



LIFE IS A STAGE. WE PREPARE THEM FOR THE SHOW!



RHOESSCHOOL.ORG

After School Program Student Registration Form

updated 08/23

I. Student Information			
Student Name (First, Last)	DOB	Grade	Homeroom Teacher(Elementary) ID Number
Home Address			
Street	City	State	Zip Code

II. Parent Information		
Parent Name (First, Last)	Phone Number	Relationship to Student
1.	() -	
Email Address:		
2.	() -	
Email Address:		

III. Media Release



LIFE IS A STAGE. WE PREPARE THEM FOR THE SHOW!



RHOESSCHOOL.ORG

I hereby **GIVE** my consent for The Rhodes After School Program Department 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 may be used for public view, including, but not limited to, promotional purposes, social media, etc

I hereby **DO NOT GIVE** my consent for The Rhodes After School Program Department to videotape/photograph/audiotape and/or allow the videotaping, photographing, and audio taping of my child(ren).

IV. Student Health Information Information

Is the child allowed to participate in recreational activities? Yes or No

Medical Conditions (please check any medical conditions that apply to your child)

Asthma Diabetes High Blood Pressure Lung Disease Kidney Disease Crohn's Disease

Other (Please explain):

Medications (Name)	Dosage	Frequency
Allergies (Medication or Food)		Is an EpiPen Required?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

I was instructed by a medical professional that my child requires a specific diet. I will provide the Site Coordinator specific instructions in writing to what the diet is. The instructions will be left in the students file for reference and the student will adhere to the plan unless new documentation is given to the Site Coordinator stating otherwise.



LIFE IS A STAGE. WE PREPARE THEM FOR THE SHOW!



RHOESSCHOOL.ORG

I GIVE consent for the program to secure any and all necessary medical care for my child(ren) in the event of an emergency.

V. Parent Acknowledgement

I grant permission for my child(ren) to participate in the 21st CCLC After School Program for the 2023-2024 school year.

Parent Name (Please Print)	Parent Signature	Date