# INMAN AFTER SCHOOL PROGRAM

**Student Enrollment Form**

## Student Information

Legal Name _____ Preferred Name _____

DOB _____/_____/_____ Gender M/F Grade Level _____

Race: African American / American Native / Alaska Native / Asian / Native Hawaiian / Hispanic

Pacific Islander / White

T-Shirt Size Youth _____ Adult _____

Parent/Guardian Student resides with _____

Home Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Home Phone (_____) _____ Student Cell Phone (_____) _____

Home E-Mail _____

Names/Grade Levels of Siblings

_____ _____

_____ _____

_____ _____

## Parent/Guardian Information

Parent #1 _____ Phone No. (_____) _____

Relationship to Student _____ Live with student at physical address ☐ Yes ☐ No

Employer _____

Work E-Mail _____ Work Phone No. (_____) _____

Parent #2 _____ Phone No. (_____) _____

Relationship to Student _____ Live with student at physical address ☐ Yes ☐ No

Employer _____

Work E-Mail _____ Work Phone No. (_____) _____

Parent #3 _____ Phone No. (_____) _____

Relationship to Student _____ Live with student at physical address ☐ Yes ☐ No

Employer _____

Work E-Mail _____ Work Phone No. (_____) _____

Parent #4 _____ Phone No. (_____) _____

Relationship to Student _____ Live with student at physical address ☐ Yes ☐ No

Employer _____

Work E-Mail _____ Work Phone No. (_____) _____

Child Name: _____

## Additional STUDENT EMERGENCY CONTACT INFORMATION (non-parent/guardian)

Other Emergency Contact _____

Relationship to Student _____ Phone No. (_____) _____

Other Emergency Contact _____

Relationship to Student _____ Phone No. (_____) _____

Other Emergency Contact _____

Relationship to Student _____ Phone No. (_____) _____

**Days attending program:**

☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

# Inman After School Program Pick-up Authorization Form

Child's Name _____

Parent/Legal Guardian _____

Please list any individual you wish to authorize to pick up your child from our program this school year. If you need to make changes to this list, please contact us and keep the list current. Appropriate ID must be shown at pick up.

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any individual NOT authorized to pick up your child from the after-school program.

1. _____
2. _____

I, _____, attest that I have filled out the above information. I understand that I must give prior notice to the Inman After School Program if anyone other than the above-listed individuals is to pick up my child.

Parent Signature _____ Date _____

## Inman After School Program Activity/Photo Release

I, _____, the undersigned parent or legal guardian of _____, do hereby give my permission for my child to participate in the scheduled activities of Inman After School Program. Furthermore, I hereby release and discharge Inman After School Program, and its authorized representatives, board members, council members, and professional or volunteer staff from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned program, its authorized representatives, board members, council members, and professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident or medical emergency, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

*I give the Inman After School Program permission to photograph my child participating in the After School Program activities and use those photographs in promotional materials for the program.*

_____ *(Please initial)*

Parent Signature _____ Date _____

## Inman After School Program Parent Handbook Acknowledgment

I, _____, the undersigned parent/guardian of _____, have received and reviewed the parent handbook for the Inman After School Program. I agree to/understand the following:

- I understand the rules and regulations of the Inman After School Program and will help my child to follow them.
- I understand that if I have any questions about the rules and regulations and how they are applied, I may ask a staff member at any time.
- I understand that the Inman After School Program provides a snack as part of the program, and that I will notify the staff of my child's food allergies.
- I understand that my child will not be allowed to leave the building unless I, or a person I have designated ahead of time, have signed him/her out.
- I understand that I must provide written authorization in order for Inman After School staff to dispense medication to my child.
- I understand that it is my responsibility to keep my child's records current to reflect any significant changes as they occur.
- I understand that I will be informed of any incidents, including illness, injury, exposure to communicable disease, and behavioral problems, that include my child.

Parent Signature _____ Date _____

## Health Information

If my child has a minor issue, such as headache, I give Inman After School Program staff permission to give children's over-the-counter medication such as Tylenol or Advil to my child.

(Parent signature) _____