

Choose your site:

RUSD Extended Learning Program Student Registration Form



Academic Enrichment Sites 2018-2019 School Year

| Dr. Jones* (KG-5th grade) | | _ Roosevelt* (KG-5th grade) |
|---|----------------------------|--|
| Fratt (KG-5th grade) | | _ SC Johnson (KG-5th grade) |
| Goodland (KG-5th grade) | | _ Starbuck* (6th-8th grade) AM PM |
| Janes (KG-5th grade) | | _ West Ridge* (KG-5th grade) |
| Julian Thomas* (KG-5th grade) | AM PM | _ Case* (9th-12th grade) |
| Knapp* (KG-5th grade) | | Case: Write the club(s) you are signing up for below: |
| Mitchell (KG-2nd grade) AM | | |
| Mitchell*(3rd-8th grade) AM | PM | |
| | | |
| | | ian Thomas, Knapp, Mitchell (3rd-8th grade), Roosevelt, e for 2018-19 Program Year. |
| | Student Inf | ormation |
| | | |
| Student Name: | | |
| Last | First | Middle |
| | | |
| Date of Birth: | Age: | Gender: □Male □ Female |
| Curent School Attending (Daytim | e): | Grade Level: |
| Student Lives With (example: Pare | ents, Guardian, Foste | er Care, etc): |
| Transportation Home (check 1): |]Picked Up 🗆 Walk | Home □Activity Bus (*Not available at all sites) |
| Does your child have any restriction etc. | ons on activity? □Ye | s \square No If yes, please explain; list any allergies, meds, |
| | inhaler or epi-pen, the 1 | Extended Learning Program must have a completed |
| Prescriber's Medication Form and the m | | |
| Photograph Consent: I give conser | nt to take my child's pl | hotograph during program activities, to be used for |
| education and public relations purp | oses. | |
| •My child has special needs that requir | re additional assistance/s | special accommodations to participateYesNo |
| •My child has an accommodation plan | | |
| | | l assistance/special accommodations to participate, |
| | | to the program unless doing so would impose undue |
| | | due to unsafe behaviors, an IEP team or 504 meeting will be |
| convened to discuss possible removal of | or further reasonable acc | commodations. |

RUSD Extended Learning Program

Registration Form Continued

| Parent/Guardian Information | | | | | | |
|---|---|--|---|---|--|--|
| Parent/Guardian Nam | e(s): | | | | | |
| Address: | | | | | | |
| Street | | Apt# | City/State | Zip | | |
| Home #: | Cell #: | Emails | : | | | |
| | Additional Emerg | gency Contac | ct Information | | | |
| Contact's Name: | | Relationship to Child: | | | | |
| Phone # | 2nd Phone # | | Pick-up Child | : □Yes □No | | |
| Contact's Name: | | R | Relationship to Child: | | | |
| Phone # | 2nd Phone # | | Pick-up Child: □Yes □No | | | |
| legal restrictions. | strictions are in effect. List | | • | | | |
| | ee Information: Fees are ba | • | | | | |
| Families will be invoice | ed monthly. Fees are non-refu | | - | ease contact our office | | |
| I hereby give permission for my continuing education, and recre the child and will call, if necessa any transportation charges and participation of my child listed to the program to share my chilchild's records to evaluate individent the program. I hereby certification of the program. I hereby certification is the program of the program. I hereby certification is the program of | CAREFULLY Must be concluded isted on this form to take partiational programs. If a medical emergency, a public emergency vehicle for transmedical expenses incurred. I agree that the front, I will notify the staff im d's records for purposes of education dual progress and improvement, as by that I have read and understand the extended Learning Program Registal a completed registration form is tu | t in the activities, wh gency arises, program ansport to an emerge hat if a health condit mediately. I further unal support and assist well as to evaluate the above information | ich may include off-site events, a in staff will take all steps necessar ency facility. I understand that I value ion exists now or in the future what was a reason-reason. I naddition, I understand the e overall impact of the program to the coverall impact of the program to the guarantee my child's placements. | cademic assistance, y to ensure the safety of will be responsible for hich would impact the refundable. I give my consent hat the program may use my o obtain continued funding ht in the Program. Students | | |
| Signature: | Print 1 | Name: | | _ Date: | | |