



THRIVE AFTER SCHOOL
O'Neill JR-SR. High School
ENROLLMENT FORM
2015-2016



All fields must be completed in order for the registration to be accepted. (Please print)

HOUSEHOLD INFORMATION

PARENT / GUARDIAN 1

NAME: _____ LAST: _____

RELATIONSHIP: _____ HOME/CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PARENT / GUARDIAN 2

NAME: _____ LAST: _____

RELATIONSHIP: _____ HOME/CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

MEMBER INFORMATION

FIRST NAME: _____ LAST: _____

SCHOOL: _____ CURRENT GRADE: _____

BIRTHDATE: _____ Age: _____ GENDER: [MALE] [FEMALE]

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

What is the best way to contact the parent? **Email** **Phone** **Text**

Languages:

Primary Language: _____ Language spoken at Home: _____

TRANSPORTATION AND/OR EMERGENCY CONTACT (Two Required)

***Please list individuals we can contact in the event that you are not able to pick up your student. If no additional names are listed below, no other individual will be allowed to pick up your student.

FIRST NAME: _____ LAST: _____

RELATIONSHIP: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

FIRST NAME: _____ LAST: _____

RELATIONSHIP: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

***My student may NOT be picked up by:**

NAME: _____ RELATIONSHIP: _____

Is your student in Foster Care? **[YES]** **[NO]** Case Workers Name: _____

GETTING HOME:

Please circle **[YES]** or **[NO]** in the following four statements:

I will pick my student up from the program at the designated time each day.

[YES] [NO]

I grant my student permission to walk home from the program location at the end of the day.

[YES] [NO]

I grant my student permission to ride a school bus (if provided).

[YES] [NO]

I grant my student permission to take the M.A.T. (city) bus from the program location. *(Bus fare paid by parent)*

[YES] [NO]

Please circle one of the following options:

For any early dismissal my student will **[walk home]**, **[ride the bus]**, or **[be picked up by _____].**

MEDICAL INFORMATION

PRIMARY DOCTOR: _____

PHONE: _____

PRIMARY DENTIST: _____

PHONE: _____

MEDICINE: [YES] [NO] ALLERGIES: [YES] [NO] HEALTH ISSUES: [YES] [NO]

If you marked "yes" for allergies, medicine or health issues please list specific details below:

Emergency medications used during the school day are not accessible after school dismisses. Arrangements will need to be made with Thrive Staff fo disperse medication.

Would you identify your student as a proficient swimmer? [YES] [NO]

Does your student have any special needs academically or otherwise? [YES] [NO]

Please explain.

PERMISSION TO PARTICIPATE IN ALL ACTIVITIES-

I understand by enrolling my student in the out-of-school-time program, I give permission for the said student to participate in all the activities including but not limited to:

Academic assistance and recreational programs, off site events, transportation to and from all events whether private or agency provided, photographs to be used for educational or public viewing, satisfaction surveys and self assessment surveys for the purpose of program evaluation and all other programs/activities which Collective for Youth deems vital to the safety, academic and personal life skill development of my student.

CONSISTENT ATTENDANCE & APPROPRIATE BEHAVIOR-

It is my understanding that my student's participation in the out-of-school-time program depends on consistent attendance and adherence to behavior guidelines outlined in the program handbook. Any participant not in accordance with either attendance guidelines or behavior policies will be removed from the program. Returning to the program is dependent on the severity of removal, results of a parent/guardian conference and space available.

EMERGENCIES-

I understand that if a medical emergency arises, the program staff will take all steps necessary to ensure the safety of my student and will call a public emergency vehicle for transport to the nearest emergency facility when necessary. I also understand that I am responsible for any transportation charges and medical expense that are incurred.

INJURY OR LOSS OF PROPERTY-

I understand the nature of the out-of-school-time program and risk of injury or loss of property associated with it and release Collective for Youth and all program organizations and its employees from any claims made by the student or on behalf of the student.

**Parent/Guardian
Signature:**

Date:

Parent Name (printed):

Students Name (printed):

