



Enrollment Information Academic Year 2011-2012

Students, parents and caregivers, please fill out the following information and return this form to the After School Program Coordinator. This form is required to participate in the after school program.

Student's Name _____ Grade _____

School: _____ Teacher's Name: _____ Fee: \$ _____

Gender: Female / Male / Other Birth date: _____ Student ID # _____

Parent/Guardian Name(s) _____

Home Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Email address: _____

Parents and Guardians, what languages do you speak? _____

Do the parents/ guardians speak English? Yes No Some English

Emergency Contact

Does your child have health insurance? Yes No

Insurance Company _____ Policy # _____ Group _____

Family Doctor Name _____ Phone Number _____

In case of emergency and the parent or caregiver cannot be reached, please notify:

Name _____ Relationship to family _____

Address _____ City _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____



Enrollment Information

Please list any current medications, medical conditions, recent injuries, and food or drug allergies:

Please note that Laramie County Community Partnership staff will not distribute medications.

If your child has special considerations or allergies, please give detailed information regarding care and direction for staff:

Dismissal/Sign Out

1) My child may be picked up by the following adults (list all names): _____

2) If your child is in 4th grade or higher (4th-6th grade) they may leave the program to walk home without an adult.
(circle one): Yes No Initials: _____

3) All Elementary students are required to stay until the program closes.
If your child needs to leave earlier, you must fill out the "Early Release" form.

I have read and understand my responsibility as parent/caregiver to communicate clear information and guidelines regarding my child's allergies and medical conditions.

Parent/ Legal Guardian Signature or Participant (if over 18) Date



Parent or Guardian Release

Students, parents and legal guardians, please read carefully, sign, and return this form to the After School Program Coordinator. A parent or legal guardian signature on this form is required to participate in the after school program.

For Emergency Treatment

I authorize the ASK After School Program and Laramie County Community Partnership to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the ASK After School Program and Laramie County Community Partnership in conjunction with any authorized event.

General Release of Liability

In consideration for being allowed participant privileges in any program of the ASK After School Program and Laramie County Community Partnership, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the ASK After School Program and Laramie County Community Partnership, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the ASK After School Program and Laramie County Community Partnership and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

Community Field Trips

The ASK After School program will take short field trips on occasion that are within the school community. We will always return by normal dismissal time, unless we notify you in advance. I give permission for my child to leave the school property with supervision from ASK After School Program partners, directors, officers, employees, agents, and volunteers. While taking part in these community field trips I release the ASK After School Program and Laramie County Community Partnership from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability."

Media Release

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any ASK After School Program and Laramie County Community Partnership activity for the business or publicity purposes of the ASK After School Program and Laramie County Community Partnership and its partners. Publicity purposes may include, but limited, to website, social media sites, and printed material. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad.

I expressly release the ASK After School Program and Laramie County Community Partnership, its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

- Please sign here if you **do not** agree to the Media Release _____

Parent/ Legal Guardian Signature or Participant (if over 18)

Date