



2018-2019 ASEP Student Record

(For Office Use Only: Enrollment Date _____)

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

Student's Name _____ Grade _____ School _____
(Last) (First)
Nickname _____ M _____ F _____ Date of Birth _____
Address _____ Main Phone _____
Main 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 _____
Main Phone _____	Main Phone _____
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:

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, Animal Hall and the courtyard. My child may participate in activities on all Earthplace playgrounds, and walk on all Earthplace trails.

Parent/Guardian Signature: _____

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 _____
(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, 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 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

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

Monday Tuesday Wednesday Thursday Friday

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

Parent/Guardian Signature: _____ **Date:** _____