

AVENUE 941

AFTER-SCHOOL REGISTRATION FORM

STEP ONE
Child Information

**Today's
Date:**

Day Month Year

NAME of Child:

Birthday:

Day Month Year

Grade:

School:

Allergies:

Academic & other Needs/Concerns:

If filling out online, all boxes require text. If the box does not apply to you, please put NA in the box. Thank you.

NAME of Child:

Birthday:

Day Month Year

Grade:

School:

Allergies:

Academic & other Needs/Concerns:

STEP ONE: Child Information

If filling out online, all boxes require text. If the box does not apply to you, please put NA in the box. Thank you.

NAME of Child:

Birthday:

Day Month Year

Grade:

School:

Allergies:

Academic & other Needs/Concerns:

Is there any other information you'd like to share about your child/children?:

STEP TWO: Emergency Contact Information

Please Note:

Parents cannot be listed as emergency contacts. List the names of two people who can be contacted in the event of an emergency or illness, if you cannot be reached. Any person (at least 18 years of age) listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted.

Name: _____ **Relationship to Child:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone #: _____ **Phone #:** _____

If filling out online, all boxes require text. If the box does not apply to you, please put NA in the box. Thank you.

Name: _____ **Relationship to Child:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone #: _____ **Phone #:** _____

If filling out online, all boxes require text. If the box does not apply to you, please put NA in the box. Thank you.

Please list any additional emergency contacts: **Name:** _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

STEP THREE: Responsible Party Information

Name: _____ **Relationship to Child:** _____

Marital Status: Married Single Divorced Engaged Other

Birthdate: _____ **Email:** _____

 Day Month Year

City: _____ **State:** _____ **ZIP:** _____

Cell Phone #: _____ **Phone #:** _____

Name of Workplace: _____

Workplace Address: _____

STEP THREE: Responsible Party Spouse Information

If filling out online, all boxes require text. If the box does not apply to you, please put NA in the box. Thank you.

Name: _____ **Relationship to Child:** _____

Marital Status: Married Single Divorced Engaged Other

Birthdate: _____ **Email:** _____

 Day Month Year

City: _____ **State:** _____ **ZIP:** _____

Cell Phone #: _____ **Phone #:** _____

Name of Workplace: _____

Workplace Address: _____

STEP FOUR: Authorization to Pick Up Child/Children

For safety purposes, I understand that I must present a valid ID--not expired-- picture identification (Driver's License, State ID Card, Passport or official ID card from country of origin) in order to pick up my child from St Stephens AME Church or any AVENUE941 location once they are checked in.

Responsible

Party Signature:

Printed Name:

Please let us know of any concerns:

(Ex: Legal, Unauthorized, Custody, etc.)

STEP FOUR: Additional Adults Authorized to pick up Child/Children (Valid Photo ID required for pickup)

If filling out online, all boxes require text. If the box does not apply to you, please put NA in the box. Thank you.

Name:

**Relationship
to Child:**

Cell Phone #:

Phone #:

Name:

**Relationship
to Child:**

Cell Phone #:

Phone #:

Name:

**Relationship
to Child:**

Cell Phone #:

Phone #:

STEP FIVE: Parent Consent Forms:

As the Parent or legal guardian of , I hereby give permission for my child to participate in The Bradenton Dream Center After-School Program. I release the staff and volunteers of liability for injuries incurred while participating in the program. I acknowledge that in any program involving activities and exploration, risks are involved. I have discussed safety issues with my child and understand that my child is responsible for following the behavior guidelines outlined by The Bradenton Dream Center.

By signing below, I am stating that I have read and understand.

**Responsible
Party Signature:**

Printed Name:

**Today's
Date:**

Day Month Year

Continue to next page for Medical Consent Form. Thank you.

STEP SIX: Medical Consent Form:

Each child attending needs a separate medical form. Please duplicate this form for siblings attending.

**Doctor's First
and Last Name:**

Phone #:

**Preferred
Hospital:**

**Allergies and/or
Medical
Conditions:**
(if none, put NA)

The staff of The Bradenton Dream Center is not permitted under Florida law to dispense any prescription or over-the counter medication even if it's prescribed to the child.

I understand:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for (hereafter "Designated Adult" or "Adult First Responder" at of The Bradenton Dream Center) to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult (or Adult First Responder at The Bradenton Dream Center) to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that, as the Parent/Legal Guardian, I am responsible for all incurred medical costs, and that neither The Bradenton Dream Center, nor its sponsors, can be held liable for any injuries or damage incurred. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

By signing below, I am stating that I have read and understand.

**Responsible
Party Signature:**

**Today's
Date:**

Day Month Year

STEP SEVEN: Transportation, Photo Release Consent:

TRANSPORTATION:

I hereby give my child permission to be picked up from school by the Bradenton Dream Center. I also give my child permission to travel on local field trips with The Bradenton Dream Center.

**Responsible
Party Signature:**

**Today's
Date:**

Day Month Year

PHOTO RELEASE:

For internal and external use, I acknowledge that the Bradenton Dream Center After School Program and/or its sponsors may utilize film, print, and digital images of a student or family, which may be taken during involvement in The Bradenton Dream Center After School Program activities. I consent to such uses and hereby waive all rights to compensation.

**Responsible
Party Signature:**

**Today's
Date:**

Day Month Year

Continue to next page for Use of Internet Consent and Safety Form. Thank you.

STEP EIGHT: Use of Internet Consent and Safety

Internet As new technologies continue to change the world in which we live, they also provide many new and positive educational benefits for academic instruction. To encourage this growth, students will be using technology for educational purposes, provided they return this permission form. Only the internet gateway provided by The Bradenton Dream Center may be accessed while on campus. Personal internet connective devices such as, but not limited to, cell phones / cell network adapters are not permitted to be used to access outside internet sources at any time. Security and Damages Responsibility to keep the device secure rests with the individual owner. BDC is not liable for any device stolen or damaged on campus. If a device is stolen or damaged, it will be handled through the administrative office similar to other personal artifacts that are impacted in similar situations. It is recommended that skins (decals) and other custom touches are used to physically identify your device from others.

The use of technology to provide educational material is not a necessity but a privilege. A student does not have the right to use his or her laptop, cell phone, or other electronic device while at BDC. When abused, privileges will be taken away. When respected, they will benefit the learning environment as a whole.

Technology may not be used to cheat on assignments or tests, or for non-instructional purposes (such as making personal phone calls and text/instant messaging). May not be used to record, transmit or post photographic images or video of a person, or persons on campus during school activities and/or hours. May only be used to access files on computer or Internet sites which are relevant to the classroom curriculum. Games are not permitted unless they are a part of the structured lesson for review.

Students acknowledge that: Bringing on premises or infecting the network with a Virus, Trojan, or program designed to damage, alter, destroy, or provide access to unauthorized data or information is in violation of Policy IFBG. Processing or accessing information on school property related to “hacking”, altering, or bypassing network security policies is in violation of Bradenton Dream Center has the right to collect and examine any devices that is suspected of causing problems or was the source or an attack or virus infection. Printing from personal laptops will not be possible at BDC.

I understand and will abide by the above policy and guidelines. I further understand that any violation is unethical and may result in the loss of my network and/or laptop privileges as well as any other disciplinary action.

Student
Signature:

Responsible
Party Signature:

Today's
Date:

Day Month Year