

For office use only:

Date Received: _____ Rec'd by: _____ Accepted
 Data Entry Complete Data entered by: _____ Wait Listed



AFTER-SCHOOL PROGRAM

STUDENT REGISTRATION –ALL information must be completed to register.

Which after-school location will your student(s) attend?

- Boys Center Downtown Harmony Midland Morado New Brighton Pleasantview

Student Name: _____ Age: _____ Birth Date: _____ Grade: _____ Gender: _____

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Student Name: _____ Age: _____ Birth Date: _____ Grade: _____ Gender: _____

Street Address: _____ City: _____

Parent/Guardian Name: _____ Cell Phone: _____

Relationship to student: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Additional Contact Name: _____ Phone: _____

Pediatrician/Clinic Name: _____ Phone: _____

Date of child(ren)'s last Tetanus shot(s): _____

Please list all special medical conditions (allergies, medications, etc.): _____

Estimated Annual Household Income: \$ _____ /Month or Year (select one) Rent or Own? _____ Family Size: _____ (#/people living in home)

Family Type: (select one)

- Single parent female
- Single parent male
- Two-parent household
- Single person
- Non-parent relative

Source of Family Income: (select all that apply)

- One or more sources of active employment
- Zero income – no active employment
- TANF
- SSI
- Social Security
- Pension
- General Assistance
- Unemployment Insurance
- Other

Race: (select one)

- American Indian or Alaska Native
- Asian
- Black or African American
- White/Caucasian
- Multi-race (any two or more of the above)
- Other: _____

Health Insurance: (select all that apply)

- Have Health Insurance
- No Health Insurance
- Disabled

Ethnicity: (select one)

- Hispanic, Latino or Spanish origin
- NOT Hispanic, Latino or Spanish origin

THE PARENTAL CONSENT SECTION ON REVERSE SIDE MUST BE COMPLETED FOR REGISTRATION TO BE ACCEPTED.

PARENTAL CONSENT FOR SCHOOL INFORMATION, MEDICAL, & PHOTO RELEASE

Waiver: *I give my permission for the child(ren) listed to participate in the Tiger Pause Youth Ministry After-School Program and to participate in all events: such as, but not limited to field trips, community outreach activities, etc. In the event of an emergency, I understand that an effort will be made to contact me first. However, I give permission for Tiger Pause staff to seek medical treatment or to authorize emergency medical care. I will not hold Tiger Pause Youth Ministry or cooperating organizations, churches, or their staff members or representatives responsible for injuries which may occur to my child(ren).*

School Records & Data Security: *The program coordinator of Tiger Pause Youth Ministry has my permission to access the school records (academic progress reports, school attendance, disciplinary information, etc.) of my child(ren). The director also has my permission to review this information with the program mentors assigned to work with my child(ren). I understand that Tiger Pause will protect the privacy of the data it collects and will not share it with any other agency except as required for contract funding reimbursement.*

Photo Release: *I understand that at Tiger Pause events or related activities, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. When an identification of a student is made, only the first name of the student may be used.*

Behavioral Policy: *I understand that my child must adhere to the rules and policies at Tiger Pause. The first offense will be addressed with a verbal warning. A second offense will be addressed with a verbal warning and a written notification sent home for me to sign. If the situation persists, I understand that my child will be suspended from participating in Tiger Pause programs.*

Attendance Policy: *I agree to adhere to the drop-off and pick-up policy of the program site my child(ren) attend(s). Failure to do so may result in my child(ren)'s suspension from attending Tiger Pause programs. Additionally, if my child(ren) do not regularly attend the program for which they are registered, I understand that they may forfeit their registration to another student.*

Registration will not be accepted without complete information entered below:

School Year: _____		Child(ren)'s School(s): _____	
_____ Parent/Guardian Printed Name			
_____ Parent/Guardian Signature		_____ Date	

For families enrolling more than four children, please attach any additional completed forms.