MHACG
MHA of Columbia-Greene

Catskill Kids Club After School Program
Student Registration Form

STUDENT INFORMATION

Date:

Session: *(to be completed by program)*

Last Name:

First Name:

Date of Birth:

Gender:

Parent/Guardian Last Name:

Parent/Guardian First Name:

Grade:

Teacher:

Street Address:

City:

State:

Zip:

Primary Phone:

Secondary Phone:

Email Address:

EMERGENCY CONTACT INFORMATION

Please provide at least two (2) emergency contacts, in addition to parent or guardian listed above.

Primary Contact:

Primary Phone:

Secondary Phone: *(optional)*

Secondary Contact:

Primary Phone:

Secondary Phone: *(optional)*

Additional Contact: *(optional)*

Primary Phone:

Secondary Phone: *(optional)*

RELEASE OF STUDENT AT DISMISSAL

Please list all adults authorized to pick-up your child. Program staff will **only** release your child to individuals on this list. Photo identification may be required to ensure safety.

My child will be picked up by me or one of the following individuals:

Full Name:

Primary Phone:

Relationship:

Full Name:

Primary Phone:

Relationship:

Full Name:

Primary Phone:

Relationship:

HEALTH AND SAFETY INFORMATION

Per Reg. 414.15(C)(6) we are required to maintain records for consent to medical treatment and health care provider. MHA of Columbia Greene is a health care provider that complies with all HIPAA confidentiality and privacy laws. All information is confidential and used solely by program staff to ensure the safety of students. To review our Notice of Privacy Practices, visit mhacg.org/privacy.

I grant permission for program staff to seek emergency medical treatment, if necessary: ◯ Yes ◯ No

Are immunization records filed at the school? ◯ Yes ◯ No

Necessary medical information & accommodations:

Name of Child's Physician:

Primary Phone:

List Allergies:

Need/Use an EpiPen?

◯ Yes ◯ No

Please advise if your child needs any accommodations to participate in the program, for example medical, physical, or dietary restrictions:

AGREEMENTS

I understand that the following agreements and consents are not pre-conditions for approval to participate in the Catskill Kids Club After School Program. ◯ Yes ◯ No

I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the MHACG After School Program staff. I also grant MHACG the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also herby release MHACG and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. *(Parents are notified if used)* ◯ Yes ◯ No

I consent for my child to take part in field trips, away from the program site, under supervision. ◯ Yes ◯ No

I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips. ◯ Yes ◯ No

I provided information on my child's special needs to the program to assist in the safety of my child. ◯ Yes ◯ No

I agree to review and update this information whenever a change occurs and at least once every year. ◯ Yes ◯ No

I understand that if at any time I change my mind about my child's participation (in any or all aspects), I will contact the site coordinator. ◯ Yes ◯ No

By signing below, I understand that my child's academic, behavioral, attendance, and engagement information may be shared with the New York State Education Department and its lawful contractors, to measure and evaluate the quality and implementation of the program as well as the effectiveness New York State's program in supporting student growth, as required by Title IV, Part B of the Every Student Succeeds Act (ESSA) [see generally sections 4205 (b) and 4203 (14)]. I grant my child permission to participate in the After School Program and certify that all information is accurate to the best of my knowledge.

Signature of Parent/Guardian *Printed Name* *Date*