

School Site _____

Grade in 2019-2020 _____



CASP REGISTRATION FORM- VIRTUAL SUMMER PROGRAM 2020

Students are expected to participate every day of program.
June 3 to June 18, Monday - Thursday 12:00p.m - 4:00p.m

(PLEASE PRINT)

Student's Legal Name: _____ Birth Date: ____ / ____ / ____ Age: _____

Student's Home Address: _____
and Street City State Zip Code

Student's Mailing Address: _____
P.O BOX City State Zip Code

Parent/Guardian Name	Cell Phone	Work Phone	Email Address
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	()	()	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	()	()	

Authorized Contact Information – may reached by phone, text, and or email (contact must be 16 years or older)

ONLY individuals listed below are authorized to be contacted regarding my child. In case I cannot be reached in an emergency, I give consent to the CHOICES After School Program to contact these individuals. Written permission is REQUIRED if an authorized person other than the persons listed below changes.

Name	Cell Phone:	Relationship	Email Address
	()		
	()		
	()		
	()		

Media Release

Student accomplishments may draw the attention of newspapers, television stations, or other media that visit our programs to photograph, videotape, and/or interview students and staff during activities. We often use photographs of our students in Tulare County Office of Education publications and/or broadcasts, and on our website. For our protection and your child's privacy, we must know your preference for your child to be photographed, videotaped, or interviewed by the news media or for Tulare County Office of Education publications and/or broadcasts. No personal information about your child will be released.

Initial one of the statements below:

_____ I AUTHORIZE my child to be photographed, videotaped, or interviewed. I also give permission for the Tulare County Office of Education to use my child's photograph or words in its publications, broadcasts and/or internet postings.

_____ I DO NOT AUTHORIZE my child to appear in different forms of media.

SITE LEAD USE ONLY

Application Received: ____ / ____ / ____
Time: _____ Reviewed by: _____
First Day in SUMMER Program 2020: ____ / ____ / ____

Student I.D. # _____
Photo Release: YES NO
Enrolled in CHOICES (2019 – 2020) YES NO

Other Information

YES NO Does your child have an IEP, 504 Plan, and/or Care Plan? *
If YES, please specify: _____

By indicating YES, we request you provide a copy of the relevant documents.
*This information may assist us in determining how best to meet your child's needs.

YES NO If you can't be reached, do you authorize your child to be transported by ambulance to a medical facility, at your expense, for treatment?

Program Agreement

1. **ENROLLMENT & MEDICAL INFORMATION:** After receiving all completed forms, the site Lead will contact the parent/guardian with a program start date for their child. It is the responsibility of the parent/guardian to notify the site Lead of any changes to medical information while the student attends CHOICES, as the school is unable to share this information with CHOICES.
2. **BEHAVIOR EXPECTATIONS:** Students are expected and coached to behave in a safe, respectful and responsible manner toward other students, CHOICES staff and school property every day. Students choosing not to meet these terms may be dismissed from the program.
3. **POLICY ON LIABILITY:** CHOICES is a voluntary program and not liable for the payment of expenses incurred as a result of injury. CHOICES is not liable for replacing personal items that may become damaged or lost during program activities.
4. **PARENTAL SUPPORT:** Partnership is an important factor in every child's learning. The site Lead will announce opportunities for which parent(s)/guardian may offer support (e.g., special events, study trips). Please contact our office at (559) 651-0155 with questions about the program's Volunteer Policy. Modeling positive communication with after school staff on a daily basis is another effective way to provide support to the program.
5. **VIRTUAL PROGRAM:** I parent/guardian give consent for my child to participate in this virtual summer program. I understand CASP staff will/may interact with my student via group online platforms such as ZOOM, CLASS Dojo, Google Platforms, Phone Call, parent/student email, etc.

Initials: _____

I hereby release, indemnify, and agree to defend and hold harmless the Tulare County Superintendent of Schools, the Tulare County Board of Education, the Tulare County Office of Education (TCOE), and their employees, officers, agents, volunteers, nominees, designees, successors or others for whom they are acting, from any and all liability of any nature or description by virtue of my, and/or my child's, participation in the CHOICES After School Program, and from and against any liability, claims, actions, costs, damages or losses of any kind, including death or injury to any person and/or damage to property, including TCOE property, arising from, or in connection with, my, and/or my child's participation in the Choices After School Program, or my and/or my child's errors or omissions in completing this registration form.

I have read and understand the terms provided in this Registration Form. I verify that the information provided is complete and accurate to fullest of my knowledge. If I have questions or concerns about the program not addressed in this form, I understand it is my responsibility to contact the CHOICES After School program.

X

Parent/Guardian Signature

Print Name

Date