



bester community
of **HOPE**

A SAN MAR INITIATIVE

2021-2022 BOOST 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: _____

#2 RELATIONSHIP: STEPPARENT GRANDPARENT FRIEND OTHER: _____

NAME:	PHONE:	INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____
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DISMISSAL PLAN

Students will not be allowed to leave with anyone without written authorization from a parent/ guardian. Those picking up your child should present staff identification. Also, please let us know if there is someone that is prohibited from picking up your child.

Please list those (other than parent) who may pick up your child:

NAME:	NAME:	NAME:
PHONE:	PHONE:	PHONE:

MEDICAL INFORMATION

Does your child currently take any medications? If so, please list:

ALLERGIES: SEASONAL BEE INSECT FOOD: _____ MEDICATION: _____
 OTHER: _____

Does your child require an EpiPen? YES NO

Does your child have any current health concerns that staff should be made aware of? YES 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

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.}

Would you like to receive communications via email? If yes, what email address:

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, 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, attendance and disciplinary data, as well as student and family contact and consent information.

Initial here if YES _____ Initial here if NO _____

LIABILITY WAIVER

In exchange of participation in BOOST, 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

---OFFICE USE ONLY---

Date Received: _____

Start Date: _____

Additional Notes: _____

Check List:

- Daily Attendance
- Data Tracker
- Emergency Contact Sheet
- Notification to Leadership/ Y
- Notification to Parent Re: Start Date