



Parent/guardian will be notified when enrollment is approved.



### 21<sup>st</sup> CENTURY AFTERSCHOOL PROGRAM 2016-17 REGISTRATION FORM-ELEMENTARY SCHOOLS

NAME OF STUDENT: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_  
STREET ADDRESS: (street) \_\_\_\_\_ (apt #) \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (age) \_\_\_\_\_  
GENDER: (male) \_\_\_\_\_ (female) \_\_\_\_\_ RACE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
STUDENT ID #: \_\_\_\_\_ PRIMARY LANGUAGE: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_  
SIBLINGS/GRADE: \_\_\_\_\_

**FATHER/LEGAL GUARDIAN (name)** \_\_\_\_\_  
ADDRESS (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip) \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ (work phone) \_\_\_\_\_  
CONTACT (home phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_ (email) \_\_\_\_\_  
PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED (hm phone) \_\_ (wk phone) \_\_ (cell/text) \_\_ (email) \_\_

**MOTHER/LEGAL GUARDIAN (name)** \_\_\_\_\_  
ADDRESS (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip) \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ (work phone) \_\_\_\_\_  
CONTACT (home phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_ (email) \_\_\_\_\_  
PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED (hm phone) \_\_ (wk phone) \_\_ (cell/text) \_\_ (email) \_\_

**HOW DOES YOUR CHILD NORMALLY GET HOME?**  
(school bus) \_\_\_\_\_ (walk) \_\_\_\_\_ (gets picked up) \_\_\_\_\_ (other): \_\_\_\_\_

**WHO HAS PERMISSION TO PICK YOUR CHILD UP AT THE END OF THE DAY, BESIDES YOURSELF?**  
(name/relationship) \_\_\_\_\_ (phone) \_\_\_\_\_  
(name/relationship) \_\_\_\_\_ (phone) \_\_\_\_\_

I understand that if my child is supposed to be picked up and is not by the end of programming, the afterschool staff may call YISD Security or the El Paso Police Department. After three late pick-ups, my child may be excused from the program.

**MEDICAL INFORMATION:** Please list any special problems your child may have, such as allergies, illnesses, prescribed medications, serious injuries, and/or hospitalizations:  
\_\_\_\_\_  
\_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_ **DOCTOR'S PHONE:** \_\_\_\_\_  
**DOCTOR'S ADDRESS:** (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip) \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:** In case my child has an accident or sudden illness, and in the event I cannot be reached by phone, I hereby authorize a representative of YISD to refer my child to the physician named above or seek appropriate medical care. YISD cannot be held responsible for any cost incurred:

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ (date) \_\_\_\_\_

**CONTACT IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED:**  
(name/relationship) \_\_\_\_\_ (phone) \_\_\_\_\_  
(name/relationship) \_\_\_\_\_ (phone) \_\_\_\_\_

**TURN OVER & COMPLETE BACK SIDE**

AUTHORIZATIONS FOR (name of child): \_\_\_\_\_

**PLEASE READ RELEASES**

- \* I understand and agree that neither the program nor its employees and volunteers are responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the child on any program property or in connection with any program activities.
- \* I give the afterschool staff permission to access school records (grades, attendance, behavior, etc) about my child to better serve his/her needs.
- \* I give the afterschool staff permission to release my child's student ID # to YISD's program providers for the purpose of assessing program effectiveness. Only group data (i.e. information regarding grades, attendance, behavior, etc for all the students in the program) will be examined, no data specifically connected to your student will be identified.
- \* I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and will be used for the purpose indicated.
- \* I understand that if my child is absent from the afterschool program, I will receive a phone call notifying me of the absence unless I have already given notice that my child is not going to attend the program.
- \* I understand that if I have any questions about these releases, I can ask my program site coordinator.
- \* **I will allow my child to be photographed and/or video taped while engaged in program activities and for those images to be used for publicity and/or recruitment purposes.** YES \_\_\_\_\_ NO \_\_\_\_\_
- \* **I am interested in volunteering with the afterschool program.** YES \_\_\_\_\_ NO \_\_\_\_\_

**I AGREE TO THE ABOVE STATEMENTS**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE READ AND INITIAL BEHAVIOR MANAGEMENT POLICY**

Your child is expected to behave appropriately at all times and follow the rules of \_\_\_\_\_  
(name of school)

\_\_\_\_\_ I understand that if my child does not follow the rules he or she will receive a verbal warning.

