

## City of Potlatch Afterschool Program 2020-21 Registration Form

This Program serves students in grades 6-12. Please fill out a separate form for each youth enrolling in the Program.  
*If we do not have a completed Registration Form, your student may not attend the Program!*

|                             |              |           |                        |               |
|-----------------------------|--------------|-----------|------------------------|---------------|
| <b>School Attending:</b>    |              |           |                        | <b>Grade:</b> |
| <b>Child's Name:</b>        | <b>Last:</b> |           |                        | <b>First:</b> |
| <b>Physical Address:</b>    |              |           |                        |               |
| <b>Mailing Address:</b>     |              |           |                        |               |
| <b>Gender:</b>              | <b>M</b>     | <b>F</b>  | <b>Date of Birth:</b>  |               |
| <b>Bilingual:</b>           | <b>Yes</b>   | <b>No</b> | If Yes, what language? |               |
| <b>Special Needs:</b>       | <b>Yes</b>   | <b>No</b> | If Yes, what?          |               |
| <b>Student I.D. Number:</b> |              |           |                        |               |

### Student Medical and/or Allergy Information

Please list any information that would be helpful to staff to know, such as any allergies to food or medicine, chronic illnesses, physical limitations, and/or medications the student may take: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work/Home Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work/Home Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### Sign-Out/Release Information

Please list persons (*besides a parent/guardian*) with phone numbers who you give permission to pick-up your student from the program.

Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Instructions for student release:

- Picked up at the Program (735 Pine Street) by parent/guardian or person authorized above. Students will not be allowed to leave the site unless picked up by an authorized adult. If someone else will be picking up the student, a note must be sent to the program leader for that date. Students must be picked up by 6:00 p.m.
- Release to attend practice/meeting for school sport or group. (*Please provide a list of practices/meetings, as well as release times for each, and update with the Program as needed.*)
- Walk/Bike home at 6:00 p.m.
- ~~Transportation via City of Potlatch van to home address leaving Program between 5:30-6:00 p.m. Due to COVID-19 social distancing protocols, we will not be offering transportation to or from the Program at this time.~~

***Please contact the Director or Assistant Director by phone, email, or note if there is a change in your child's transportation schedule.***

My child will attend the City of Potlatch Afterschool Program during the following sessions:

(Check all that apply. Dates are approximate.)

Fall Session (September 21 – December 31)

Spring Session (January 1 – May 31)

My child will attend the City of Potlatch Afterschool Program every school day offered, Monday through Thursday.

My child will attend the City of Potlatch Afterschool Program on these days only:

Monday

Tuesday

Wednesday

Thursday

My child needs early release on certain days. (Please list the times, days, and reasons below)

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The afterschool program runs from 3:00-6:00 p.m., Monday through Thursday, and is closed on school holidays, school breaks, and emergency closures.

**NO STUDENTS WILL BE RELEASED EARLY FROM THE PROGRAM WITHOUT PRIOR NOTICE TO THE DIRECTOR OR ASSISTANT DIRECTOR. THIS NOTICE MUST BE IN THE FORM OF A NOTE, EMAIL, TEXT, OR PHONE CALL FROM A PARENT/GUARDIAN.**

### Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your student and can take full responsibility of your child, should you not be available.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

**If your student comes to the Afterschool Program site and is found to have a temperature or other potential symptoms of COVID-19, they will be isolated and you will be contacted immediately to come pick them up.**

I agree that in the case of illness or injury, medical care may be given to my child, in the event that I or the persons designated cannot be reached. I agree to pay for any medical expense that occurs.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician/hospital to secure proper medical treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Consent**

- I give my consent to the City of Potlatch Afterschool Program to photograph/video tape/audio tape my student and to use such pictures and/or stories in connection with any of their work without consideration for compensation of any kind, for articles, marketing purposes, and for presentations, and I do release the City of Potlatch Afterschool Program from any claims whatsoever which may arise in said regards.
- I give my consent for my student to use the computer and internet under the guidelines of the Potlatch School District #285 policy "Computer & Internet Acceptable Use Policy" (available on the District's website).
- I give my consent to the City of Potlatch Afterschool Program, Potlatch School District #285, and the Idaho State Department of Education to share confidential information and work together in providing services for my student. This information may include test/assessment results, academic progress reports, absences, disciplinary action records, IEP's, and medical information pertaining to medical conditions and medications. This information will remain confidential.
- I give my permission for my child to attend all field trips of less than 5 miles related to after school activities. Longer field trips will require a separate permission form.
- I give my consent for my child to attend the City of Potlatch Afterschool Program and participate in its activities. I also understand and accept that volunteers, including other parents, college students, high school students, and members of the community will assist in the program.

**I have read the above form and my signature below demonstrates that I have provided my consent for my child to participate in the City of Potlatch Afterschool Program under the terms described above.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SITE COORDINATOR USE ONLY**

Date application was received: \_\_\_\_\_ Code of Conduct Sign Off: Y\_\_\_\_ N \_\_\_\_

First day of enrollment: \_\_\_\_\_

Notes: \_\_\_\_\_

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