



August 18, 2018

Dear Parents:

Atlanta ISD is proud to announce the BLAST afterschool program is back and we want your child included! Atlanta ISD along with the Texas ACE (Afterschool Centers on Education) network is once again proud to offer this outstanding program.

In order to provide a consistent program please understand that by registering your child, you are committing them to **daily participation** (Monday-Thursday). We want to emphasize the importance of **daily attendance**. Much planning will be done to ensure that your student's academic and enrichment needs are being fulfilled. It is **imperative** that your child be present each day!

A rigorous academic program will be offered daily that will include preparation for the STAAR testing and daily tutorials. Homework assistance will also be provided. In addition, an exciting and fun-filled enrichment program will be offered each day. BLAST will also provide your child with a meal before daily dismissal.

Participation in this program is **free** but enrollment in this program is **limited**. In order to ensure your child's participation in this program, you must complete the enclosed registration form and return it to your child's school on or before Friday, August 24, 2018.

**BLAST/ACE AFTER SCHOOL**  
Monday-Thursday 3:30p.m.-6:00p.m.  
Begins Tuesday, September 4, 2018  
Car rider pick-up begins at 5:45!!!

A full meal and bus transportation will be provided for all BLAST students

**BLAST/ACE MORNING PROGRAM**  
Monday-Friday 7:00 a.m.-8:00 a.m.  
Begins Tuesday, September 4, 2018  
Transportation is **not** provided for the morning program

If you have any questions about the program or registration, please contact your child's campus. We are looking forward to a great school year with many learning opportunities and enrichment opportunities. We are going to have a BLAST!

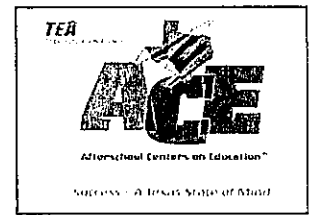
Sincerely,

Terre Gaston  
Director of After School Programs  
Atlanta Independent School District



Afterschool Centers on Education™

# BLAST Participant Registration Form 2018-2019



Participant's Last Name  Participant's First Name  Middle Initial  Home Phone #

Home Street Address  City  State  Zip

Age  Gender (M or F)  SSN#

Birth Date  Grade in August 2018

Student's Primary Language

Student/Participant lives with: (check one)

- Both Parents
- Foster Care
- Single Parent Mother
- Single Parent Father
- Guardian
- Other \_\_\_\_\_

The Student/Participant will:

- Walk home
  - Be picked up
  - Ride BLAST transportation to address below:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Is there any medical reason why my child shall not participate in certain physical activities?  No  Yes

Is yes, explain below:

*List below anything else (allergies, medications or special needs) that the staff should know about your child.*

\*\*Parent or Guardian is responsible for notifying BLAST staff of any changes\*\*

## Household Information

Parent/Guardian 1 Last Name  First Name  Home/Cell Phone  WorkPhone  Relationship

Parent/Guardian 2 Last Name  First Name  Home/Cell Phone  WorkPhone  Relationship

*Please list any other siblings in household who attend school:*

Name of student	School attending	Grade	In BLAST at this campus?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No

*In the event of emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.*

1<sup>st</sup> Emergency Contact (Last, First)  Phone #  2<sup>nd</sup> Emergency Contact (Last, First)  Phone #

**ADULTS AUTHORIZED TO PICK UP STUDENTS:** Please list all adults who are authorized to pick up students. If no adults are listed below, **ONLY THE PARENT/GUARDIAN LISTED ABOVE WILL BE ABLE TO PICK UP**

Last Name	First Name	Home Phone	Work Phone	Relationship

## PERMISSION FOR BLAST ACTIVITIES

### ***Custodial Issues/ Other Concerns (If applicable)***

I will 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 \_\_\_\_\_

### **WAIVER of LIABILITY**

We, the parents/guardians of the above-named minor child do hereby fully release and discharge AISD and the campus 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.

### **PHOTO RELEASE**

The above named student has my permission to be photographed or recorded by: 1) AISD staff, and/or 2) news media (TV, newspapers, radio, and magazines, ATLISD website, Facebook and Twitter) in conjunction with programs in the AISD for any lawful purpose without further notice to me.

I also agree to hold harmless the AISD 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. You must give written notification if you do not wish your student's photo or video to be used.

### **PARTICIPATION AGREEMENT**

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

1. Once a student signs into the after school program, after they are dismissed from school, 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 may be removed from the program if they are not picked up in a timely manner.
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.
5. Students' test scores, grades, attendance, and discipline may be tracked to adhere to grant guidelines and provide data on program success.

### **STANDARDS of CARE**

I give my permission for my son/daughter to participate in the AISD BLAST after school program.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

You signature on this form indicates agreement with all policies stated. If you wish to restrict any information, you must submit a specialized request