

Communities In Schools of Jackson Parish - After School Enrichment

REGISTRATION Form for Year 2020-2021

School _____

Child's Last Name: _____

(MI): _____

First Name: _____

Grade Level: _____

Gender: _____

DOB: _____

DOB: ____/____/____

Age: _____

African American

Hispanic

Multiracial

Student's Sex: _____

Less than _____

Name: _____

Work phone # or Cell phone: _____

Family Arrangement:

2 Parents

Person(s) authorized to remove child: (please enter) _____

Mother: YES NO

Father: YES NO

Person to be contacted in case of illness, accident, emergency, and authorized to remove the child from the facility in the absence of a parent/guardian. If none, please indicate None

Name: _____

Address: _____

Phone #: (____) _____ - _____

Relationship: _____

Physician Name: _____

Physician: _____

(If "Yes" please, explain): _____

For more information on the After School Enrichment Program _____

Students may be removed from the program for poor behavior and attendance.

Program participant _____



Communities In Schools

Communities In Schools of Blacksburg, Inc.

Date: _____

and return to _____ Office immediately.

Student Name _____

Address _____

City: _____

Phone _____

Cell Number _____

Relationship _____

Cell _____

A. Diabetes Yes No
B. Asthma Yes No

D. Hemophilia or bleeding disorder Yes No
E. Other (if yes, please specify) _____

Illness? Yes No

If yes, please specify _____

Does your child have allergies? Yes No

Please specify: _____

Is your child currently taking any medication? Yes No

administered prior to beginning of the afterschool enrichment program day. Youth who show signs of being sick may be asked to return home and or may not be allowed to attend the afterschool enrichment program. Only Parents/Guardian are only allowed to administer medication.

At _____ physician indicated on the application and to follow his/her instructions. If it is not possible to contact this physician, the school may _____

Parent/Guardian Signature _____

Date _____



Communities In Schools

Communities In Schools

Sibling Notification

Date: _____

Parent Information

Name: _____

Mailing Address: _____

Zip Code: _____

Home Phone: _____ Cell: _____

Please note: Parent form must be completed for each program.

Siblings ID#	Siblings Name	Siblings	Siblings Relationship

Special Note:

Regular daily attendance is requirement. As a participant doesn't have regular daily attendance.

Parent Signature _____

Date _____



Parent/Guardian COVID-19 Liability Release Waiver

Please print:

Date: _____

Parent/Guardian Name: _____

- I acknowledge the community health officials and staff have recommended practicing social distancing, wearing face masks, and other measures to reduce the spread of a Coronavirus (COVID-19) throughout the afterschool program operation where my child(ren) is/are further exposed to that community.
- I understand that the risk of exposure to COVID-19 is not limited to staff, students and their families.
- I understand that my child(ren) is/are at risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to in place to reduce the spread by my child(ren).

- * my child(ren) are/is/are not currently traveling internationally within the last 14 days.
- * I or my child(ren) have not traveled to a state with a confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by a health authority.
- * I am following the CDC's guidelines.

I hereby release and agree to hold Communities of Schools - Jacksonville, Inc. (COS) Board of Directors harmless from, and waive claims for, injuries, damages, costs, expenses and compensation for damage.

This release extends to all activities provided throughout Communities of Schools - Jacksonville, Inc. that may arise from, or in connection with, the activities.

- By signing below, I acknowledge that I am releasing the foregoing liability release waiver and understand the nature and extent of the risks involved and give my voluntary consent in signing this as my own free will, and I hereby release waiver as my own free will.

This waiver will remain effective under all laws applicable to the activities.

Date: _____

Parent/Guardian Signature