

# CCSD REACH-OST Program

Wellsville After-School Program

## REGISTRATION FORM



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

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: \_\_\_\_\_

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: \_\_\_\_\_

## Wellsville Elementary School



## Wellsville 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**

\*\*The bus stop address your child regularly gets dropped off at \_\_\_\_\_

**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.)

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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