



Save Our Children After School Program
2018/2019 Registration Form
330 2nd Street Elyria 440.323.3272

***This registration form must be completed in full or it will not be accepted for admission.

Date of Application: _____

PARTICIPANT INFORMATION: Please print clearly.

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

Address: _____ City: _____ Zip: _____

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

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name: _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

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

Work: (____) _____

E-mail: _____

Secondary Parent/Guardian Name: _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

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

Work: (____) _____

SCHOOL INFORMATION

School Attending: _____ Grade in Fall of **2018**: _____

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, IEPs, progress reports, report cards, and state-wide testing assessments to the staff at Save Our Children of Elyria, Inc., in order to support my child _____'s learning and academic growth. The school staff may also communicate with the SOC staff regarding my child.

Parent/Guardian Signature: _____ Date: _____

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

Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

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

Work: (____) _____

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 SOC supervision, a SOC staff will first notify the child's parent/guardian, then the child's physician. However, if the SOC staff is unable to locate such designees and considers immediate treatment necessary, then I, the undersigned parent/guardian, hereby authorize the staff at Save Our Children 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)

Save Our Children 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 SOC?

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 SOC 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 SOC Office. Once the child has been released to the parent/guardian or authorized pick up person, Save Our Children 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?

(Please list ONLY 2 addresses for your child for pick up and drop off from SOC vans.)

If you can drive your child to and from SOC, 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 SOC.

If a drop off or pick up address change must be made for any given day your child/children ride the van, a parent must contact the Save Our Children Office at 440) 323-3272 to update their transportation plan **24 hours in advance**. Do not call morning or afternoon of change.

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

I will provide transportation for my child to SOC daily.

My child will ride on the SOC van (if located within designated pickup area)

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

I will provide transportation for my child home from SOC daily.

My child will be transported on the SOC van.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RISK RELEASE

I understand that my child's participation in Save Our Children of Elyria, Inc.'s (SOC) programming is completely voluntary, and I have familiarized myself with the programs at Save Our Children of Elyria, Inc.

I understand that SOC 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 SOC or while participating in any of SOC's activities. I understand that SOC 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 SOC program. I do hereby release, indemnify and hold harmless Save Our Children of Elyria, 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 SOC 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 SOC programs.

FIELD TRIP AUTHORIZATION

My child has my permission to participate in all of Save Our Children field trip and I understand that a Save Our Children bus, van or vehicle contracted by the organization may be used for transportation on these trips.

In granting permission, I hereby release Save Our Children of Elyria, Inc., 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 Save Our Children of Elyria, Inc., 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 Save Our Children of Elyria, Inc., staff.

MEDIA RELEASE

I give my consent for SOC 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 SOC programs.

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

FAMILY DEMOGRAPHIC INFORMATION (REQUIRED)

This information is used for the purpose of providing statistical information to Save Our Children 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 reliable transportation? Yes No Do you own a car? Yes No

Do you own your home? Do you Rent? Do you rent to own?
Are you living 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 8. \$39,000-\$49,999
4. \$10,000-\$14,999 9. over \$50,000
5. \$15,000-\$19,999

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 Some College
Junior High School Associate's Degree
High School Bachelor's Degree
GED Other (list)