

CCSD REACH-OST Program

Cedar Ridge Before & After-School Programming

REGISTRATION FORM



Home Address: _____ City: _____ Zip: _____ Home Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact #1: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Home Phone: _____ Cell Phone: _____

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

____Hispanic/Latino ____Caucasian ____Native American ____African American ____Pacific Islander ____Asian ____Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

____Hispanic/Latino ____Caucasian ____Native American ____African American ____Pacific Islander ____Asian ____Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

____Hispanic/Latino
____Caucasian ____Native American ____African American ____Pacific Islander ____Asian ____Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

____Hispanic/Latino ____Caucasian ____Native American ____African American ____Pacific Islander ____Asian ____Other

I hereby give permission for _____ to participate in the Cache County School District REACH-OST program. As parent/guardian, I have read the handbook or program materials and discussed the program with the participant. I recognize that there is an element of risk associated with the program and I acknowledge my acceptance of that risk by participation. In the event of an emergency, I give permission for emergency medical treatment to be administered to my child. I also acknowledge that accessibility or use of tobacco, alcohol, illegal substances or sexually explicit materials are prohibited by any person anywhere on the premises. I agree to hold harmless from any claim the Cache County School District and its school sites where my child is in participation in REACH or other after school programs. As a parent/guardian, I am responsible for providing transportation promptly at the ending time designated by the site. I also hereby consent to allow my child's picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Cache County School Districts publications in any manner incidental to participation in the activity of the Cache County School District programs without compensation.

Parent/Guardian Signature: _____ Date: _____

Cedar Ridge Elementary School

After School REACH-OST Program



REGISTRATION FORM PAGE 2

Cedar Ridge REACH-OST Program Information Form

(Please return the completed form to the REACH staff at your child's school before participation.)

- ❖ If your child has signed up for the REACH program and does not attend we are NOT required to contact you and let you know that your child is on their way home. Please initial below that you understand that there will NOT be a phone call made for absent students. **INITIAL HERE** ←

- ❖ **TUTORING/HOMEWORK-SUPPORT:** Monday - Thursday 3:35-4:30
Please initial if you would like to sign your child up for our **tutoring/homework-support program**. **INITIAL HERE** →

- ❖ My child has permission to: (please mark one of the three boxes)

Student will ride the bus home. This is my child's regular bus stop location and address: _____.

Student will walk home or to a car waiting for them in the parking lot

Please NOTE: If you do not want to come into the building to check your child out, you will need to check the box above indicating they will walk home or to a car waiting for them in the parking lot. If you are not on time to pick up your child and they are listed to walk home, they will be signed out at 4:35 (after tutoring/Homework Support) to exit the building and walk. We are NOT liable for children who have been signed out to walk who are REGISTERED to walk. Please initial below that you understand that they will be signed out if you DO NOT show up on time to pick them up and they are registered to walk.

INITIAL HERE ←

Student will be picked up and signed out by adult listed below:

- ❖ The following have permission to pick up my child from the REACH Afterschool program the entire school year. (Students will not be allowed to ride home with friend's parents unless their name appears here, or you send a note with them that day.)

I hereby give permission for _____ to participate in the Cache County School District REACH program.

Parent/Guardian Signature: _____ Date: _____