

P.A.V.E. After School Program Registration Form

Student's Name _____

Grade _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Homeroom Teacher _____

Parent/ Guardian Information:

Parent/ Guardian Name _____

Work Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contact Information:

Please list people to contact in an emergency if the parent/guardian listed above is unavailable.

Emergency Contact Person #1

Name _____

Phone #'s _____

Address _____



S-VE High School
P.O. Box 307,
Dartts Cross Rd
Spencer, N Y 14883

Site/ Enrichment Coordinator
Shelley Lester 607- 589-7111
607-259-7970
E-MAIL slester@svecsd.org

Emergency Contact Person # 2

Name _____

Phone #'s _____

Address _____

Please list below any medical conditions and allergies including food, medical, insect bites or stings.

Transportation Options:

The P.A.V. E. After School Program will operate from 3:00- 6:00 P. M. Monday through Friday. Bus transportation is available at 4:00 P.M. Monday through Thursday. Please indicate your child's go home plan:

_____ **My child will ride the bus to the following address:**

Street _____ City _____

_____ **My child will be picked up from the program. The following people are permitted to pick up my child from the P.A.V.E. After School Program:**

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

For the safety of your child please contact site coordinator with any changes that may occur through out the year, such as a different go home plan, changes to phone numbers, pick up information, emergency contacts, updated medical, and or insurance information.

As a parent we welcome your involvement in our program, please indicate if you are available and interested in volunteering during the after school program hours, or as a chaperone for field trips. ____Yes ____No

_____ Date _____

(Parent/Guardian Signature)

**Confidential P.A.V.E. After School Program 2009-2010 Confidential
Consent for Emergency Treatment Form**

Child's Name:	Birth date:
Address:	Medical #
City: Zip Code:	Insurance #
Parent/Guardian Name:	Home Phone # Cell Phone #
Address:	Employer Name:
City: Zip Code:	Employer Phone #
Parent/Guardian Name:	Home Phone # Cell Phone #
Address:	Employer Name:
City: Zip Code:	Employer Phone #

Please note any concerns in the areas listed below:

Medical:	Allergies (drug, food, insect bites or stings):
Physical limitations:	Current Medications:

Do you have a restraining order? **Yes** **No** If marked yes the program must have a copy of the restraining order on file with the site coordinator.

Do you have a custody order? **Yes** **No** If marked yes the program must have a copy of the custody order on file with the site coordinator.

I, the parent/guardian hereby give my consent in the event of a medical or dental emergency to transport my child to the nearest emergency room for treatment.

Parent/guardian: _____ Date: _____

Staff: _____ Date: _____

P.A.V. E. After School Program Consent to Share Information

Due to the nature of the funding of the program, certain statistics must be gathered for reporting purposes. All data collected will be used in a confidential manner. The after school program needs permission to collect academic information on all the children enrolled. This information includes test results and grades. The information reported will be presented in overall test scores and grades, not listing children individually. The funding **requires** yearly academic reporting.

I _____ as the
parent/guardian of

Parent/Guardian's name

_____ have been advised by the P.A.V.E
After

Student's name

School Program from my child's school that my child will be enrolled in this voluntary program. I understand that the after school program has been developed to assist the school district in improving my child's academic, social, educational, employment aspirations.

It has also been explained to me that in order to measure the success of the program

Representatives of the program will have to review my child's progress report cards, testing reports, discipline records, and attendance. I understand that the representatives may have this information for cumulative student progress and reporting uses. I grant permission for the representatives to review and have copies of these said documents and other documents directly related to the grant funding requirements. I also understand that these documents will be reviewed by an independent program evaluator, in compliance with the grant funding regulations all information will be kept strictly confidential. I understand that the case file will be kept in a secure area.

Parent/guardian Signature

Date

P.A.V.E Representative

Date

P.A.V.E After School Program Media Release Form

Dear Parent/Guardian,

During the normal course of our programming photographs will be taken. Many of the photos are for documentary purposes only. There may be occasions when it is deemed necessary and beneficial to use the photographs publicly. The photos may be published in local and regional newspapers, school district newsletters and in formal regional newspapers, and in formal presentations. Your child's photo and name will not be released in the media without your consent. Please indicate your choice and include your signature and date in the space provided below.

Newspaper

- I give** my permission for my child's **photo** and **name** to be used in the newspaper.
- I do not give** my permission for my child's **photo** and **name** to be used in the newspaper.
- I give** my permission for my child's **work** and **name** to be used in the newspaper.
- I do not give** my permission for my child's **work** and **name** to be used in the newspaper.

Web Page

- I give** my permission for my child's **photo** and **name** to be used on the web e.g. program web page.
- I do not give** my permission for my child's **photo** and **name** to be used on the web e.g. program web page.
- I give** my permission for my child's **work** and **name** to be used on the web e.g. program web page.
- I do not give** my permission for my child's **work** and **name** to be used on the web e.g. program web page.

Parent/Guardian Signature _____ Date
