



[] New High Point Academy Student

[] Returning High Point Academy Student

Participant's Last Name, Participant's First Name, Middle Initial

Home Street Address, City, State, Zip

Parent E-Mail

Age, Gender (M or F), Birth Date

Primary Number, Teachers name

Grade level, Student's Primary Language

Student/Participant lives with: (check one)
[] Both Parents, [] Single Parent Father, [] Foster Care, [] Guardian, [] Single Parent Mother, [] Other

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 FOS staff of any changes

Household Information

Parent/Guardian 1 Last Name, First Name, Home/Cell Phone, WorkPhone, Relationship, Preferred Contact
Parent/Guardian 2 Last Name, First Name, Home/CellPhone, WorkPhone, Relationship

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

1st Emergency Contact (Last, First), Phone #, 2nd 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

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 _____

PERMISSION FOR ACTIVITIES

WAIVER of LIABILITY

We, the parents/guardians of the above-named minor child do hereby fully release and discharge F.A.C.E.S of Success and the HPA campus including but not limited to program, staff, (CBO/Program Provider) 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.

HEALTH CARE NOT AVAILABLE

I am aware that there is no nurse or health care assistant available after normal school hours; therefore I understand that medications left with the school nurse during the day will not be available to my child after school. **Emergency response (911) will be called if there is a medical emergency. The parent/guardian will be responsible for all expenses related to emergency medical care.**

PHOTO RELEASE

The above named student has my permission to be photographed or recorded by: 1) F.A.C.E.S of Success staff, and/or 2) news media (TV, newspapers, radio, and magazines) in conjunction with programs at High Point Academy for any lawful purpose without further notice to me.

I also agree to hold harmless the F.A.C.E.S of Success program 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. Students will follow the behavioral expectations outlined in the High Point Academy *Student Code of Conduct*. Staff has the right to remove a student from the program if these expectations are not met.

STANDARDS of CARE

I have been informed that the F.A.C.E.S of Success after school program is not a childcare facility and is not licensed by the State of Texas.

I give my permission for my son/daughter to participate in the F.A.C.E.S of Success 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

****Please Note: Space is limited in the F.A.C.E.S. of Success after school program. In order to officially register and secure your child's place in the program, the \$35 registration fee must be paid.**

For Administrative Use Only:

<input type="checkbox"/> Pd \$35 Registration Fee	Indicate any special notes regarding tuition rate:
<input type="checkbox"/> Pd \$ _____ Tuition Fee	