



2020-2021 South End 21 After School Program Registration

STUDENT INFORMATION		
LAST NAME:	FIRST NAME & MIDDLE INITIAL:	STUDENT EMAIL ADDRESS:
DATE OF BIRTH:	GRADE:	TEACHER:
ADDRESS:		
RACE (White, Hispanic, African American, Two or More Races):		
PARENT/ GUARDIAN INFORMATION		
LAST NAME:	FIRST NAME:	PHONE NUMBER:
ADDRESS:		INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____
EMAIL ADDRESS:		
RELATIONSHIP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER: _____		
LAST NAME:	FIRST NAME:	PHONE NUMBER:
ADDRESS:		INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____
EMAIL ADDRESS:		
RELATIONSHIP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER: _____		
EMERGENCY CONTACT		
Please list at least (2) persons that we may contact if you are unavailable in case of an emergency.		
#1 RELATIONSHIP: <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER: _____		
NAME:	PHONE:	INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____

The 21st Century Community Learning Centers after-school program is funded by a federal grant from the U.S. Department of Education and administered by the Maryland State Department of Education.

For more information, visit: <http://www.marylandpublicschools.org/programs/Pages/21st-CCLC>

#2 RELATIONSHIP: <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER: _____		
NAME: 	PHONE: 	INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____
DISMISSAL PLAN		
Please select how your child is to be dismissed: Students will not be allowed to leave with anyone without written authorization from a parent/ guardian. Also, please let us know if there is someone that is <u>prohibited</u> from picking up your child.		
<input type="checkbox"/> BUS (Adult MUST be present at the bus stop for Elementary students.)	<input type="checkbox"/> PICKED-UP BY AN ADULT	<input type="checkbox"/> SELF (Middle School ONLY)
Please list those (other than parent) who may pick up your child:		
NAME: PHONE:	NAME: PHONE:	NAME: PHONE:
MEDICAL INFORMATION		
Does your child currently take any medications? If so, please list: _____ _____ _____		
ALLERGIES: <input type="checkbox"/> SEASONAL <input type="checkbox"/> BEE <input type="checkbox"/> INSECT <input type="checkbox"/> FOOD: _____ <input type="checkbox"/> MEDICATION: _____ <input type="checkbox"/> OTHER: _____		
Does your child require an EpiPen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child have any current health concerns that staff should be made aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe: _____ _____		
EMERGENCY CARE: In case of serious illness or injury and a parent/ guardian cannot be reached, I consent for my child to be taken to a hospital, by ambulance if necessary, for medical care. BCOH will not be responsible for any costs of such not covered by insurance.		
Signature of Parent/ Guardian: _____		
PREFERENCES/ ACCOMMODATIONS		
Please indicate your response for each of the following: YES NO		
<input type="checkbox"/> <input type="checkbox"/> Would you like to receive communications via text messages? If yes*, what phone number: _____ {* BCOH not responsible for costs associated with your cell phone plan. Standard messaging rates apply.}		
<input type="checkbox"/> <input type="checkbox"/> Would you like to receive communications via email? If yes, what email address: _____		
<input type="checkbox"/> <input type="checkbox"/> Does your child have an IEP or 504 Plan? If YES , please provide a copy of your child's plan.		
<input type="checkbox"/> <input type="checkbox"/> Does your child need any accommodations or modifications? If so, please explain: _____ _____		

PERMISSIONS

I grant permission to BCOH to take photos, videos, electronic images, audio recordings, and quotations of my child and to use them in publications and reports about the program.

Initial here if YES _____ **Initial** here if NO _____

I grant permission to allow my child supervised access to the internet and educational programs that require access. For example: Google, Zoom, Khan Academy, etc.

Initial here if YES _____ **Initial** here if NO _____

I grant permission to BCOH and Washington County Public Schools to share information regarding my child including but not limited to; academic scores/ grades, teacher consultations, individual student plans such as IEP/ 504, student email addresses, as well as student and family contact and consent information.

Initial here if YES _____ **Initial** here if NO _____

BCOH works with an independent contractor, Solomon Evaluation, LLC, to help us make the South End 21 program as effective as possible. As part of this work, Dr. Shira Solomon or associates will conduct web-based student surveys about their experience in the program and may also conduct in-person student focus groups. These opportunities for student feedback are voluntary and confidential.

All surveys will be done in the presence of South End 21 staff and any in-person feedback opportunities will be conducted in a group setting and in the presence of South End 21 program staff.

I grant permission for my child to participate in voluntary, confidential surveys and focus groups conducted by the program evaluator. I understand that my child will always be given the choice to participate or not.

Initial here if YES _____ **Initial** here if NO _____

LIABILITY WAIVER

In exchange of participation in South End 21, organized by Bester Community of Hope (BCOH) and its affiliates:

- I, and anyone claiming on my behalf, release and forever discharge BCOH and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known or unknown, which I may have or claim to have against BCOH and its affiliates arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of my child participating in the activity.
- I understand that my child's participation in the activity involves inherent risks, including risk of physical injury, pain, suffering illness, disfigurement, temporary or permanent paralysis and/or death, and I assume all related risks and voluntarily all my child to participate in the activity.
- I agree to indemnify BCOH and its affiliates any and all claims, actions, lawsuits, damages and judgments, including attorney's fees, arising out of or relating to my child's participation in the activity.
- I grant permission to BCOH and its affiliates to administer general first aid treatment for any minor injuries or illnesses. If the injury or illness is life threatening or in need of emergency treatment, I authorize BCOH and its affiliates to summon any and all professional emergency personnel to attend, transport, and treat the minor. I agree to assume financial responsibility for all expenses of such care.

By signing this form, you attest that all information is factual and accurate. You also acknowledge that if your information changes for any reason, you will notify program staff.

SIGNATURE OF PARENT/ GUARDIAN

DATE

Nondiscrimination Statement: Title IX of the Educational Amendments of 1972 prohibits discrimination on the basis of gender in educational programs or activities receiving federal funds and requires equal opportunity in admissions, athletics, counseling, access to courses, and employment policies regarding marital or parental status of students and treatment of students. All students and employees are covered by this law.

---OFFICE USE ONLY---

DATE RECEIVED: _____

INITIALS: _____

_____ *Bester Elementary School*

_____ *E. Russell Hicks Middle School*

8/18/20 JMY