

Florence High School - ACE PROGRAM
21st Century Community Learning Centers
2018-2019 Registration Form

*(You will be notified in writing once your child is accepted into the program.
Because of limited space in some programs, students may have to be placed on a temporary waiting list.)*

School Campus

Florence High School

PLEASE PRINT AND COMPLETE BOTH SIDES OF REGISTRATION FORM

Student _____ **Teacher :** _____
Last Name First Name Middle Name

Male _____ **Female** _____ **Birthdate** ____ / ____ / ____ **Current age** _____ **Student's 2018-19 Grade Level** _____

Mailing Address _____
P.O Box/Street City Zip

Physical Address _____
Street/Road City Zip

Student lives with: (circle) Both parents Single Mom Single Dad Foster Care Guardian Other _____

Sibling: _____
Sibling: _____
Sibling: _____

Sibling's Campus: _____
Sibling's Campus: _____
Sibling's Campus: _____

Student's primary language _____

Primary language spoken at home _____

Parent or Guardian #1

Last Name _____

First Name _____

Primary Phone (____) ____ - ____

Secondary Phone (____) ____ - ____

EMAIL: _____

Relationship to child _____

Authorized to pick up student YES NO

Parent or Guardian #2

Last Name _____

First Name _____

Primary Phone (____) ____ - ____

Secondary Phone (____) ____ - ____

EMAIL: _____

Relationship to child _____

Authorized to pick up student YES NO

In the event of an emergency, parent/guardian will be contacted first. If parents cannot be reached, please call:

Emergency Contact Last Name _____

First Name _____

Primary Phone (____) ____ - ____

Secondary Phone (____) ____ - ____

EMAIL: _____

Relationship to child _____

Authorized to pick up student YES NO

*****PLEASE SEE BACK FOR PAGE 2*****

2018-2019 Registration Form, page 2
PLEASE PRINT AND COMPLETE BOTH SIDES OF REGISTRATION FORM

Is there any medical reason why your child should not participate in certain physical activities? Yes _____ No _____

Is there any additional information that we need to know about your child? _____

Allergies: _____

Medical Conditions: _____

Special Needs: _____

TRANSPORTATION

****MOST OFTEN, at program dismissal time, my child: (SELECT ONE ONLY)**

A. Will be riding the **BUS** home Yes _____ No _____

B. Has permission to **WALK** or ride his/her **BIKE** home Yes _____ No _____
(Does NOT apply to students in Kinder through 2nd grade)

C. Will be **PICKED UP** by a parent/guardian or emergency contact Yes _____ No _____

**If my child will not do the above, I understand I am to notify the ACE Site Director or school NO LATER THAN NOON DAY OF to make alternative arrangements.

I give my consent for photographs and videos of my student taken during Florence ACE Program activities to be used for the purpose of education and public relations.

YES NO (CIRCLE ONE)

I hereby give permission for my student to take part in Florence ACE Program activities, which may include off-site events (including field trips), academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I further give my consent to the school district and Florence ACE Program to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district and/or Ace program will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement, and to obtain continued funding for the program.

Parent or Guardian Signature

_____/_____/_____
Date

****Parent or Guardian is responsible for notifying ACE staff of any changes to information on this document. ****