2019/2020 Delhi Unified School District HAWKS Program

**Registration Form**

(Please fill out a separate form for each student)

**Student’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Age**:\_\_\_\_\_\_\_

**Student’s Adress**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Number and Street** **City** **State** **Zip**

**Grade for the 2019-2020 school year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone- Day**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Evening**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone-Day**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Evening**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign-out Information**:

Safety is top priority in the program, each student is to check out with a staff member when they are leaving for the day. Please list some emergency contacts below. Thank you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Phone** |  | **Relationship** |  |
| **Name** |  | **Phone** |  | **Relationship** |  |
| **Name** |  | **Phone** |  | **Relationship** |  |

I give consent to the HAWKS Program to collect assessment data.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SITE DIRECTOR USE ONLY Student Returning: Yes No**

Date Application Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Day of Enrollment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency/Health Form Completed: Yes\_\_\_ No\_\_\_ Student I.D. #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended Parent Orientation: Yes\_\_\_ No\_\_\_ Homework Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ELL (Please Circle): Yes No If yes, what language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2019/2020 Programa de HAWKS de la Distrito escolar unificado de Delhi

**Formulario de Matriculación**

(Favor de llenar un formulario separado para cada estudiante)

**Nombre del Estudiante**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fecha de Nacimiento**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Edad**:\_\_\_\_\_\_\_

**Dirección del Estudiante**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Número y Calle** **Ciudad** **Estado** **Código Postal**

**Grado** **para el año escolar 2019-2020**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Correo electrónico de los padres: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Padre/Tutor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teléfono- Día**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Noche**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Padre/Tutor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teléfono- Día**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Noche**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Información para salir del programa**:

La seguridad es la máxima prioridad en el programa, cada estudiante debe verificar con un miembro del personal cuando se van a pasar el día. Enumere algunos contactos de emergencia a continuación. Gracias.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nombre** |  | **Teléfono** |  | **Relación** |  |
| **Nombre** |  | **Teléfono** |  | **Relación** |  |
| **Nombre** |  | **Teléfono** |  | **Relación** |  |

Doy permiso al Programa de HAWKS para colectar datos de evaluación.

Firma de Padre/Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARA USO DEL DIRECTOR DEL PROGRAMA Student Returning: Yes No**

Date Application Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Day of Enrollment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency/Health Form Completed: Yes\_\_\_ No\_\_\_ Student I.D. #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended Parent Orientation: Yes\_\_\_ No\_\_\_ Homework Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ELL (Please Circle): Yes No If yes, what language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAWKS Program

**Emergency Card**

Site: Delhi High School

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_**

 **(Last) (First)**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of 2 (TWO) alternative friends or relatives who can be contacted in case Parent/Guardian cannot be reached:**

**1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician to be called in an Emergency:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**============================================================**

**Medical Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medi-Cal #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital used in an Emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies/Medical Limitations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage:\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) Given:\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage:\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) Given:\_\_\_\_\_\_\_\_\_\_\_\_**

**I VERIFY that the information on my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child’s physician at my expense, to provide the necessary emergency medical treatment of my child.**

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

Programa de HAWKS

**Tarjeta de Emergencia**

Lugar: Escuela secundaria de Delhi

**Nombre de niño:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de nacimiento:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Edad:\_\_\_\_\_\_\_ Sexo:\_\_\_\_\_\_\_**

 **(Apellido) (Nombre) Código**

**Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cuidad:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado:\_\_\_\_\_\_\_\_ Postal:\_\_\_\_\_\_\_\_**

**Padre/Tutor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (Día):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (Noche):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Padre/Tutor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (Día):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (Noche):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de 2 (DOS) personas alternativas o parientes con quienes podremos comunicarnos en caso que no podemos colocar al padre/tutor:**

**1. Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (día):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (noche):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (día):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono (noche):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Médico que se debe llamar en una emergencia:**

**Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teléfono:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**============================================================**

**Seguro de enfermedad:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# de Medi-Cal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital de emergencia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alergias/Limitaciones medicas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medicaciones actuales:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosis:\_\_\_\_\_\_\_\_\_\_\_\_ Tiempo(s) de administración:\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosis:\_\_\_\_\_\_\_\_\_\_\_\_ Tiempo(s) de administracion:\_\_\_\_\_\_\_\_\_\_\_**

**YO COMPRUEBO que la información de mi niño(a), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, es completa y correcta. Entiendo que medidas razonables se tomaran para mantener la seguridad de todos los participantes y que seré notificado lo más pronto posible en caso de una emergencia. En caso de una emergencia, si no se pueden comunicar con migo, autorizo transportación a un lugar medico y/o que le llamen al médico de mi niño/a a mi costo, para proveer el tratamiento de emergencia médica de min niño/a.**

**Firma de Padre/Tutor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Delhi High School

HAWKS Program

Dear Parents,

We will be showing movies a couple times a month for movie Fridays. The movies will be G rated, or child friendly PG. We need parent permission to allow students to watch movies. Please sign below and return to the Afterschool staff so that we may have permissions slips on file. If you have any questions or concerns, please contact me.

 Yes, my child is allowed to watch G, PG, or PG-13 movies

 No, my child is not allowed to watch G, PG, or PG-13 movies

Thank you,

Andy Capizzi

Program Coordinator

209-631-7349

Students Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Delhi Unified School District HAWKS Program**

**Parent Agreement**

**As the HAWKS Program is a collaboration of different agencies, parent collaboration is also requested to achieve better results for the future of our children. In this connection, this parent agreement is most essential.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First M.I.**

**I have read the Parent Pamphlet as well as the behavior accountability guide and will go over them with my child to make sure that they are understood and abide with them. In addition, I agree to the following:**

* **I will see to it that my child brings his/her homework to the program and I will review it with them when he/she comes home from the program.**
* **I understand that disruptive and disrespectful behavior will not be tolerated and would be a reason for dismissal from the program.**
* **I understand that school suspension of a child would also mean a program suspension.**
* **My designated person(s) or I will attend orientations/conferences when needed.**
* **I will notify my child’s program leader or the site coordinator of any changes as to our phone and emergency numbers as well as addresses.**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Programa de A.C.E.S Primaria de Le Grand**

**Acuerdo de Padres**

**El programa de A.C.E.S. es una colaboración de diferentes agencias, que también pide colaboración de los padres para lograr mejores resultados para el futuro de nuestros hijos. A este respecto, este acuerdo de padres es muy esencial.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Apellido Nombre Inicial**

**Maestro (a) de salon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **He leído el Folleto de Padres y la guía de comportamiento y lo repasare con mi hijo/a para asegurar que lo entienden y que cumplirán con ellos. Además, estoy de acuerdo con lo siguiente:**

* **Me aseguraré que mi niño lleve su tarea al programa y lo repasare con el cuándo llegue a casa.**
* **Entiendo que la conducta disruptiva y irrespetuosa no se tolerara y será suficiente razón para despedida del programa.**
* **Entiendo que un a suspensión escolar de min niño también sería una suspensión del programa.**
* **La persona nombrada o yo asistiremos a las orientaciones de padres/conferencias cuando sea necesario.**
* **Notificare al líder del programa de mi niño o a la coordinadora del programa de cualquier cambio de nuestros números (regulares y de emergencia) y de domicilio.**

**Firma de Padre/Tutor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**