



STUDENT REGISTRATION FORM

2018-2019

PLEASE READ CAREFULLY AND PRINT CLEARLY.
THIS REGISTRATION FORM MUST BE COMPLETED IN ITS ENTIRETY.

The following applies to Harris County Department of Education and its CASE for Kids Division and their respective program service providers, non-profit organizations, independent school districts, and/or contributing fund organizations, collectively, "HCDE and Partners."

SECTION I SITE/CAMPUS OFFICE USE ONLY					
ORG. OR DISTRICT		SCHOOL OR PROJECT SITE(S)			
PROGRAM(S)		SCHOOL DISTRICT SERVED			
DATE OF ADMISSION		DATE OF WITHDRAWAL			
SECTION II STUDENT INFORMATION					
List all children enrolling in a CASE for Kids program(s).					
Name (Last, First)	DOB	Grade	Gender	Race (African-American, White, Asian/Pacific Islander, Native American, Other, Two or More)	Ethnicity (Hispanic or Non-Hispanic)
SECTION III HEALTH INFORMATION					
Please complete this section for each child listed above.					
Name (Last, First)	Medications	Allergies	Health Problems	Participate in Recreational Activities?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION IV PARENT/GUARDIAN INFORMATION					
Parent/Guardian Name			Home Phone		
Mobile Phone		Work Phone			
Home Address			Email		

Emergency Contact (other than above)			Home Phone	
Mobile Phone			Work Phone	
Home Address				
Child(ren) will only be released to a parent or a person designated by the parent/guardian after verification of ID. I hereby authorize the program to allow my child(ren) to leave ONLY with the following persons. Please list name and telephone number for each.				
Name		Phone		Relationship to Child
Name		Phone		Relationship to Child
<input type="checkbox"/> MY CHILD(REN) HAVE PERMISSION TO BE RELEASED TO THE CARE OF HIS/HER SIBLING(S) UNDER THE AGE OF 18 YEARS.				
SECTION V AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION				
I hereby give consent for my child(ren) to be transported and supervised for emergency medical care. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the program to transport my child(ren) to:				
Physician		Phone		
Address				
Dentist		Phone		
Address				
Emergency Medical Care Facility		Phone		
Address				
<input type="checkbox"/> I GIVE CONSENT FOR THE PROGRAM TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD(REN).				
SECTION VI PARENT/GUARDIAN CONSENT				
For each section below, check the box(es) indicating whether or not you give your consent.				
TRANSPORTATION:				
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child(ren) to be transported/supervised by HCDE and Partners' employees <u>to walk home.</u>				
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child(ren) to be transported/supervised by HCDE and Partners' employees <u>on field trips.</u>				
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child(ren) to be transported/supervised by HCDE and Partners' employees <u>to and from home.</u>				
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child(ren) to transport themselves <u>to and from school.</u> (HS only)				
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child(ren) to be transported by other student(s) <u>to and from school.</u> (HS only)				
FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child(ren) to participate in field trips, if any.				
RECEIPT OF WRITTEN OPERATIONAL POLICIES:				
<input type="checkbox"/> I acknowledge receipt of the HCDE and Partners' operational policies, including those for discipline and guidance.				
RECORDS:				
<input type="checkbox"/> I acknowledge that my child(ren)'s immunization, vision, and hearing records are on file at the program campus/site				

MEDIA/VIDEO RELEASE: I hereby give do not give - my consent for HCDE and Partners to videotape/photograph/audiotape and/or allow the videotaping, photographing, and audio taping of my child(ren). It is my understanding that any photographs/interviews or portions thereof will be used for public view, including, but not limited to, promotional purposes, social media, etc., without financial remuneration to myself or to my child(ren), and I understand that this releases HCDE and Partners from any future claims as well as from any liability arising from the use of said photo/video/interview. Texas Education Code § 26.009(a)(2) requires that written consent be obtained from a child's parent before making a videotape of a child or recording a child's voice unless the video or recording is for the purpose of safety, a purpose related to a cocurricular or extracurricular activity, a purpose related to regular classroom instruction, or media coverage of the school.

PARTICIPATION IN PROGRAM: I grant permission for my child(ren) to participate in the CASE for Kids program(s), including, but not necessarily limited to, 21st CCLC/Texas ACE program, Partnership Program, CASE Debates, Ecobot, etc.

EVALUATION PARTICIPATION: I understand that my child(ren) or I may be asked to complete survey information regarding any CASE for Kids-sponsored program/classes for the purposes of program evaluation and program improvement. Questions may be related to any aspect of the after-school program, including Kids' Day events, and/or programming related to funding from the Houston Endowment, City of Houston, 21st CCLC/Texas ACE, etc. I understand that completing these surveys is voluntary and that my child(ren) or I may decline to complete the surveys. I give permission for my child(ren)'s teacher to be surveyed regarding my child(ren)'s school performance and conduct, and I consent to the release of my child(ren)'s academic and other personally identifiable information to HCDE and Partners, including grades, student conduct, attendance records, and standardized test scores for the reporting of required performance measures and for evaluation purposes. I understand that my child(ren) may be administered pre/post assessments to identify areas of academic need and for evaluation purposes. I understand that all data collected will be kept under secure conditions in accordance with Family Educational Rights and Privacy Act (FERPA) regulations, and as such will be kept strictly confidential and destroyed when no longer needed. For high school students, I consent to HCDE and Partners communicating with my child(ren) via email.

RELEASE: I understand that HCDE and Partners assume no responsibility or liability for my child(ren)'s participation in the CASE for Kids program(s) or any activity related to the CASE for Kids program(s). **On behalf of myself and on behalf of my child(ren), I do hereby and forever fully and unconditionally waive and release, and hold harmless HCDE and Partners, their agents, employees, officers, representatives, affiliates, successors, and assigns, jointly and severally, from any and all liability, claims, demands, and causes of action, known or unknown, in law and in equity, for physical or emotional injury, property damage, or death, including wrongful death, that my child(ren) may incur and/or suffer which are in any way connected with, arising out of, or resulting from my child(ren)'s participation in CASE for Kids program(s).**

SECTION VII | PARENT/GUARDIAN SIGNATURE

A parent/guardian signature indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application.

PARENT/ GUARDIAN		DATE	
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