

STUDENT REGISTRATION FORM

Program: _____
Year: _____
Location: _____

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Ward: _____
DCPS Student ID #: _____ Date of Birth: _____
Gender: _____ Language Spoken at Home: _____ Race/Ethnicity: _____
Current School Attending: _____ Current Grade: _____

Parent's Last Name: _____ Parent's First Name: _____
Parent's Address (if different from youth): _____
Home or Cell Phone: _____ Work Phone: _____
Emergency Contact Person: _____ Phone: _____

Adult(s) authorized to pick your child up from the program: _____

List any of your child's medical, physical, or mental health needs that require special attention:

List any medications your child takes regularly: _____

List any food allergies: _____

Do you consent for your child to receive medical attention in the event of an emergency?
Yes _____ No _____

PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational activities and I hereby give permission for my child to participate in all activities conducted by the program, including educational activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local (school) site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. I understand that if my child is not picked up from the local site by 2 p.m., he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW (202) 671-SAFE.

Signature: _____ Relationship to Student: _____

Parent/Guardian

Date: _____ Email _____

I am interested in registering my youth for the EE2 After School Program beginning in September.

Yes _____ Date: _____

Parent's Signature

No _____