



# 2018-2019 PROGRAM REGISTRATION

<i>Office use only</i>	
Enrolled Date	
Waiting List	
Drop Date	
Homeroom	
<b>Student ID</b>	

Eligibility for this program varies by campus funding. Eligible student participants will be considered registered in the program when all completed forms are returned to the after school program. Parents of elementary students must attend the program orientation prior to student participation in the program. As programs reach capacity, additional registrants will be placed on a waiting list.

**I am requesting that my son/daughter be allowed to participate in the following Fort Worth After School program:**

**Site: Mitchell Boulevard Elementary  
Hours of Operation: 4:00pm – 6:00pm**

## Student Information:

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ \*Grade \_\_\_\_\_  
Last First Middle Initial

*\*FWAS funding provisions at certain elementary sites require the recruitment of 3-5 graders only. See site for details.*

Birthdate (mm/dd/yy) \_\_\_\_\_ My child was enrolled in a Fort Worth After School Program last year: Yes \_\_\_ No \_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ **Parent Birthday** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**IN CASE OF EMERGENCY:** When parent cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

## Release Authorization:

My child will be getting home from the Fort Worth After School program in the following way (**mark only one**):

\_\_\_\_\_ I will pick up my child at or before the ending time.

\_\_\_\_\_ My child has permission to sign out and leave independently from the program. I understand that my child will no longer be under FWAS supervision.

\_\_\_\_\_ My child will ride the bus home. (**NOT ALL sites provide transportation, check with program staff**)

\_\_\_\_\_ My child will be picked up by another authorized person (listed below):

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Repetitive failure or severely late retrieval of students will result in removal from this program.**

*The program reserves the right to request picture ID from the adult(s) listed on this form prior to releasing the student.*

# PARENTAL CONSENT

\_\_\_\_ (Initial) **PARTICIPATION AGREEMENT**

The following is intended to create a safe environment for all student participants:

1. After a student is dismissed from school and signs into the after school program he or she may not leave the program site, unless prior arrangements have been made with the parent(s)/guardian(s).
2. Students must be picked up or dismissed according to the terms outlined in the program registration form. Students will be removed from the program after three late retrievals.
3. Regular attendance is expected. Frequent, unexcused absences may result in suspension from the program to make room for students on the waiting list.
4. Students will follow the behavioral expectations outlined in the District's *Student Code of Conduct*. Staff has the right to remove a student from the program if these expectations are not met.

\_\_\_\_ (Initial) **WAIVER OF LIABILITY**

By offering this program, Fort Worth ISD is not waiving any of the immunities available to it by law.

**I, the undersigned parent/guardian of the above-named minor child, do hereby fully release and discharge the City of Fort Worth, FWISD, and \_\_\_\_\_ (CBO Program Provide if applicable), including but not limited to program, staff, volunteers, and any persons associated with these organizations from all liability of any kind upon any claim, demand or cause of action, which might be asserted on behalf of said minor child.**

\_\_\_\_ (Initial) **HEALTH CARE NOT AVAILABLE**

I am aware that there is no nurse or health care assistant available after normal school hours; therefore I understand that medications left with the school nurse during the day will not be available to my child after school. **Emergency response (911) may be called if there is a medical emergency. The parent/guardian will be responsible for all expenses related to emergency medical care.**

**Please list any disabilities/allergies \_\_\_\_\_**

\_\_\_\_ (Initial) **PHOTO/MEDIA RELEASE**

\_\_\_\_ (Student name) has my permission to be photographed and/or recorded by: 1) FWISD staff, and/or 2) news media in conjunction with programs in the FWISD for any lawful purpose (print and/or electronic) without further notice to me. I also agree to hold harmless the FWISD and its representatives from any claims or cause of action directly or indirectly related to the photographing, videotaping or audio taping of my child for any lawful purpose; and to waive all monetary or other claims that might arise as a result of any lawful use of these materials. I certify that I am the parent or legal guardian of the above-mentioned individual and am authorized to give permission and consent.

\_\_\_\_ (Initial) **CUSTODIAL ISSUES/OTHER CONCERNS\***

Please provide the most recent legal documentation of custody/visitation restrictions. If this changes in the future, you must provide us with the current information. \* The program will enforce these guidelines until further notification in writing by parent/guardian.

Are there court orders affecting custody of this student? Yes (\_\_\_) No (\_\_\_)

If yes, please indicate who has custody during after school hours.

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Other \_\_\_\_\_

Are there any restraining orders? \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_ (Initial) **STANDARDS OF CARE**

I understand that the FWAS program is not a licensed childcare facility as defined by the State of Texas.

***I have read and understand the guidelines and sections outlined above. I give my permission for my son/daughter to participate in the Fort Worth After School program.***

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**