



**Texas ACE AFTER-SCHOOL PROGRAM
20011-12 REGISTRATION FORM**

NAME OF STUDENT: (last) _____ (first) _____ (middle) _____
STREET ADDRESS: (street) _____ (apt #) _____
CITY/STATE/ZIP: _____ DATE OF BIRTH: _____ (age) _____
GENDER: (male) _____ (female) _____ RACE: _____ SCHOOL: _____ GRADE: _____
STUDENT ID #: _____ PRIMARY LANGUAGE: _____
HOMEROOM TEACHER'S NAME: _____

FATHER/LEGAL GUARDIAN (name) _____
ADDRESS (street) _____ (city/state) _____ (zip) _____
EMPLOYER _____ (work phone) _____
CONTACT (home phone) _____ (cell phone) _____ (email) _____
PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED (hm phone) _____ (wk phone) _____ (cell/text) _____ (email) _____

MOTHER/LEGAL GUARDIAN (name) _____
ADDRESS (street) _____ (city/state) _____ (zip) _____
EMPLOYER _____ (work phone) _____
CONTACT (home phone) _____ (cell phone) _____ (email) _____
PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED (hm phone) _____ (wk phone) _____ (cell/text) _____ (email) _____

HOW DOES YOUR CHILD NORMALLY GET HOME?
(school bus) _____ (gets picked up) _____ (other): _____

WHO HAS PERMISSION TO PICK YOUR CHILD UP AT THE END OF THE DAY, BESIDES YOURSELF?
(name/relationship) _____ (phone) _____
(name/relationship) _____ (phone) _____

I understand that if my child is supposed to be picked up and is not by the end of programming, the afterschool staff may call the Marshall Police Department. After three late pick-ups, my child may be excused from the program.

MEDICAL INFORMATION: Please list any special problems your child may have, such as allergies, illnesses, prescribed medications, serious injuries, and/or hospitalizations:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In case my child has an accident or sudden illness, and in the event I cannot be reached by phone, I hereby authorize a representative of Marshall ISD to seek appropriate medical care. Marshall ISD cannot be held responsible for any cost incurred:

PARENT/GUARDIAN SIGNATURE: _____ (date) _____

CONTACT IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED:
(name/relationship) _____ (phone) _____
(name/relationship) _____ (phone) _____

I am the parent or legal guardian of minor named above and have legal authority to execute this consent and release. **MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE TEXAS ACE PROGRAM.**

SIGNATURE: _____ **DATE:** _____

Turn Over & Complete Back Side

AUTHORIZATIONS FOR (name of child): _____

PLEASE READ RELEASES

- * I give permission to the program to transport my child in MISD/Boys & Girls Clubs vans and/or Marshall ISD buses to and from our after-school site on special field trips (separately authorized by parent or guardian).
- * I give my child permission to ride Marshall ISD buses home (if indicated on side one of this form).
- * I understand and agree that neither the program nor its employees and volunteers are responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the child on any program property or in connection with any program activities.
- * I give the afterschool staff permission to access school records (grades, attendance, behavior, etc) about my child to better serve his/her needs.
- * I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and will be used for the purpose indicated.
- * I understand that if my child is absent from the afterschool program, I will receive a phone call notifying me of the absence unless I have already given notice that my child is not going to attend the program or was absent from school.
- * I understand that if I have any questions about these releases, I can ask my site coordinator.
- * I understand my child may be photographed and/or videotaped while engaged in program activities and for those images to be used for publicity and/or recruitment purposes unless the MISD FERPA form on file with my student's campus indicates that permission is not given.

BEHAVIOR MANAGEMENT POLICY

Your child is expected to behave appropriately at all times and follow the rules of the Texas ACE afterschool program.

- * If my child does not follow the rules he or she will receive a verbal warning.
- * If the misbehavior continues, my child will be referred to the Site Coordinator
- * If the misbehavior continues, I will receive a phone call about my child and the discipline issue will be documented.
- * If the problem continues, my child will be dismissed from the program.
- * **Fighting and/or inappropriate sexual behavior will result in immediate dismissal from the program.**

Family Income Level (Check only ONE):

- \$0.00 - \$9,999.99
- \$10,000.00 - \$19,999.99
- \$20,000.00 - \$29,999.99
- \$30,000.00 - \$39,999.99
- \$40,000.00 - \$49,999.99
- More than \$50,000.00
- Other

Member lives with (Check all that apply):

- Mother
- Father
- Both Mother & Father
- Stepmother
- Stepfather
- Grandparent(s)
- Other: _____

Is it a Single Parent Household? Yes _____ No _____

Number of People in your Household: _____
Number of Brothers _____ Number of Sisters _____ Other _____
Brothers & Sisters in Texas ACE Program _____

I am interested in volunteering with the afterschool program, either on the Advisory Council or in another capacity, such as teaching a class. YES _____ NO _____

ACE OFFICE USE ONLY

ACE Site # _____
ACE Bus # _____
Date Entered in Computer ___/___/___
Data Entered by (staff initials) _____
Date Attended ACE Orientation ___/___/___

ALL INFORMATION IS COMPLETELY CONFIDENTIAL

The Texas ACE Program of Marshall ISD and the Boys & Girls Clubs of the Big Pines is solely for the use and benefit of Marshall ISD students in grades K-6.