Texas ACE 21 <sup>st</sup> Century Community Learning Center Participant Registration Form 2022- 2023	ACE OFFICE USE ONLY ACE Site # ACE Bus # Date Entered in Computer //_ Data Staff Initials
****PLEASE PRINT****	Data Staff Initials
I participated in the ACE $21^{st}$ Century Program last year $\Box$ Yes $\Box$ No	Campus:
Participant Last Name Participant First Name	Middle Initial Participant Home Phone #
Home Street Address City	State Zip
Age Gender (M, F, N)	wo Part Question, Please Complete Both Sections)         ne)       □Hispanic/Latino or □ Not         remore, regardless of ethnicity):
SSN # or   Image: American Indian/A     Student ID #   Image: Black/African American Indian/A	Alaska Native (1) Asian (2)
Day School Attending in August 2022 Grade in Aug. 2022	Student receives: (check one)Free LunchReduced Price Lunch
Elementary School Homeroom Teacher's Name         Middle or High School Math Teacher's Name         Middle or High School English Teacher's Name	Student Primary Language
	ngle parent mother  Single parent father aardian  Other
This student will: walk home be picked up take city bus take H If transportation is provided by program, list closest corner stop to home:	H.I.S.D transportation (not available at all sites).
What extracurricular activities does this student participate in?	
Is there any medical reason why my child shall not participate in certain physic	ical activities? 🔲 No 📮 Yes
If yes, explain below:	
List below anything else (allergies, medications or special needs) that the sta	aff should know about your child.
**Parent or Guardian is responsible for notifying AC	CE staff of any changes**

## Texas ACE 21<sup>st</sup> Century Community Learning Center Registration Form 2022 - 2023

### HOUSEHOLD INFORMATION PAGE ---- Fill out only <u>ONE</u> per family ----

ACE OFFICE USE ONLY
ACE Site #\_\_\_\_\_

Copy attached to each student page?\_

Student ID #s added at bottom?

Date Entered / / Staff Initials

 $\checkmark$  if <u>authorized</u> to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	1
Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	

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	2nd Emergency Contact (Last, First)	Phone	
1.		2.		

ADULTS AUTHORIZED TO PICK-UP STUDENTS: Use the check box  $\checkmark$  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