MASTERS PROGRAM
(Making After School Time Enriching, Rewarding and Successful)
August 2010 – June 2011 Registration and Agreement Form

DAYS OF OPERATION:
The MASTERS Program is open Monday through Friday beginning after school and closing 3 hours after school ends. Program hours vary per site, check with your school site and/or Site Coordinator. The program is closed for all school holidays, please refer to current the school year calendar.

1. **ENROLLMENT AND ATTENDANCE:** I must complete and submit all enrollment forms provided by the MASTERS Program prior to my child’s attendance. All enrollments are on a space available basis with preference given on a first come, first served basis. Children will report to the MASTERS program immediately after school and must be signed out upon departure.

2. **LATE PICK-UP:** The program ends daily at 6pm (program hours vary per site) and students must be picked up no later than 6pm. If no one has arrived by that time and MASTERS staff has been unable to contact me or other persons designated as emergency contacts by 6:30pm, Child Protective Services will be called.

3. **ILLNESS:** My child will not attend when ill. If my child becomes ill during attendance, I or my emergency designee will pick up my child within 1 hour of being notified by MASTERS Program staff.

4. **DISCIPLINE:** Participation in the MASTERS Program is on an initial 20-day probationary period. My child must be able to get along with others and adhere to the rules of the program. I also understand that it is necessary for parents/guardians to conduct themselves in a respectful and mature manner when at the MASTERS Program. I understand acceptable behavior is required to insure continued participation throughout the enrollment period. If disenrollment occurs, a six-month waiting period must pass before re-enrollment can occur, on a space available basis.

5. **PARENT INFORMATION:** I will read other parent information and discuss any questions I have with the Site Coordinator.

6. **MEDIA RELEASE AGREEMENT:** I give permission for the staff to photograph or videotape my child and release it to be used in a brochure, web page, or other means of promoting the MASTERS Program to the general public.

I have read, understand, and will abide by the conditions of this entire Registration & Agreement. I am signing below as an indication of my intent to have my child

__________________________________________, participate in the MASTERS program.

Print Child’s Name

Print Name of Parent/Guardian    Signature of Parent/Guardian   Date

__________________________________________

Staff Use Only

This registration becomes effective _______________ and supersedes all previous agreements.

Print Name of Site Coordinator    Date    Signature of Site Coordinator
YOUTH INFORMATION

PART 1

Name:
First: ____________________________ Middle: ____________________________ Last: ____________________________

Address:
Street: ____________________________ City: ____________________________ Zip: ____________________________

Phone Number: ( ____________________________ )

Gender: □ M □ F Date of Birth: ___________ Mo    ___________ Day    ___________ Year

School Attending:

Teacher Name: ____________________________ Grade: ____________________________ Room Number: ____________________________

Can converse in English?: □ YES □ NO If NO, preferred Verbal Language: □ Spanish □ Khmer □ Vietnamese □ Hmong □ Other, specify

Can read in English?: □ YES □ NO If NO, preferred Written Language: □ Spanish □ Khmer □ Vietnamese □ Hmong □ Other, specify

What language is spoken at home?: □ English □ Spanish □ Russian □ Vietnamese □ Hmong □ Other, specify

OPTIONAL INFORMATION

Ethnicity (check all that apply):
□ Caucasian □ African-American □ Hispanic □ Asian □ Native-American / Alaska Native
□ Hawaiian Native / Pacific Islander □ Other, specify

Is child a recipient of free or reduced cost lunch program: □ YES □ NO

EMERGENCY CONTACT

First: ____________________________ Relationship to Youth: □ Mother □ Father □ Other ____________________________

H: ( ____________________________ ) W: ( ____________________________ ) C: ( ____________________________ )

Person Name: ____________________________
First: ____________________________ Relationship to Youth: □ Mother □ Father □ Other ____________________________

H: ( ____________________________ ) W: ( ____________________________ ) C: ( ____________________________ )

Person Name: ____________________________
First: ____________________________ Relationship to Youth: □ Mother □ Father □ Other ____________________________

H: ( ____________________________ ) W: ( ____________________________ ) C: ( ____________________________ )

Person Name: ____________________________
First: ____________________________ Relationship to Youth: □ Other ____________________________

H: ( ____________________________ ) W: ( ____________________________ ) C: ( ____________________________ )

Authorized for pick-up

Is your child authorized to walk home?: □ YES □ NO If so, At what time? ____________________________

If you answered yes, you must complete the following:

The purpose of this program is to keep your child safe during after school hours. We encourage parents to pick-up their children daily.

In the event that your child must walk home, please let us know the name and relationship of the person(s) who will be walking with them.

Name of person(s): ____________________________ Relation: ____________________________

MEDICAL INFORMATION

PART 2

Name of Doctor / Clinic: ____________________________ Phone Number: ( ____________________________ )

Do you have medical insurance: □ YES □ NO If yes, what is the name of medical insurance:

Name medication(s) currently used by youth: ____________________________

Does youth have special conditions?: □ YES □ NO If YES, explain: ____________________________
(ex. Asthma, special education needs, physical disability)

Food Drugs Plants

Name any known Allergies: □ Insects □ Animals □ Other

Explain allergic reaction and indicate medication used: ____________________________
### ADDITIONAL INFORMATION ABOUT WE SHOULD KNOW ABOUT YOUR CHILD

#### FAMILY INFORMATION (Staff: Complete only once per family)

**PARENT / GUARDIAN INFORMATION**

- **Name:**
  - Mr. □  Ms. □  Mrs. □  First: □  Middle: □  Last: □
  - Address:
    - Street: □  City: □  Zip: □

- **Relationship to Youth:** □  Mother □  Father □  Other, specify □
- **Gender:** □  M □  F

- **Home Number:** (          ) □  **Work Number:** (          ) □  **Cellphone Number:** (          ) □

- **Can converse in English?:** □  YES □  NO
  - If NO, preferred Verbal Language: □  Spanish □  Khmer □  Vietnamese □  Hmong □  Other, specify □
- **Can read in English?:** □  YES □  NO
  - If NO, preferred Written Language: □  Spanish □  Khmer □  Vietnamese □  Hmong □  Other, specify □

#### LIST NAME AND DATE OF BIRTH OF ALL CHILDREN IN FAMILY ENROLLED IN AFTER SCHOOL PROGRAM

- **First:** □  **Middle:** □  **Last:** □
  - Date of Birth: /          / Mo    Day    Year

#### ADDITIONAL INFORMATION ABOUT FAMILY:

- **Parent/Guardian Signature:** □  **Date:** □

#### FOR STAFF USE:

- **NAME OF STAFF ASSISTING PARENTS WITH FILLING OUT THIS FORM (please print):** □  **DATE:** □

- **Date and initials (3 initials) of staff reviewing Permission and Enrollment forms for completion:** /          /
- **Date and initials (3 initials) of staff entering forms into database:** /          /

- **Staff: When you change information on the form please initial (3 initials) and date:**
  - Initials / Date:          □  Initials / Date:          □  Initials / Date:          □  Initials / Date:          □

- **Participant ID:** □  **Student School District ID:** □

- **Enrollment Date:** /          / Mo    Day    Year
- **Is child a returning participant?** □  YES □  NO
- **If yes, Initial Enrollment Date:** /          / Mo    Day    Year

- **Does parent agree to give permission for evaluation?** □  YES, agrees □  NO, does not agree