

# STUDENT REGISTRATION FORM

PLEASE READ CAREFULLY AND PRINT CLEARLY.  
THIS REGISTRATION FORM MUST BE COMPLETED IN ITS ENTIRETY.

The following applies to the Houston Independent School District's, After School Programs Department:

SECTION I   SITE/CAMPUS OFFICE USE ONLY						
<b>DISTRICT</b>	HOUSTON ISD		<b>SCHOOL</b>			
<b>PROGRAM(S)</b>	AFTER SCHOOL PROGRAMS		<b>SCHOOL YEAR</b>			
<b>DATE OF ENROLLMENT</b>						
SECTION II   STUDENT INFORMATION						
List all children enrolling in the Afterschool Program(s).						
Name (Last, First)	Email	DOB	Grade	Gender	Race (African-American, White, Asian/Pacific Islander, Native American, Other)	Ethnicity (Hispanic or Non-Hispanic)
SECTION III   HEALTH INFORMATION						
Please complete this section for each child listed above.						
Name (Last, First)	Allergies	Medications	Accommodations	Health Problems	Participate in Recreational Activities?	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION IV   PARENT/GUARDIAN INFORMATION						
<b>Parent/Guardian Name</b>						
<b>Home Phone</b>		<b>Mobile Phone</b>		<b>Work Phone</b>		
<b>Home Address</b>				<b>Email</b>		
<b>Parent/Guardian Name</b>						
<b>Home Phone</b>		<b>Mobile Phone</b>		<b>Work Phone</b>		
<b>Home Address</b>				<b>Email</b>		

**Emergency Contact (other than above)**

**Home Phone**      **Mobile Phone**      **Work Phone**

**Home Address**

Child(ren) will only be released to a parent or a person designated by the parent/guardian after verification of ID. I hereby authorize the program to allow my child(ren) to leave ONLY with the following persons. Please list name and telephone number for each.

Name	Phone	Relationship to Child

**MY CHILD(REN) HAVE PERMISSION TO BE RELEASED TO THE CARE OF HIS/HER SIBLING(S) UNDER THE AGE OF 18 YEARS.**

**SECTION V | AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In case of an emergency, 911 will be contacted, and I hereby give consent for my child(ren) to be transported and administered emergency medical care. I understand I am responsible for payment of any expenses incurred. Listed below are my preferred medical providers.

<b>Physician</b>	<b>Phone</b>
<b>Address</b>	
<b>Dentist</b>	<b>Phone</b>
<b>Address</b>	
<b>Emergency Medical Care Facility</b>	<b>Phone</b>
<b>Address</b>	

**I GIVE CONSENT FOR THE PROGRAM TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD(REN).**

**SECTION VI | PARENT/GUARDIAN CONSENT**

For each section below, check the box(es) indicating whether you give your consent.

**TRANSPORTATION:**

My child/ren will:

- walk home.
- be picked up.
- take city bus.
- take H.I.S.D. transportation (not available at all sites).

**FIELD TRIPS:** I hereby  give  do not give - my consent for my child(ren) to participate in field trips, if any.

**RECEIPT OF WRITTEN OPERATIONAL POLICIES:**

I acknowledge receipt of the Afterschool Program and Partners' operational policies, including those for discipline and guidance.

**RECORDS:**

I acknowledge that my child(ren)'s immunization, vision, hearing, and other medical records are on file at the program campus/site, and I consent to Afterschool Program and partners to access and review those records.

**MEDIA/VIDEO RELEASE:** I hereby  give  do not give - my consent for the Afterschool Program and Partners to videotape/photograph/audiotape and/or allow the videotaping, photographing, and audio taping of my child(ren). It is my understanding that any photographs/interviews or portions thereof will be used for public view, including, but not limited to, promotional purposes, social media, etc., without financial remuneration to myself or to my child(ren), and I understand that this releases the Afterschool Program and Partners from any future claims as well as from any liability arising from the use of said photo/video/interview. Texas Education Code § 26.009(a)(2) requires that written consent be obtained from a child's parent before making a videotape of a child or recording a child's voice unless the video or recording is for the purpose of safety, a purpose related to a cocurricular or extracurricular activity, a purpose related to regular classroom instruction, or media coverage of the school. I further give my consent for my child(ren) to record him/herself and to upload recordings to virtual/electronic platform(s) used by the Afterschool Program and/or Partners.

**PARTICIPATION IN PROGRAM:** I grant permission for my child(ren) to participate in the Afterschool Program(s) including, but not necessarily limited to, 21<sup>st</sup> CCLC/Texas ACE program, and Partnership Programs, etc.

I understand that my child(ren) or I may be asked to complete survey information regarding any Afterschool sponsored program/classes for the purposes of program evaluation and program improvement. Questions may be related to any aspect of the Afterschool Programs, including school day events, and/or programming related to funding from 21<sup>st</sup> CCLC/Texas ACE, etc. I understand that completing these surveys is voluntary and that my child(ren) or I may decline to complete the surveys. I give permission for my child(ren)'s teacher to be surveyed **EVALUATION PARTICIPATION**

**AND CONSENT TO RELEASE:** regarding my child(ren)'s school performance and conduct, and I consent to the release of my child(ren)'s academic and other personally identifiable information to the Afterschool Program and Partners, including grades, student conduct, attendance records, standardized test scores for the reporting of required performance measures and for evaluation purposes and health/medical information requested by the Afterschool Program and/or Partners. I understand that my child(ren) may be administered pre/post assessments to identify areas of academic need and for evaluation purposes. I understand that all data collected will be kept under secure conditions in accordance with Family Educational Rights and Privacy Act (FERPA) regulations, and as such will be kept strictly confidential and destroyed when no longer needed. For high school students, I consent to Afterschool Program and Partners communicating with my child(ren) via email.

I hereby give permission for the participant(s) listed above and on the reverse side to take part in the Afterschool Programs 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 the Afterschool Programs 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 the Afterschool Program 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.

**SECTION VII | PARENT/GUARDIAN SIGNATURE**

A parent/guardian signature indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application. If signing electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this Consent and is legally binding.

**ELECTRONIC SIGNATURE:** The parties agree to conduct business electronically pursuant to the Texas Uniform Electronic Transactions Act and the federal Electronic Signatures in Global and National Commerce Act in connection with this Student Registration Form, including, but not limited to, the use of electronic signature, delivery, and retention, which shall have the same force and effect as handwritten signature of a paper document and physical delivery and retention thereof. Each party hereby waives any objection to the validity, admissibility, or enforceability of an electronically sign, delivered, or retained copy of this Student Registration Form, or any document executed in connection with this Agreement, on the basis that such document was electronically signed, delivered, or retained.

<b>PARENT/ GUARDIAN</b>		<b>DATE</b>	
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