND OF HOUSEHOLD

Black/African American Caucasian Hispanic/Latino
 Asian/Pacific Islander Native American Other

TOTAL SIZE OF HOUSEHOLD (Adults and Children) No. of Adults No. of Kids under 18

(List ages of ALL Children in household under 18)

EMPLOYMENT/TRANSPORTATION/OWNERSHIP How many adults in the household work?

How many adults work Full Time How many adults work Part Time

How many kids in the household under 18 work?

Do you have access to reliable transportation? Yes No Do you own a car? Yes
 No

Do you own or rent your home? Do you Rent to Own? Living with Relatives Rent Free?

PROGRAMS: Do you participate in the programs below: (Please check all that apply.)

Work Experience Program (WEP) Transitional Work Program
 Training Public Assistance/Welfare
 Job Search or other approved activity Section 8 Housing
 Free or Reduced Lunch for Children Other

HOUSEHOLD INCOME: (Please check one.)

1. Under \$5,000 6. \$20,000-\$29,999
2. \$5,000-7,499 7. \$30,000-\$39,999

- 3. \$7,500-\$9,999 _____
- 4. \$10,000-\$14,999 _____
- 5. \$15,000-\$19,999 _____

- 8. \$39,000-\$49,999 _____
- 9. over \$50,000 _____

EDUCATION

What is the highest level of education that the adults in the household have completed (write the relationship to child: mother, father, aunt, uncle, grandparent, etc.)?

- Middle School _____
- Junior High School _____
- High School _____
- GED _____

- Some College _____
- Associate's Degree _____
- Bachelor's Degree _____
- Other (list) _____
