

Mountainside REACH-OST Program

Before & After-School Programming

REGISTRATION FORM

Mark all that apply:

- ☐ AM Learning Lab by invitation only
- ☐ AM Computer Lab
- ☐ PM Homework Help

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

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

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

E-mail Address(s): _____

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 _____ (mark all that apply)

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

DOB: _____ Allergies : _____ Medical Conditions _____

Primary Language _____ Hispanic/Latino _____ Caucasian _____ Native American _____ African American _____

Pacific Islander _____ Asian _____ Other _____ (mark all that apply)

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

DOB: _____ Allergies : _____ Medical Conditions _____

Primary Language _____ Hispanic/Latino _____ Caucasian _____ Native American _____ African American _____

Pacific Islander _____ Asian _____ Other _____ (mark all that apply)

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

DOB: _____ Allergies : _____ Medical Conditions _____

Primary Language _____ Hispanic/Latino _____ Caucasian _____ Native American _____ African American _____

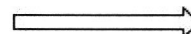
Pacific Islander _____ Asian _____ Other _____ (mark all that apply)

I hereby give permission for student(s) name(s): _____

to participate in the Cache County School District REACH-OST program. As a 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 agree to hold harmless from any claim the Cache County School District and its school sites where my child is participating in REACH or other Out of School time programs. 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. 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. Funding stipulations require this program to participate in ongoing evaluations. The evaluation requires us to share student directory data with third-party evaluators. The student-level data is personally identifiable and includes information such as your child's name, student number, and information about program participation. The evaluator uses these data only for the purposes of fulfilling its duties and will not share these data with any other third parties without your written consent. By signing this document, I acknowledge that I have read its contents and disclosure and that I agree to its terms.

Parent/Guardian Signature: _____ Date: _____

☐ I do not want my child's information included in Data Sharing



Mountainside Elementary School

REACH-OST Program



complete if registering for PM homework help

Mountainside REACH-OST Program Information Form

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

The REACH-OST program is a free program available to all students.

- ❖ 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 *after-school homework help program*.
INITIAL HERE →

- ❖ My child has permission to (please mark all that apply):
Please NOTE: If you do not want to come into the building to check your child out, you will need to check that they may walk home in addition to the picked-up option. If you are not on time to pick up your child and they are listed to walk home, they will be signed out at 4:30 pm (homework help) 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 walk home or to a car waiting for them in the parking lot

☐ Student will ride the bus home

Please fill out the bus stop address your child regularly gets dropped off at

☐ 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 (student(s) name(s) _____
to participate in the Cache County School District REACH program at Mountainside Elementary.

Parent/Guardian Signature: _____

Date: _____