\_\_\_\_\_ I understand that if the misbehavior continues, I will receive a phone call about my child.

\_\_\_\_\_ I understand that if the problem continues, my child will be dismissed from the program.

\_\_\_\_\_ **I understand that fighting and/or inappropriate sexual behavior may result in immediate dismissal from the program.**

**DO YOU HAVE ANY COMMENTS OR SUGGESTIONS?** \_\_\_\_\_

***ALL INFORMATION IS COMPLETELY CONFIDENTIAL***

I am the parent or legal guardian of the minor named above and have legal authority to execute this consent and release.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***THANK YOU! WE LOOK FORWARD TO THIS YEAR!!***

**21<sup>st</sup> Century Community Learning Center / Texas Afterschool Centers on Education (ACE)  
Afterschool Program**

**PARENTAL AGREEMENT OF ATTENDANCE / PROGRAM RULES:**

I understand that the 21<sup>st</sup> Century Community Learning Center/Texas ACE program is an afterschool academic and enrichment program that is federally-funded and is offered *free of charge* to students requiring academic support. Once enrolled, the child is expected to attend each program day for the full program period of time. Space is limited and I understand that should my child/children fail to regularly attend the full program schedule, they may be withdrawn from the program to allow other student(s) an opportunity to benefit from the program's activities. I further understand that attendance is regularly monitored to ensure that attendance expectations are met.

1. Parents/Guardians are responsible for picking up their students at 5:45 p.m. Monday-Thursday. No Exceptions.
2. Parents/Guardians must go into the building to sign their students out of the program and a valid driver's license is required.
3. If a child is to be picked up by someone other than those listed on the release form, the program must be notified in writing from the parent/guardian in advance of the day in question. When the temporary pick-up person arrives, a copy of their driver's license will be required before the student is released.
4. **At least one parent/guardian will be required to attend 2 mandatory parent information meetings (September and January). Parents are also asked to volunteer for at least 2 hours per semester in the program or attend 2 parent events (open house, showcase, literacy night, workshops, etc.). Light snacks and childcare will be provided.**
5. **Changes in address or contact number(s) must be reported to the school and the after school program immediately to ensure the safety of children in case of emergency.**
6. Student will respect themselves and others. Fighting will not be tolerated.
7. Student will use positive language. Foul language or other inappropriate language will not be tolerated.
8. Students will follow all staff instructions. Student must remain with staff members in designated activity/program areas until parent or authorized pick-up person/transportation arrives.
9. Student should take pride in themselves and their environment, strive to keep activity areas clean, take care of facilities and materials.
10. Policies and procedures stated in the YISD Student Code of Conduct will be followed and supported by all staff, students, and parents.

**NOTE: THE SITE COORDINATOR, PRINCIPAL, AND/OR PROGRAM DIRECTOR MAY, AT ANY TIME, WITHDRAW A STUDENT FROM THE PROGRAM FOR ANY OF THE FOLLOWING REASONS:**

1. Failure to meet appropriate behavior standards by student or parent/guardian.
2. Refusal to follow program and district procedures and rules, and the Ysleta ISD Code of Conduct.
3. Failure of student or parent to meet attendance expectations.
4. Child's needs cannot be met by the program.
5. Persistent late pick-up

I/We, \_\_\_\_\_, understand and agree that in signing this form, I/we agree to the following:  
a) to follow the above rules as well as all policies referenced for the duration of the time that my/our student, \_\_\_\_\_ is involved with the after-school program, b) I/we understand and agree that the aforementioned discipline policy will be used in the after school program. I/we will enforce this policy at home, so as not to undermine the effectiveness of discipline in the program, c) If I/we do not follow these rules, I/we understand that my/our student's participation in the after school program may be terminated. I/we also understand that signing this form implies that I/we have read, understand, and agree to comply with the policies and procedures stated in the YISD Student Code of Conduct.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date