



Red Rock Elementary
BEACON After School Program
Registration Form

**Please fill out this Registration Form and return it to your
child's classroom teacher by Wednesday, September 9th.
Session One begins Monday, September 14th.**

CONTACT INFORMATION: Jessica Driskell, driskellj@grandschools.org, 259-7326

Name of Student: _____ Date of Birth: _____

Teacher: _____ Grade: _____

Parent Name: _____ Cell Phone: _____

Home address: _____ Home Phone: _____

Work Phone: _____

Ethnicity:

____ Asian

____ Latino or Hispanic

____ African American

____ Native American or American Indian

____ Caucasian or White

____ Other

The BEACON Program is funded entirely through grants and contributions, therefore all contributions help us to provide after school activities and are much appreciated!

____ Yes, I would like to contribute financially: *Please attach check*

____ \$30.00

____ \$20.00

____ \$10.00

____ Yes, I would like to volunteer. The best phone number to reach me is _____

____ No, I am unable to contribute at this time.

The After School Program runs from 3:15 – 5:00, Tuesday – Friday. Please indicate how your child will get home from the program.

____ Parent pick up between 4:30 and 5:00

____ Other authorized person to pick up. Name _____

____ Student walks home

PARENT RELEASE FORM FOR RED ROCK ELEMENTARY AFTER SCHOOL PROGRAM

PROGRAM PARTICIPATION: I understand that as an after school participant, my child will be expected to attend the activities s/he has signed up for on Tuesdays through Fridays from 3:30pm – 4:30pm.

TRANSPORTATION AGREEMENT: I understand that my child may be using school district transportation during the after school Program. I give permission for my child to travel by a school vehicle with the program staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and there will be at least one staff member present at all times. I agree to release the program staff from any and all claims of damages, demands or liabilities, which may arise as a result of my child's participation on these trips.

OFF SCHOOL GROUNDS AUTHORIZATION: I authorize that my child has permission to go off school grounds when necessary to participate in after school activities, as some activities require the use of a facility or recreational area that is not available at the school. I agree not to hold the leader responsible for any accident or injury that may occur while my child is participating in an activity that is off school grounds. I also will not hold the teachers, school, or the school district responsible for any injuries occurring during said activities.

PHOTOGRAPH/VIDEO AUTHORIZATION: BEACON has my permission to use photographs taken by school staff in the club settings for use in local newspaper articles, grant reports and other after school club advertising. No photos will be posted on the internet, except for the school district's website.

STUDENT RELEASE: In consideration of my child's participation in the after school program, I do hereby agree to hold free from any and all liability the agency and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the program.

Parent/Guardian Signature

Printed Name

Date

Student Health Data: Please provide accurate student health information.

- Dietary restrictions: _____
- Current medications: _____
- Name of physician and telephone number: _____
- Special needs: _____
- Allergies:
 - _____ Nuts
 - _____ Insect Stings
 - _____ Other _____

Please list anyone who is legally restricted from contacting your child.

Name _____ Relationship _____