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| masthead-for-reg.tif | Kaler Elementary School  2018-2019 Registration Form |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_ DoB: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Method of Contact (non emergency): Phone Call** **; Text Message**  **; Email** 

Additional Contact(s): Please list name and phone numbers of any other adults who can be contacted regarding your child for dismissal or behavior needs.

Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email is used for program announcements and communications with staff. It will not be shared and will be kept confidential.

**Medical Information:** Please list any medical needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child carry an Epi Pen? Yes  No  Does your child carry an inhaler? Yes  No 

\*\* If Medication needs to be taken during program hours, please contact the site coordinator. LearningWorks Afterschool does not have access to the school medial information or supplies.

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation:** LearningWorks will provide **free** transportation through the South Portland School District.   
  
Transportation home: Bus drop-off  ; Parent Pick-Up\* 

\*parent agrees to pick up by the program end time of 5:30.

**Sessions:** We are providing 3 sessions of LearningWorks After School “21 Club”, aligning with South Portland’s trimester system. Exact dates are still to be determined.

* Session 1: Fall (September - December) 
* Session 2: Winter (January – mid-March) 
* Session 3: Spring (mid-March – June) 

**Program Releases: listed on back.**

**Please read the program releases on back, and sign on the signature line. Your child cannot begin our program without your signature. If you have any concerns, please contact the Director of LearningWorks After School South Portland, Katy Bizier, kbizier@learningworks.me, or 207-775-0105 x174.**

**Program Releases:** Please read and sign the releases and permission forms that are required to attend the program.

* I give permission for my child to attend LearningWorks-21 Club.
* I give permission for my child to participate in field trips off school property during program hours.
* I give permission for emergency medical treatment to be given to my child if I cannot be reached by phone.
* In consideration for being allowed participant privileges in the LearningWorks 21st CCLC Program, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment heron. I understand that this program includes physical activity (including swimming) and I also understand that any program or sport that includes such activity carries with it an inherent risk of physical injury. I further agree to hold harmless the LearningWorks 21st CCLC program, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the LearningWorks/21st CCLC Program and South Portland School Department and its partners is binding on me and my heirs, personal representatives, successors, and assigns.
* I give permission to LearningWorks to give and receive information (academic progress, demographic, free and reduced lunch status, special services, MEDMS #, and behavior) of my child for the purposes reporting requirements to our funders and of coordination of services with the staff at the school and at LearningWorks.
* I hereby consent to the use of my child’s name, likeness and speech in any audio tape, video tape, film or photograph made in any LearningWorks Program activity for the business or publicity purposes of the program and its partners. I expressly release LearningWorks and its licensees, assignees, affiliates and successors from any privacy, defamation, or other partners have arising out of web publication, broadcast, exhibition, publication, or promotion of this program

**PARENT/GUARDIAN MUST SIGN: (X) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Note: It will take a few days to process your registration for our program. Upon receiving the form, our Director or Site Coordinator will contact you to confirm your child’s enrollment and to give you a starting date.**