

# CCSD REACH-OST Program

Wellsville After School Programming page 1



## REGISTRATION FORM

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Allergies :** \_\_\_\_\_ **Medical Conditions** \_\_\_\_\_

**Primary Language** \_\_\_\_\_ **Hispanic/Latino** \_\_\_\_ **Caucasian** \_\_\_\_ **Native American** \_\_\_\_ **African American** \_\_\_\_  
**Pacific Islander** \_\_\_\_ **Asian** \_\_\_\_ **Other** \_\_\_\_ (mark all that apply)

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Allergies :** \_\_\_\_\_ **Medical Conditions** \_\_\_\_\_

**Primary Language** \_\_\_\_\_ **Hispanic/Latino** \_\_\_\_ **Caucasian** \_\_\_\_ **Native American** \_\_\_\_ **African American** \_\_\_\_  
**Pacific Islander** \_\_\_\_ **Asian** \_\_\_\_ **Other** \_\_\_\_ (mark all that apply)

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

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**Pacific Islander** \_\_\_\_ **Asian** \_\_\_\_ **Other** \_\_\_\_ (mark all that apply)

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail Address(s):** \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**I hereby give permission for student(s) name(s):** \_\_\_\_\_

to participate in the Cache County School District REACH-OST program. As parent/guardian, I have read the handbook or program materials and discussed the program with the participant. I recognize that there is an element of risk associated with the program and I acknowledge my acceptance of that risk by participation. In the event of an emergency, I give permission for emergency medical treatment to be administered to my child. I agree to hold harmless from any claim the Cache County School District and its school sites where my child is in participation in REACH or other Out of School time programs. I also acknowledge that accessibility or use of tobacco, alcohol, illegal substances or sexually explicit materials are prohibited by any person anywhere on the premises. As a parent/guardian, I am responsible for providing transportation promptly at the ending time designated by the site. I also hereby consent to allow my child's picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Cache County School Districts publications in any manner incidental to participation in the activity of the Cache County School District programs without compensation. Funding stipulations require this program to participate in ongoing evaluations. The evaluation requires us to share student directory data with third party evaluators. The student level data is personally identifiable and includes information such as your child's name, student number, and information about program participation. The evaluator uses these data only for the purposes of fulfilling its duties and will not share these data with any other third parties without your written consent. By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

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

I do not want my child's information included in Data Sharing

# CCSD REACH-OST Program

Wellsville After School Programming page 2



Your child may come THE DAY AFTER turning this paper into the office.

Homework help: Monday – Thursday 3:35-4:25.

Initial that you understand the schedule. INITIAL HERE

Please circle ONE option only:

Student will ride the bus home each day.	Student will walk or ride bike home each day.	Student will be picked up each day by the front doors at 4:25 by an approved adult.	An approved adult will come into the building and sign my student out each day by 4:25.
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NOTES: ★ Approved adults MUST be on page 1 of this registration form as either the parent/guardian OR an emergency contact, or included below.

★ If your child is taking the bus, please write your house address below.

★ If you need to make other arrangements for your child, send them with a note or contact Annelise Hammond (435) 272-7846 by 4:00.

★ If your child does not attend the after school program, we are not required to contact you and let you know they are coming home instead.

INITIAL HERE THAT YOU UNDERSTAND ALL 4 NOTES

I hereby give permission for \_\_\_\_\_ to participate in the Cache County School District REACH program. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial below:

\_\_\_\_\_ I understand that if my child cannot follow the rules, they will not be allowed to participate anymore.

\_\_\_\_\_ I give permission for my child to participate in the Cache REACH-OST Program

\*\*\*\*Scan the QR code to read and access the REACH-OST Parent Hand Book.

\_\_\_\_\_ Please read the hand book and initial here that you have read it and understand the requirements for participation in the Cache REACH-OST program.

