

Texas ACE  
 21<sup>st</sup> Century Community Learning Center  
 Registration Form 2018-2019

ACE OFFICE USE ONLY	
ACE Site #	_____
Copy attached to each student page?	_____
Student ID #s added at bottom?	_____
Date Entered	/ / Staff Initials

**HOUSEHOLD INFORMATION PAGE**  
 --- Fill out only ONE per family ---

Check boxes  if authorized to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

*In the event of an emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.*

1 <sup>st</sup> Emergency Contact (Last, First)	Phone/Pager	2 <sup>nd</sup> Emergency Contact (Last, First)	Phone/Pager	<input type="checkbox"/>
1. _____	_____	2. _____	_____	

**ADULTS AUTHORIZED TO PICK-UP STUDENTS:** Use the check box  to indicate which adults listed above are authorized to pick up the student(s) listed on the reverse side and/or below. To list additional adults authorized to pick up these students, use the boxes below. *If no adults are listed below, and no boxes checked, ONLY THE PARENT / GUARDIAN WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship

**Parent / Guardian Permission For ACE Activities**

**\*PLEASE READ CAREFULLY\***

*Must be signed by Parent/Guardian for student participants 18 and under*

I hereby give permission for the participant(s) listed below and on the reverse side to take part in Texas ACE activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I further give my consent to the school district and Texas ACE to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district and / or Texas ACE will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

(Optional – Please check box for consent) I also give my consent to the Texas ACE program to take the participant's photograph during program activities, to be used for education and public relations purposes.

I hereby certify that I have read and do understand the above information:

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

List ALL children from your household attending this Texas ACE Program:

Student Last Name	First Name	Age	Grade	ACE ID

