

CONFIDENTIAL

Department of Education-21st Century Grant-Allamakee Community Schools-Upper Iowa University COMMUNITY CONNECTIONS – AFTER-SCHOOL-REGISTRATION FORM 2016-2017 Date_____

Student's Name_____ Gender Male___ Female___ (Check One)

Grade_____ Birthdate_____ Age_____

School Building_____ Teacher_____

Address_____ City_____ Zip_____

Father/Guardian Name_____ Mother/Guardian Name_____

Father/Guardian Home Phone_____ Cell Phone_____

Mother/Guardian Home Phone_____ Cell Phone_____

Father/Guardian Place of Employment_____ Work Phone_____

Mother/Guardian Place of Employment_____ Work Phone_____

Student resides with_____

E-mail address_____ I give permission for Kid's Club to send information (reminders, calendars, updates, parent letters, etc.) via my e-mail. Yes_____ No_____

Day's my child will be attending: ___ M ___ T ___ W ___ Th ___ F

My child will be picked up_____ (or) My child may sign out on their own at _____(time)

Please fill out the Free and reduced Lunch Form as this form helps with other avenues, including program funding

Please list 3 contact names and phone numbers (home, work, & cell phone, if necessary) of people who have permission to pick up your child/children or can be contacted in the case of an emergency:

1. Name_____ Phone_____ Relationship_____
2. Name_____ Phone_____ Relationship_____
3. Name_____ Phone_____ Relationship_____

***You must contact the after-school coordinator if your child is to go home with someone other than on this form. Please call or send a note to the after -school coordinator with any changes in who picks up your child/children

If the After-School Program is cancelled due to weather related problems, please list what your child should do.

Place to go: _____ Phone_____

Walk to: _____ Ride bus#:_____

List more information if needed_____

I have signed-up for the "Snowcap" contact ___ Yes ___ No

I will call the school to let them know what my child should do.

Please let us know by phone call or a note any changes in your child's schedule.

Allergies: ___ Insect Bites ___ Food- please specify: _____

Other Allergies: _____

Medications: _____

Please answer the following statements:

Yes No I agree to hold harmless the Allamakee community School District, the Community Connections, its directors, staff and volunteers and any agents thereof for any injury of participants in the program. In the event of a personal injury to a participant I hereby waive any and all claims against any person who is involved in transportation of the participant of behalf of the Community connections and/ or the ACSD

Yes No I give permission for my child/children to participate in any field trips associated with Community Connections

Yes No I give permission for my child/children to ride a bus for community Connections Activities

Yes No I give permission for my child/children to participate in Community Connections Surveys, focus groups and interviews for the program.

Yes No I understand that Community Connections is only responsible for my child/children during time that my child/children is signed in and registered at their site.

Reminder! Participation in the After-School program is contingent upon the student's behavior. Student participation in the After-School Program may be denied and parents may be asked to pick-up their child if the guidelines, including chronic lateness to check in and out are not followed. Also homework is a priority with us. Please let us know your priority ie. Homework, social or any other information we should know _____

I (parent/guardian) certify that the above information is correct and will contact the Community Connections Staff if any of the above information changes (especially phone numbers and address changes).

Parent/guardian signature _____ **Date** _____

1. It is the policy of the Allamakee Community School District not to illegally discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator, Gretchen DeVore, Director of Curriculum and School Improvement, 1059 3rd Ave. NW, Waukon, Iowa 52172, 563-568-3466#2505, gdevore@allamakee.k12.ia.us