|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | |
|  | **First Name:** | | | **Middle Initial:** | |
| **Birth Date (m/d/y):** | **Student ID (Lunch ID):** | | | **Current Grade:** | |
| **Student’s Address:** | | | | **Apt:** | |
| **City/State:** | **Zip:** | | **Phone Number:** | | |
| **Student Resides With:** | **Current School:** | | | **Home Language:** | |
| **PARENT/GUARDIAN INFORMATION** | | | | | |
| **(circle)** Mother Father Guardian | | **(circle)** Mother Father Guardian | | | |
| **Parent Name:** | English Speaker:  Yes  No | **Parent Name:** | | | English Speaker:  Yes  No |
| **Parent Address (** check if same as Student) | | **Parent Address (** check if same as Student) | | | |
| **Home Phone:** | | **Home Phone:** | | | |
| **Cell Phone:** | | **Cell Phone:** | | | |
| **Work Phone:** | | **Work Phone:** | | | |
| **Email Address:** | | **Email Address:** | | | |
| **TRANSPORTATION INFORMATION** | | | | | |
| **Circle One: Car Bus** | | | | | |
| **Pick-Up:** | | **Phone:** | | | |
| **Drop-Off:** | | **Phone:** | | | |
| **EMERGENCY CONTACTS** (In case parent/guardian cannot be reached)**:** | | | | | |
| **Contact #1:** | | **Contact #2:** | | | |
| **Phone #** | | **Phone #** | | | |
| **Relationship:** | | **Relationship:** | | | |
| **HEALTH INFORMATION** | | This information may be shared with approriate school or emergency personnel for your child’s health and safety. | | | |
| **Allergies, Medical Concerns. Medications (attach additional information if needed):** | | | | | |
|  | | | | | |
|  | | | | | |
| **Doctor:** | | **Phone Number:** | | | |

**FIELD TRIPS:**

I give my permission for my child to attend educational field trips as a part of the

program. I understand that I will be informed of the field trips scheduled

in advance of the trip and can opt out at anytime. \_\_\_\_\_ Initials

**AUTHORIZATION OF TREATMENT:**

I authorize the staff of Teach the Children Academy to provide basic first aid or to call additional medical care on my child’s behalf in the event of an emergency, if I cannot be reached, or when delay would be dangerous to my child’s health. Further, I understand I must complete any paperwork before any medication can be administered in the school. Lastly, I release Teach the Children Academy and its staff from any liability connected with my child’s participation in Homeschool or After School Programs.

\_\_\_\_\_

Initials

**PHOTO RELEASE:**

I hereby give permission for my child’s pictures to be used by Teach the Children Academy

and in press releases, websites, and other publications. \_\_\_\_\_

Initials

**INTERNET USAGE:**

I hereby give my permission for my child to use the internet, email, and other technologies from Teach the Children Academy and my child will adhere to all of the rules, regulations,

and polices related to the internet, technology , and social media. \_\_\_\_\_

Initials

**DISCIPLINE:**

Homeschool/After School is meant to be a fun, educational and recreational experience. For the benefit and safety of all students, it is important that children behave appropriately during their attendance. Therefore, all students participating in the program must adhere to Teach the Children Academy Student Code of Conduct. Any disciplinary actions taken will follow the outlined procedures to include expulsion from the program. \_\_\_\_\_

Initials

Note: By initialing and signing, I have read and agree to each item above.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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