



Power School Afterschool - Summer Program

Registration 2017

Date today: _____

STUDENT'S INFORMATION

Child's Name: _____ Child's Nickname(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Age Today: _____

Grade: (Circle one) K 1 2 3 4 5 6 7 8 Gender: (Circle one) Male Female

Child's School: _____ Child's Teacher: _____

Primary Language spoken at home: _____

How long has your child lived in the United States? _____

PARENTS/GUARDIAN INFORMATION

Name _____

Address (if different) _____

City/State/Zip _____

E-Mail _____

Home Phone # _____

Cell Phone # _____

Name _____

Address (if different) _____

City/State/Zip _____

E-Mail _____

Home Phone # _____

Cell Phone # _____

How did you hear about us? _____

It is important that our students plan to attend the Power School every day. If they miss a day, they miss valuable lessons that will disrupt the learning process.

Parent/Guardian Signature: _____ **Date:** _____



Power School Afterschool - Summer Program

EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Birth Date: ____/____/____

Child's Physician/Clinic Name: _____

Physician's Address: _____ Physician's Phone: _____

Does your child have any Allergies, Dietary Restrictions or other Health Conditions? Yes No

Description of Reaction

(If None, please put N/A)

Allergies	
Dietary Restrictions	
Other Health Conditions	

Is there any other important medical information we should know about your child?

EMERGENCY CONTACTS

Parent/Guardian to be contacted first:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

If the above Parent/Guardian cannot be reached, contact one of these Authorized Adults:

1) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

3) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

In the case of an emergency if neither of the above Parent/Guardians can be reached, I give permission for Power School staff to contact any of the Authorized Adults listed above.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Power School to transport my child to the nearest medical facility and ensure my child receives necessary medical treatment.

****Parent/Guardian Signature:** _____ **Date:** _____



Power School Afterschool - Summer Program

PARENTAL PERMISSION SHEET (Please circle **Yes** or **No** for each section)

Yes No PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR VIDEO TAPED:

I give permission for my child to be photographed or videotaped while attending POWER SCHOOL for the purpose of promotion materials, such as flyers, newspaper, newsletters, our website, and/or Facebook account.

Yes No ASSESSMENT / EVALUATION: In order to evaluate and strengthen the quality of programs, I give permission for POWER SCHOOL to utilize assessment and evaluation tools. I understand that all data will be kept anonymous, and shared only with parents and teaching staff.

Yes No OFF-SITE ACTIVITIES AUTHORIZATION: Field Trips. POWER SCHOOL offers enrichment activities where the children and staff leave the POWER SCHOOL premises. I give permission for my child to join the group using POWER SCHOOL transportation to travel to a field trip destination.

You may use this space to share any other important information about your child:

PARENT PICK UP POLICIES & RELEASE CONSENT

- I understand that Power School staff will transport my children.
- Children will be returned to the location where they were picked up unless the parent has called the Power School office to ask for a drop-off at a different location.
- Any changes to the authorized individuals listed below must be made in writing.

****Parent/Guardian Signature:** _____ **Date:** _____

