

2019-2020 ASEP Student Record



For office use only: Enrollment Date _____

Please **PRINT LEGIBLY!** All items must be filled out. If it is not applicable, please write N/A.

Student's Name: *(last, first)* _____ Grade: _____ School: _____

Nickname: _____ M F DOB: _____

Address: _____

Main Email: _____ Main Phone: _____

Family Information

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

Parent/Legal Guardian #1: _____ Mobile Phone: _____

Home Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Work Address: _____ Email: _____

Parent/Legal Guardian #2: _____ Mobile Phone: _____

Home Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Work Address: _____ Email: _____

Your Child

Please describe your child's homework habits so that we may facilitate successful completion of assignments: _____

Please indicate any additional information that would be helpful in planning for your child: _____

Health Information

Allergies: _____ Medications: _____

Physician: _____ Phone: _____

Insurance Carrier: _____ Other Significant Medical Info: _____

Permission to Participate in Preschool 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. My child may participate in activities on all Earthplace playgrounds, and walk on all Earthplace trails.

Parent/Guardian Signature: _____

2019-2020 ASEP Student Record Form continued



Emergency Contacts and Release Permission. **Please provide 2 contacts.**

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

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to Child: _____

Address: _____

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.

Schedule

Please check the days of the week on which your child will attend the After School Enrichment Program:

Mon Tues Wed Thurs Fri

Permission to Access Records

I give permission for Earthplace After School administrators, my child's teachers, the school 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. These images may be used for internal or external publicity purposes, including but not limited to, Earthplace websites, social media, newsletters, brochures, advertising and press releases.

Yes No

Transportation Permission

I give permission to have my child ride the Earthplace van or the school bus (not applicable to KHS) from school to Earthplace. I understand that my child must conduct him/herself appropriately on the bus.

Yes No

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

Signature of Parent or Guardian

Date