



## 2015-16 ASEP Student Record

(For Office Use Only: Enrollment Date \_\_\_\_\_)

**ALL items MUST be filled out. If it is not applicable, please write NA**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
(Last) (First)  
Nickname \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home E-Mail \_\_\_\_\_

### Family Information

*The person or persons named below is/are legally responsible for the care and well-being of this child.*

Parent/Legal Guardian _____	Parent/Legal Guardian _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Cell # _____	Cell # _____
Occupation _____	Occupation _____
Business Name _____	Business Name _____
Business Phone _____	Business Phone _____
Business Address _____	Business Address _____

Please describe your child's homework habits so that we may facilitate successful completion of assignments within time constraint \_\_\_\_\_

Please indicate any additional information that would be helpful in planning for your child \_\_\_\_\_

### Health Information

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_  
Other Significant Medical Information: \_\_\_\_\_

### Permission to Participate in After-School Program Activities

I give permission for my child to enter all classrooms at Earthplace as well as the auditorium, Natureplace, the Animal Hall and the courtyard. Also, my child may participate in activities on all Earthplace playgrounds and walks on all Earthplace property and trails, including the Swamp Loop Trail, the High Woods Trail, the Newman-Woodward Trail, the Eloise A. Ray Trail, the Wadsworth Trail and the Universal Design Trail.

**Emergency Contacts and Release Permission**

*(Please list local friends, nannies, grandparents, etc. who may be picking up your child.)*

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
*(Street Address) (City) (State) (Zip)*

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
*(Street Address) (City) (State) (Zip)*

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I give Earthplace staff permission to release my child to the above named individuals in addition to the parents as listed on the previous page. These people have my permission to make decisions as to the health and welfare of my child.

**Emergency Authorization**

I hereby appoint Earthplace staff, who are certified in First Aid and CPR, to act on my (our) behalf, to administer First Aid and/or CPR, and to authorize unexpected medical, dental, and surgical care, hospitalization and disaster evacuation for my child.

In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported at my expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resources before contacting the parent, child’s physician, and/or other adult acting on the parent’s behalf. In all other situations every attempt will be made to contact the parents first.

**Permission to Access Records**

I give permission for Earthplace After-School administrators, teachers, health consultant and state regulatory agents to access my child’s file.  Yes  No

**Photo Permission**

I give permission for my child to be photographed and/or have digital video taken for the Earthplace photo or video library and for publicity purposes, including, but not limited to, the Earthplace website, newsletters, brochures, advertising and press releases.  Yes  No

**Transportation Permission**

I give permission to have my child ride the bus from school to Earthplace.  Yes  No  
I understand that my child must conduct him/herself appropriately on the bus.

I have read the Earthplace After-School Parent Handbook and agree to abide by the policies contained therein.

**I fully understand and agree to the terms set forth in the above sections.**

\*Date: \_\_\_\_\_ \*Signature: \_\_\_\_\_

*(Parent or Guardian)*