

## **A.C.E. AFTER-SCHOOL PROGRAM Dobie**

REGISTRATION FORM- 2016-2017

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| **Student information** |
| **Student Name:** | Race/Ethnicity: |
| AISD Student Number: | Grade: | Age: |
| Date of birth: | Social Security #: | Gender: M or F |
| Home Phone #: | Student Phone #: | Other #: |
| Homeroom Teacher: (Elementary) |
| Siblings: (attending this school) |
| **Parent/legal guardian information** |
| **Mother/Legal Guardian:** |
| Address: | City: | State: | ZIP Code: |
| Home Phone #: | Cell Phone#: | Work Phone #: |
| Email:  |
| **Father/Legal Guardian Name:** |
| Address: | City: | State: | ZIP Code: |
| Home Phone #: | Cell Phone#: | Work Phone #: |
| Email: |
| **Transportation** |
| **How will your child get home after the program ends?** |
| **□** School Bus  | **□** City Bus | **□** Walk | **□** Get Picked Up |
| **Other persons authorized to pick-up students:** |
| Name: | Relationship: | Phone #: |
| Name: | Relationship: | Phone #: |
| **Emergency information** |
| **Contact in case of emergency if parents cannot be reached:** |
| Name: | Relationship | Phone # |
| **List below anything else (allergies, medications, or special needs) that the staff should know about your child.** |
| 1. | 2. | 3. |

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| **Consent- please read carefully**  |
| I hereby give permission for the participant listed on this application to take part in the A.C.E. Austin 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 contact the parents/guardians. If necessary, staff will call 911. I understand that I will be responsible for any transportation charges and medical expenses incurred.I understand that all AISD policies and procedures apply to the A.C.E. Afterschool Program. My child is expected to behave appropriately at all times and follow school rules. I also acknowledge that I have received the*Parent Handbook*, which describes the A.C.E. Austin Behavior Management Policy in more detail.I further give my consent to the school district and ACE Austin 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 A.C.E. Austin 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. |
| **Vendor and/or partner information sharing** |
| A.C.E. Austin contracts with non AISD organizations to provide afterschool activities. I give the afterschool staff permission to release my child’s student ID # to AISD’s contracted program providers for the purpose of assessing program effectiveness. Only aggregated data (i.e. information regarding state test scores, attendance, behavior, etc. for all the students in the program) will be examined. **No data specifically connected to your student will be identified.** The providers for this program are Abrakadoodle, Active Life, AAMB Harvest Foundation, An Dang, Annie Bradley Art, Austin Community Steelband, Austin Film Society, Badgerdog, Boys & Girls Club, Camp Fire, Cine Las Americas, College Forward, Creative Action, GENaustin, Girls Inc, Girl Scouts, Golf in Schools, Greater Austin First Tee, James Richardson, Keep Austin Beautiful, Latinitas, LaunchPad, Leap of Joy, Life Changers, Links Foundation, Media Communications Council, New Horizons Lacrosse, Phoenix Arising, Sustainable Food Center, Texas Agrilife Extension Services, Texas Network of Youth Services, The Ghisallo Foundation, Beehive, Changing Expectations and The Overton Group. **Please check box for consent □** |
| **Photo and video release** |
| I give A.C.E. Austin my consent to take photographs and/or video recordings of my son or daughter during program activities. Photos and video recordings are to be used for educational and public relations purposes only. **Please check box for consent □** |
| **Signature** |
| **I am the parent/legal guardian of the minor named above and have legal authority to execute this consent & release.** Grievances related to the program may be addressed with the Site Coordinator, the ACE Director (512-414-0125) or the school principal. For unresolved matters, please refer to AISD’s Student Handbook for additional resources and/or [www.austinisd.org](http://www.austinisd.org) for school district protocol. |
| **Parent Signature:** | **Date:** |
| Registration by phone: (for secondary school only)Site Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |